

NHS Lanarkshire Abbreviations Guideline



TARGET AUDIENCE	All NHS Lanarkshire Nursing, Midwifery & Allied Health professionals (NMAHP) and Medical staff
PATIENT GROUP	All users of NHS Lanarkshire

Clinical Guidelines Summary

- When using abbreviations in records they should be explained in full when first mentioned and then abbreviated for the rest of that patient record/documentation/entry.
- Agreed guidance for a consistent approach for the use of abbreviations with in Clinical Records/documentation/entry and record keeping.
- Based on best practice ensuring safe practice for service users and practitioners.
- In the interests of Multi-disciplinary and NHS Lanarkshire using the same records we should not have an agreed list – this is dependent on the service/context and the abbreviation may refer to two very different subjects, e.g – CPR – Cardiopulmonary resuscitation or Child protection register.
- For some records with multiple abbreviations, or where space is limited, there will be a 'key to abbreviations' within the record rather than contained in the text.
- Clinical records should be transparent enough to be easily understood by the service users, relatives and carers.

Insert Clinical Guideline Title

Guideline Body

The use of abbreviations in clinical record keeping has long been a contentious issue with no universally agreed guidance regarding the safety of this practice. Regulatory bodies advise against the use of unnecessary abbreviations.

Nursing and Midwifery Council state in The Code (2015) 'attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation'

However, there is not a recognised definition of what would be classed as unnecessary.

Despite some of the challenges facing practitioner's abbreviations have become part of the mainstay in clinical areas and are perceived as time saving

'Using abbreviations may save minutes, prohibiting abbreviations may save lives.' - Brunetti, et al. (2007)

Lead Author		Date approved	
Version		Review Date	

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References/Evidence

Brunetti L, Santell JP, Hicks RW. The Impact of Abbreviations on Patient Safety. The Joint Commission Journal on Quality and Patient Safety. 2007;33(9):576–583.
doi:10.1016/S1553-7250(07)33062-6

Nursing and Midwifery Council state in The Code (2015) 10.4,
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>
(accessed 23/10/2024).

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Appendices

1. Governance information for Guidance document

Lead Author(s):	Margot Russell / Lillian Weir/Abbreviation guidance SLWG
Endorsing Body:	Clinical Records Steering Group & Medical Directors (Acute, North & South)
Version Number:	1
Approval date	
Review Date:	
Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	
Consultation Process / Stakeholders:	<p>Discussed and agreed at May 2025 - Healthcare governance and assurance group (HGAG)</p> <p>Discussed and agreed at August 2025 – Clinical guidelines governance and editorial group (CGGEG)</p>

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Distribution	
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CHANGE RECORD

Date	Lead Author	Change	Version
23/10/2024	Margot Russell/Lillian Weir		1
			2
			3
			4
			5

2. You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance.

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Version		Review Date	