

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Clinical Abbreviations
<b>TYPE OF DOCUMENT</b>	Procedure
<b>DOCUMENT NUMBER</b>	SESLHDPR/282
<b>DATE OF PUBLICATION</b>	September 2020
<b>RISK RATING</b>	Low
<b>LEVEL OF EVIDENCE</b>	NSW Ministry of Health Policy Directives National Standard 1
<b>REVIEW DATE</b>	December 2021
<b>FORMER REFERENCE(S)</b>	
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Director Clinical Governance and Medical Services
<b>AUTHOR</b>	SESLHD Health Records and Medicolegal Working Group
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Chair, Health Records and Medicolegal Working Group
<b>KEY TERMS</b>	Abbreviation/s, acronym, health care record, documentation
<b>SUMMARY</b>	This document outlines responsibilities for the use of abbreviations and acronyms. It is to be read in conjunction with a list of abbreviations and acronyms that are acceptable for use in SESLHD. The list can also serve as a dictionary.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

**This Procedure is intellectual property of South Eastern Sydney Local Health District.  
Procedure content cannot be duplicated.**

Feedback about this document can be sent to [seslhd-executiveservices@health.nsw.gov.au](mailto:seslhd-executiveservices@health.nsw.gov.au)

**1. POLICY STATEMENT**

[NSW Ministry of Health Policy Directive PD2012\\_069 'Health Care Records and Documentation Management'](#) requires that "*Documentation in health care records must ..... Use approved abbreviations and symbols*" and that the "*PHO must use an approved abbreviation list*"

**2. BACKGROUND**

This procedure has been produced to assist clinicians to adhere to this requirement when documenting in health care records and any associated clinical information system such as the eMR. It not only lists clinical abbreviations and acronyms that are accepted widely in clinical practice but also acts as a dictionary, listing entries that are specific to specialist fields.

Both individual SESLHD staff members and professional groups are encouraged to submit modifications for consideration.

Facilities may compile an additional, local list of approved abbreviations to reflect local clinical practice. For example, this may be a reduced list to reflect a smaller number of abbreviations that are acceptable at a site.

**3. RESPONSIBILITIES****3.1 Clinical Staff will:**

- Use only those abbreviations listed in this procedure.
- Refrain from using any abbreviations on consent forms.

**3.2 Line Managers will:**

- Promote awareness of this procedure and list, especially at local level Orientation.
- Provide staff with access to this procedure via the Intranet.
- Advise the SESLHD Health Records and Medico-Legal Working Group when changes in clinical practice necessitate addition of new abbreviations or removal of outdated ones.

**3.3 District Managers/ Service Managers will:**

- Promote awareness of this procedure and list, especially at local level Orientation
- Ensure that staff has access to this procedure via the Intranet.

# SESLHD PROCEDURE

## Clinical Abbreviations Procedure

**SESLHDPR/282**

### 4. PROCEDURE

- 4.1** Clinical Staff to familiarise themselves with the approved SESLHD Clinical Abbreviations list and ensure only approved abbreviations and acronyms are used when documenting in the patients health care record. This includes all documentation in both paper-based and electronic formats and in inpatient, non-admitted and community settings.

### 5. DOCUMENTATION

Health Care Record

### 6. AUDIT

SESLHD Documentation Audit

### 7. REFERENCES

[NSW Ministry of Health PD 2012\\_069 – Health Care Records, Documentation and Management](#)

[NSW Ministry of Health PD2013\\_043: Medication Handling in NSW Public Health Facilities \(with particular reference to Appendix B\)](#)

[NSW Ministry of Health PD2005\\_406: Consent for Medical Treatment – Patient Information](#)

Health Information Management Association of Australia Ltd (1997). *The Australian Dictionary of Clinical Abbreviations, Acronyms and Symbols*.

### 8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
March 2013	1	Donna Martin, SGSHHS Manager, Clinical Information and Administrative Services
August 2016	2	Vivienne Rowlands, on behalf of the SESLHD Health Records & Medicolegal Working Group
December 2016	2	Updates endorsed by Executive Sponsor
September 2020	3	Executive Sponsor updated from Chair, SESLHD Health Records Steering Committee to Director Clinical Governance and Medical Services. Risk rating review date amended to be in line with a Low Risk.