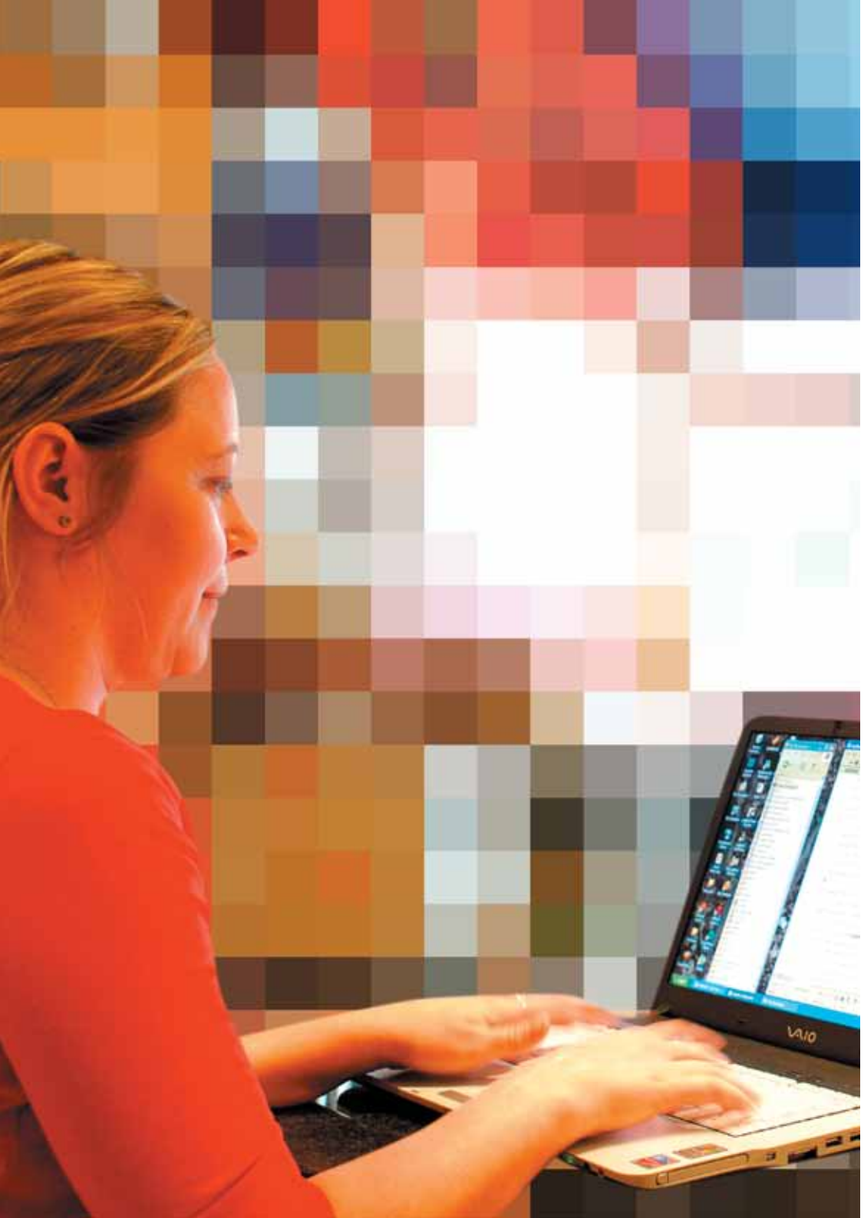

Find out more and get involved

The Royal College of Nursing supports the direction of travel of eHealth in each of the four UK countries. And we recognise that nursing staff who use IT are key to realising its potential.

For more information on eHealth, and to discover how you can get involved, visit the RCN's eHealth web pages and the eHealth Forum Community at the RCN website **www.rcn.org.uk/ehealth**

1 Nursing and Midwifery Council (2009) *Record keeping: guidance for nurses and midwives*, London: NMC. Available from www.nmc-uk.org

2 Dimond B (2005) Abbreviations: the need for legibility and accuracy in documentation, *British Journal of Nursing*, 14 (12), pp. 665-666

3 Institute for Safe Medication Practices ISMP's *List of error-prone abbreviations, symbols and dose designations*, Philadelphia: ISMP. Available from www.ismp.org

4 Further information on *Essence of Care* (under consultation and review at the time of writing) is available via the UK Department of Health website www.dh.gov.uk

5 Further information on eHealth is available via the RCN website www.rcn.org.uk

6 Information Standards Board for Health and Social Care (2008) *Short forms in the NHS*, Leeds: ISB. Available from www.isb.nhs.uk

7 Department of Health (2008) *Health informatics review report*, London: DH. Available from www.dh.gov.uk

8 Department of Health, Social Services and Public Safety (2005) *Information and communications technology strategy*, Belfast: DHSSPS. Available from www.dhsspsni.gov.uk

