Common Medical Abbreviations

One of the most challenging tasks facing an EMT student is learning the language of medicine. If this wasn't difficult enough, medicine also uses a large number of medical abbreviations.

If EMTs want to communicate more effectively they must understand medical abbreviations. Many EMTs find report writing is easier when they can use abbreviations, but it is vital to make sure the abbreviations used are used correctly and commonly understood. Poor documentation can make the smartest EMT look foolish.

This is not a comprehensive list of abbreviations, but rather a guide to help get the EMT started on their journey into the language of medicine.

Abbreviation	**Meaning**
a	Before
AED	Automated External Defibrillator
a.c.	Before meals
ASA	Aspirin
AMA	Against medical advice
AMI	Acute myocardial infarction
ASHD	Arteriosclerotic heart disease
b.i.d.	Twice a day
BP	Blood pressure
BS	Breath sounds, bowel sounds, or blood sugar
BVM	Bag-valve-mask
c/o	Complaining of
Ca	Cancer/carcinoma
cc	Cubic centimeter
CC	Chief Complaint
CHF	Congestive heart failure
CO	Carbon monoxide
COPD	Chronic obstructive pulmonary disease (emphysema, chronic bronchitis)
CPR	Cardiopulmonary resuscitation
CSF	Cerebrospinal fluid
CVA	Cerebrovascular accident
CXR	Chest X-ray
d/c	Discontinue
DM	Diabetes mellitus
DOA	Dead on arrival
DOB	Date of birth
Dx	Diagnosis
ECG, EKG	Electrocardiogram

e.g.	For example
ETA	Estimated time of arrival
ETOH	Alcohol (ethanol)
Fx	Fracture
GI	Gastrointestinal
GSW	Gun shot wound
gtt.	Drop
GU	Genitourinary
GYN	Gynecologic
h, hr.	Hour
H/A	Headache
HEENT	Head, ears, eyes, nose, throat
Hg	Mercury
h/o	History of
hs	At bedtime
HTN	Hypertension
Hx	History
ICP	Intracranial pressure
ICU	Intensive Care Unit
IM	Intramuscular
IO	Intraosseous
JVD	Jugular venous distension
KVO	Keep vein open
L	Left or Liter
LAC	Laceration
LOC	Level of consciousness
LR	Lactated Ringers solution
mcg	Micrograms
MS	Morphine sulphate, multiple sclerosis
NAD	No apparent distress
NC	Nasal cannula
NKA	No known allergies
npo	Nothing by mouth
NRB	Non-rebreather mask
NS	Normal saline
NSR	Normal sinus rhythm
NTG	Nitroglycerin
N/V	Nausea / vomiting
O_2	Oxygen
OB	Obstetrics
OD	Overdose
OR	Operating room
PCN	Penicillin
PEA	Pulseless electrical activity
PERL	Pupils equal and reactive to light

PID	Pelvic inflammatory disease
PND	Paroxysmal nocturnal dyspnea
po	By mouth
PRN	As needed
PSVT	Paroxysmal supraventricular tachycardia
Pt	Patient
PTA	Prior to arrival
PVC	Premature ventricular contraction
q.h.	Every hour
q.i.d.	Four times a day
R	Right
r/o	Rule out
Rx or Tx	Treatment
SIDS	Sudden Infant Death Syndrome
SOB	Shortness of breath
stat.	immediately
SVT	Supraventricular tachycardia
TIA	Transient ischemic attack
t.i.d.	Three times a day
TKO	To keep open
V.S.	Vital signs
x	Times
w/o or s	without
WNL	Within normal limits
y/o or y.o.	Years old
Δ	change
+	Positive
—	Negative

For fun, you may want to translate this report from "medicine" into English:

67 y/o male c/o chest pain and SOB x 2 h. Pain is severe (8 out of 10), centered under sternum, and radiates to the L arm and jaw. Pain woke patient from sleep, and is w/o Δ with movement or breathing. Pt. has a h/o ASHD, MI 1/15/01, HTN, and DM. Meds include ASA, insulin, lasix, and lisinopril. Allergic to PCN.

On exam pt is A+O x 4, diaphoretic, and anxious.
HEENT: PERL
Neck: – JVD, positive use of accessory muscles
Chest: BS crackles at bases, + retractions
Abdomen: soft, non-tender
Extremities: — edema/clubbing/cyanosis

Assessment: r/o chest pain of cardiac origin

Plan: oxygen (15L NRB), IV NS TKO, cardiac monitor, monitor V.S., transport position of comfort, NTG x 3 and MS 2 mg IV with decrease in pain from an 8 to a 3, ASA deferred as patient had a dose today.