

CGP212

GLOSSARY OF CLINICAL TERMS, DEFINITIONS & ABBREVIATIONS POLICY, PROCESSES AND PROCEDURES

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1. POLICY INTRODUCTION

The Clinical Glossary of Terms and Definitions is applicable to all dealings clinical staff of National Ambulance and is used to define all specific clinical references and definitions used throughout the Quality Health Safety and Environment and National Ambulance Clinical Services Departments.

For abbreviations only those detailed in this document should be used.

2. SCOPE

This Policy defines all clinical terminology, definitions and abbreviations used in the Quality Health Safety and Environment daily operations of National Ambulance.

3. ROLES AND RESPONSIBILITIES

1. Clinical Department

1. Communication of identified Glossary Terms to Clinical Staff
2. Monitoring and review of the implementation of this policy and the legal requirements;
3. Identification of new Clinical glossary terms and other compliance
4. Comply with all relevant legal requirements
5. Ensure document has a current version.

2. Clinical Staff

1. Avoid different word that is not written in the Clinical Glossary Terms
2. Report any missing words that relevant to Clinical Glossary Terms
3. All NA Employees must adhere to this policy and procedures and are responsible for recording and submitting report.

4. POLICY STATEMENT

4.1. ACTION ITEM

Any document, event, task, activity, or action that needs to take place.

4.2. ADVERSE EVENT

An event that causes harm, or has potential to cause harm to a patient. For the purposes of this Standard, an adverse event includes sentinel events and near misses defined below.

4.3. CLINICAL AUDIT

A systematic, independent and documented process for obtaining “audit evidence” and evaluating it objectively to determine the extent to which “audit criteria” are fulfilled.

4.4. AUDIT CRITERIA

A set of policies, procedures or requirements (used as a reference).

4.5. CLINICAL AUDITOR

A person designated clinician with the competence to conduct an the clinical audit or act as a part of an clinical audit team.

4.6. PRIVILEGED

Having adequate and sufficient training, qualifications and/or experience (or a combination) to be capable to practice safely and efficiently

4.7. CORRECTIVE ACTION

Steps that are taken to remove the causes of an existing non-conformity or undesirable situation raised during the clinical audit and/or clinical investigation. The corrective action process is designed to prevent the recurrence of nonconformities or undesirable situations.

4.8. INCIDENT

A single event/incident which has caused a fatality, injury, illness and/or exposure to a risk during practice.

4.9. INJURY

Physical harm or damage to a person resulting from traumatic contact between the body of the person and an outside agency, or from exposure to environmental factors

4.10. CLINICAL INVESTIGATION

A detailed, defined, and recorded review of a clinical practice to discover the factors, root causes and their relationships which led to an incident.

4.11. CLINICAL INVESTIGATOR

A designated clinician competent to perform a clinical investigation or act as part of a clinical investigation team.

4.12. PATIENT CARE RECORD

Document to record all patient identification, case information and management details.

4.13. SENTINEL EVENT

Sentinel Event is an event related to actions or inactions of our personnel leading to unanticipated death or major permanent loss of function not related to the natural course of the patient’s illness or underlying condition.

For example: As a result of a medication Error, a result of wrong treatment or a result of a fall

- In addition:
- Abduction of any patient receiving care, treatment or services
- Rape, assault, (leading to death or permanent loss of function), or homicide of any patient receiving care, treatment or services
- Rape, assault, (leading to death or permanent loss of function), or homicide of a staff member, licensed independent practitioner, visitor or vendor while on site at the healthcare facility.
- Unanticipated death during transport
- Suicide during transport
- Staff or citizen death as the result of vehicle accident

4.14. CLINICAL TRAINING

Continuous medical education and/or other related training aimed at imparting information and/or instructions to improve the clinician's performance at their privilege category level, achieve and maintain the licensing requirements.

	Clinical Abbreviations
AAA	Abdominal aortic aneurysm
ACS	Acute Coronary Syndrome
ACE	Angiotensin-converting enzyme
ADHD	Attention Deficit Hyperactivity Disorder
ADP	Adenosine Diphosphate
AED	Automated external defibrillator
AHA	American Heart Association
AIDS	Acquired immunodeficiency syndrome
AF	Atrial fibrillation
ALS	Advanced life support
AVPU	Alert, voice, pain, unresponsive
ARDS	Acute respiratory distress syndrome
Approx.	Approximately
ASAP	As soon as possible
BP	Blood pressure
BLS	Basic life support
β_2	Beta 2
BMI	Body Mass Index
bpm	Beats per minute
BSL	Blood sugar level
BVM	Bag, valve, mask
C (followed by number)	Cervical vertebra
CA	Cancer
CD	Controlled Drug

