IT'S TIME TO THROW OUT OLD-FASHIONED LATIN ABBREVIATIONS

Your editor's mother is a Phi Beta Kappa college graduate who majored in Latin. She made certain that everyone understood its influence on modern culture. Latin is the root language for all the Romance languages. Although it could be argued that because people do not communicate among themselves in Latin, it would be better to study languages that are spoken, such as French, German, Spanish, or Japanese. Latin is much less popular with students now than in my time, but it still influences our society, despite being called a dead language.

For instance, while completing my studies in pharmacy school, we were taught the traditional Latin abbreviations and symbols that had always been an integral part of the health professions since the days of the Roman Empire. As the son of a Latin teacher, I needed little study time to master these abbreviations, as the language had been burned into my soul. The old-fashioned measures of liquid volume (minims, drams, cubic centimeters [cc's], fluid ounces) and weight (grains, Troy ounces) were still taught along with their modern counterparts (milliliters/liters and milligrams/grams, respectively) in case an old-fashioned practitioner still wrote prescriptions using those older terms. Less than a century ago, medical practitioners still maintained secrecy of their remedies by writing their prescriptions in Latin so that patients would not know that they were being prescribed something like, perhaps, Swamp Root for their kidneys. Even if the patient recognized the name of the medicine, the dosing directions were also in Latin so that the patient had to rely upon a pharmacist to compound a quality product and give proper dosing directions. This was the practitioners' crude way of attaining quality control for patient safety.

Later, as dental students, we were taught many of the same Latin prescription abbreviations and were expected to use them for 2 reasons. First, that is the way it had always been done. You could not be accepted as a medical professional unless your prescriptions looked like real ones (ie, written with Latin abbreviations). Subsequently, for most of my teaching career, my dental students all learned and used these same abbreviations. Second, it is much more efficient to jot down an abbreviation rather than write the directions in longhand. In the past few years, however, that has all changed.

The Joint Commission on Accreditation of Health-

care Organizations (JCAHO) and several safety-in-medicine organizations are now discouraging the use of Latin abbreviations as well as other previously accepted abbreviations in the writing of prescriptions and hospital orders. Although my mother would probably be disappointed, these outdated abbreviations are common sources of medical errors that can have major deleterious consequences. For instance, a recommended total daily dose of 2400 mg of ibuprofen should be prescribed as 600 mg every 6 hours rather than 600 mg q.i.d. (quarter in die) for several reasons. With the Latin directions, the patient could take all 4 doses before noon and still feel that he or she was in compliance with the q.i.d. directions. Also, if your handwriting is like that of most busy doctors, the pharmacist or floor nurse might misinterpret the q.i.d. for q.4 h. (quaque quarta hora). That would result in 6 doses of 600 mg in a day and a total of 3600 mg/day of ibuprofen, which is well beyond the recommended adult daily dose of 2400 mg. Thus, modern, safe prescribing practices discourage the use of Latin abbreviations such as b.i.d. (bis in die), t.i.d. (ter in die), h.s. (hora somni), p.c. (post cibum), and a.c. (ante cibum) and encourage the use of clear wording such as every 12 hours, every 8 hours, at bedtime, after eating, and before eating a meal, respectively.

Drug abbreviations are also discouraged. MgSO₄ (magnesium sulfate) and MSO₄ or MS (morphine sulfate) are abbreviations that can lead to disaster, particularly if the magnesium sulfate (milk of magnesia) is given intravenously instead of morphine. It is also risky to prescribe 1.0 mg instead of 1 mg because the small decimal point might be missed and the nurse or pharmacist might administer or dispense 10 mg instead of just 1 mg. Likewise, you should never start a fraction of a dose with a decimal point without having a zero in front of it. Writing 0.1 mg is by far much safer than .1 mg if the decimal point is not obvious. Thus, the rule of thumb is that there should be no unnecessary zeros after the decimal and always a zero before a lone decimal. If, however, you wish to prescribe a 1.25-mg dose of a drug, you should at least be certain that the decimal point is prominent or maybe even consider writing out the dose in words, like writing the amount of a check in both numbers and words. Also, when writing orders for 10 international units of insulin, spelling out "10 units" or "10 international units" is far safer than "10 u" or "10 IU," which might be misinterpreted as 100 or 101 units, respectively, if the "u" looks like an "o." Sometimes the letter "u" written in longhand is misinterpreted as a

“4,” which would make the above example 104 units. If the abbreviation “IU” were read as “IV,” a long-acting insulin preparation could be mistakenly given intravenously instead of subcutaneously.

The above are some of the recommendations of the JCAHO. They are citing hospitals that still hang on to outmoded, inherently unsafe abbreviations and who use the excuse, “It’s the way it has always been done here.” As these standards become more widely interpreted to be the standard of care in drug ordering and prescribing, we all should consider the potential adverse consequenc-

es to our patients and the medico-legal consequences to ourselves if someone’s mistake, perhaps a nurse or pharmacist, resulted in a very poor patient outcome due in part to our use of outdated, no-longer-appropriate abbreviations. We need to slow down and write legibly and accurately. The continued use of abbreviations often shortcuts medication safety. Sorry, Mom, but the truth is that Latin in the medical field should be a dead language.

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