9 NHS Wales (2007) *National architecture standards – version 2-1*, Cardiff: NHS Wales. Available from www.wales.nhs.uk

10 Scottish Government eHealth Directorate (2008) *eHealth architecture vision (version 1.0)*, Edinburgh: TSG. Available from www.ehealth.scot.nhs.uk

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

To be reviewed August 2014

Published by:
Learning and Development Institute
Royal College of Nursing
20 Cavendish Square
London W1G 0RN

RCNDirect
www.rcn.org.uk/direct
0345 772 6100

Publication code: 003 595

www.rcn.org.uk/ehealth

Supported by
careinnovations
an Intel•GE company

Royal College of Nursing

eHealth
technology in practice

Abbreviations and other short forms in patient/client records

Royal College of Nursing

Introduction

To support safe, effective care and communication, patient/client records must be up to date, factual, accurate, and written so that the meaning is clear to everyone who uses the record.

The Nursing and Midwifery Council (NMC) in the UK advises that patient/client records should not include abbreviations as these, and other short forms such as acronyms and initialisations, can be misinterpreted with significant risks to quality of care and patient safety. Indeed, some abbreviations are known to lead to an increase in errors[2 3].

Despite these concerns, the use of abbreviations in patient records is common practice and guidance on the matter is often conflicting. For example, the UK Department of Health's benchmarks for record keeping state that agreed abbreviations may be used[4].

The RCN supports the introduction of electronic records[5] but is concerned to ensure the protection of both patients/clients and nursing staff (nurses and other health care workers) in their use.

This booklet is aimed at nursing staff that come into contact with patient/client records. It reflects the RCN position on the use of abbreviations and other short forms in patient/client records, and includes specific guidance on electronic records.

While the examples shown in this document may refer to the National Health Service (NHS) in the UK, the principles illustrated are also relevant to other sectors (such as the independent sector), as well as health care organisations operating in other countries.

Short forms in patient/client records

The following guidance is relevant to both paper and electronic records.

1 The RCN's chosen definition of 'short forms' is as follows: abbreviations, acronyms, initialisations and any other form of text reduction.

2 The record is a tool for communication; the content of the record therefore needs to be understood by all those using the record, including patients and clients.

3 The RCN endorses, for example, the best practice benchmarks set out in the UK Department of Health's *Essence of Care* benchmark for record keeping[4], specifically that records should be:

- jargon free, abbreviation free, and unambiguous
- user friendly and that any special needs are met so that patients can be supported to understand the content.

4 However, some abbreviations are so pervasive in society that using the full term or phrase would be a barrier to understanding. For example: am, pm, NHS, HIV. A standard list should be agreed at a national level by the appropriate organisations, including professional bodies and patient groups.

5 Some units of measurement and related terms may also be acceptable in shortened form. However, there are specific safety issues related to the use of short forms for units. Therefore, in England for example, until national standards are agreed, short forms for units and those used in relation to medicines management must conform to the guidance issued in the British National Formulary (note: this is a recommendation from the NHS (England) Information Standards Board for Health and Social Care).

Short forms in electronic records

The following guidance relates specifically to electronic records.

Good system design can help resolve some of the challenges of efficient record keeping, while ensuring good quality content and communication. For example, a user can enter information quickly into the electronic record using abbreviations or truncated words which the computer then displays in full form to prevent mistakes or subsequent misinterpretation.

However, electronic patient/client records introduce new risks to patient safety and to the quality of care and communications. For example, because computers cannot interpret meaning the people that design and use electronic record systems must use defined, unambiguous terminology.

Abbreviations that are well understood in a local setting can be misinterpreted when records are made available between agencies or through national systems. Design constraints can mean that the space available to enter or display terms or phrases on the computer screen is limited. In some cases the system itself may generate a short form to fit the space.

Standards are therefore essential to ensure that the content of electronic records and communications is accurate, complete and safe[7 8 9 10].

6 Abbreviations and other short forms are a useful way of entering data quickly but should not be used when displaying or printing information, with two exceptions:

a) short forms in every day use by the general public which do not have multiple meanings (see 4 above)
b) units and short forms used in medicines management (see 5 above).

7 When an abbreviation or other short form is used for data entry, the system should display the full term so that the user can confirm the entry is correct.

8 Although it is important that information about patient/client needs and nursing care is structured using standardised terminology, this requirement does not outweigh the need for the information to be understood. Free text should be used in preference to short forms that could be misinterpreted.

9 There is a practical limitation to the number of characters that can be included in an entry, display or message field. For example, 35 characters is the maximum length allowed for a person's family name in a number of standards in the NHS (England). In such cases, consistent truncation is a safety requirement so that, for example, names match when the user is tracing a patient record.

10 A practitioner is accountable for the accuracy and completeness of his or her record of patient care. Risks related to restricted field lengths, truncation or concatenation must be identified during system design and safety testing; any risk that is deemed unacceptable by the users of the system must be fully mitigated.