CO2	Carbon Dioxide Gas
CABG	Coronary artery bypass graft
CAT	Combat applied tourniquet
CASMEET	Abu Dhabi Hospital Pre-Alert for specific critical cases include: (Call sign, Age, Sex of patient, Mechanism of injury, Examination, Estimated time of arrival, Treatment given)
CCU	Coronary Care Unit
CBRNE	Chemical, biological, radiological, nuclear, explosive
Cm	Centimeters
CME	Continuing medical education
C/O	Complains of
COPD	Chronic obstructive pulmonary disease
CNS	Central Nervous System
CPAP	Continuous positive airway pressure
CPR	Cardiopulmonary resuscitation
CSF	Cerebrospinal Fluid
CVA	Cerebral vascular accident
CVP	Central Venous Pressure
CXR	Chest X-ray
D1	Dopamine Receptor 1
D2	Dopamine Receptor 2
DBP	Diastolic Blood Pressure
DKA	Diabetic ketoacidosis
DOB	Date of birth
DOH	Department of Health
DNR	Do Not Resuscitate
DVT	Deep vein thrombosis
DM	Diabetes mellitus
DX	Diagnosis
DOA	Dead on arrival
D5W	5% dextrose in water
ECG	Electrocardiogram (EKG)
ED	Emergency department
ELS	Extended Life Support
ENT	Ears, nose, and throat
ESR	Erythrocyte Sedimentation Rate
ET	Endotracheal
ETCO2	End Tidal Carbon Dioxide
ETT	Endotracheal tube
ETA	Estimated time of arrival
FBAO	Foreign body, airway obstruction
Fx	Fracture
BE-FAST	Balance, Eye, Face, Arms, Speech, Test (Stroke assessment)
FBC	Full Blood Count
FLACC	Face, Legs, Activity, Cry, Consolability scale

g	Gram
GA	General Anesthesia
GCS	Glasgow coma scale
GFR	Glomerular Filtration Rate
GP	General Practitioner
G6PD	Glucose-6-phosphate dehydrogenase
GI	Gastrointestinal
GTN	Glyceryl trinitrate
Gtt	Guttae (Drops) e.g. 3Gtt per minute
GU	Genito-urinary
GSW	Gunshot wound
H1	Histamine Receptor 1
HCO3	Bicarbonate
Hb	Hemoglobin
HIV	Human Immunodeficiency Virus
HR	Heart Rate
H	Hour
Ht	Height
Hx	History
HTN	Hypertension
HPC	History of present complaint
ICC	Intercostal Catheterisation
ICP	Intercranial pressure
IMIST AMBO	Hospital Handover (Identification, Medical complaint, Injuries, Signs, Treatment, Allergies, Medication, Background history, Other)
IM	Intramuscular
IN	Intranasal
IO	Interosseous
IPPV	Intermittent positive pressure ventilation
ISS	Injury severity score
ICU	Intensive care unit
IV	Intravenous
JVD	Jugular venous distention
JRCALC	Joint Royal Colleges Ambulanced Committee
K+	Potassium
KED	Kendrick extrication device
Kg	Kilograms
KTD	Kendrick traction device
KVO	Keep vein open
L	Liter
Lt	Left
LA	Local Anesthesia
LBbB	Left bundle branch block
LFT's	Liver Function Tests
LL	Lower limb

LMA	Laryngeal mask airway
LMP	Last menstrual period
LPM	Liters per minute
LOC	Loss of consciousness
LVF	Left ventricular failure
MAOIs	Monoamine Oxidase Inhibitors
MERS	Middle East Respiratory Syndrome - Coronavirus
MVC	Motor vehicle collision
MVA	Motor Vehicle Accident
mcg	Microgram
mg	Milligram
Mg/dl	Milligrams per decilitre
Min	Minute
mL	Milliliter
Mmol	Millimole
MSK	Musculoskeletal
mmHg	Millimeters of mercury
MMR	Measles, mumps, rubella
MRI	Magnetic resonance imaging
MRSA	Methicillin resistant staph aureus
MI	Myocardial infarction
MOI	Mechanism of injury
NAEMT	National Association of Emergency Medical Technicians
Na	Sodium
N2O	Nitrous Oxide Gas
ND	Narcotic Drug
NaCl	Sodium Chloride
N	No
N/A	Not Applicable
NAD	Nothing abnormal discovered (detected)
NG	Nasogastric
NIBP	Non-invasive blood pressure
NIV	Non-invasive ventilation
NKDA	No known drug allergies
NOK	Next of kin
NPA/NP	Nasopharyngeal airway
NPO	Non per ore (Nothing per Oral)
NSAID	Non-steroidal Anti-inflammatory Drug
NSR	Normal Sinus Rhythm
O2	Oxygen Gas
ORS	Oral Rehydration Sachets
OB	Obstetrics
Obs	Observations
OA	On arrival
OD	Overdose

OH	Occupational Health
OE	On examination
OGT	Orogastric tube
OOH	Out of hours
OPA/OP	Oropharyngeal airway
OTC	Over-the-counter
P	Pulse
p. (pO ₂)	Partial pressure
Pt/Pats	Patient
PCR/ePCR	Patient clinical record/electronic Patient Clinical Record
Pc	Presenting complaint
PHTLS	Prehospital Trauma Life Support
PHONE	NE Hospital pre-alert (P atient details, H istory, O bservation, N otable assessment, E stimated time of arrival)
PCI	Percutaneous Coronary Intervention
PDE-5	Phosphodiesterase-5
PFS	Prefilled Syringe
PO	Per Orem (Orally)
PR	Per Rectum
PV	Per Vagina
PRN	Pro re nata (as required)
PEEP	Positive end expiratory pressure
PE	Pulmonary embolism
PEA	Pulseless electrical activity
PEARL	Pupils equal and reactive to light
PEFR	Peak expired flow rate
pH	Hydrogen ion concentration
PHECC	Pre-Hospital Emergency Care Council
PVC	Premature ventricular contraction
PID	Pelvic inflammatory disease
PMHx	Past medical History
PMS	Peripheral, motor, sensory
PPCI	Primary percutaneous coronary intervention
PPE	Personal protective equipment
PUO	Pyrexia of unknown origin
Qty	Quantity
Rt	<i>Right</i>
RBBB	Right bundle branch bloc
Rec Hos	Receiving Hospital
ROLE	Recognition of Life extinct
ROM	Range of motion
ROSC	Return of spontaneous circulation
RR	Respiratory rate
RSI	Rapid sequence induction
RSV	Respiratory Syncytial Virus

Rx	Treatment / Medication (Medical Prescription)
RTA	Road Traffic Accident
SARS	Severe acute respiratory syndrome
SaO2	Arterial oxygen saturation
SBP	Systolic Blood Pressure
Sec	Seconds
SJS	Steven Johnson Syndrome
SpO2	Peripheral oxygen saturation
SC	Subcutaneous
SL	Sublingual
SOB	Shortness of breath
SOAP	subjective, objective, analysis, plan
Sp	Spinal
STEMI	ST elevation MI
SurgCric	Surgical Cricoid thyroidectomy
TB	Tuberculosis
Temp	Temperature
TEN	Toxic Epidermal Necrosis
TIA	Transient ischemic attack
T-LOC	Transient loss of consciousness
TV	Tidal volume
UL	Upper limb
UTI	Urinary tract infection
US	Ultrasound
V/S	Vital signs
VTE	Venous Thromboembolism
Wt	Weight
WNL	Within Normal Limits
Y	Yes
Yr	Year
>	Greater than
↑	Above , higher , high
#	Number
<	Less than
↓	Lower than
≥	Greater than or equal to
≤	Less than or equal to
(+)	Positive
(-)	Negative
=	Equal to
°C	Degrees centigrade
%	Percent
24°	24 hour clock

	I-STAT Values
Ph	Hydrogen ion concentration
Lactate	Lactate
pCo2	Partial pressure of Co2
BE	Base excess
pO2	Partial pressure of O2
SaO2	Arterial oxygen saturation
HC30-	Sodium bicarbonate
K+	Potassium
Hct	Hematocrit
iCa	Ionized Calcium
Hb	Hemoglobin
TNT	troponin t values
AnGap	Anion gap
	Format for free writing box on PCR
HCP	History of chief complaint
Pc	Presenting complaint
OA	On arrival
OE	On examination
C/O	Complains of
PMHx	Passed medical history
Hx	History
DX	Drug history

4.15. NOT TO BE USED ABBREVIATIONS

Refer to below table for “Do Not Use” Abbreviations List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod(every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"

Trailing zero (X.0 mg)*		Write X mg
Lack of leading zero (.X mg)	Decimal point is missed	Write 0.X mg
MS	Can mean morphine sulphate or magnesium sulphate	Write "morphine sulphate"
MSO4 and MgSO4	Confused for one another	Write "magnesium sulphate"
µg (for microgram)	Mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose	Write "mcg"
S.C. or S.Q. (for subcutaneous)	Mistaken as SL for sublingual, or "5 every"	Write "Sub-Q", "subQ", or "subcutaneously"
c.c. (for cubic centimeter)	Mistaken for U (units) when poorly written.	Write "ml" for milliliters

4.16. MEDICATION ERROR (ME)

Any preventable event that may cause or lead to inappropriate medication use while the medication is in the control of the health care professional, patient, or consumer. It can be either due to a human or system error. It can occur in and outside of pharmacy. Medication errors may include but not limited to:

- A patient failing to receive a medicine without good reason
- Wrong medicine given to a patient
- Incorrect dose of a medicine given to a patient
- Wrong route of administration used for a medicine
- Failure to correctly record the administration of a medicine

5. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
JCI Accreditation Standards for Medical Transport Organization, 2 nd Edition, July 2015	MOI.13.

6. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form

7. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

8. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Medical Director

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

Change Brief

Version No.	Date	Change
1	September 2019	New Document
2	February 2021	Update the definition of Sentinel Event

CEO Approval

Board Member Verification