

## COMPLETE PHYSICAL EXAM ABBREVIATIONS:

<b>Vital Signs:</b> T (temperature)	<b>HR</b> (pulse)	<b>RR</b> (respiration rate)	<b>BP</b> (systolic/diastolic)	<b>SPO2</b> pulse ox
<b>SYSTEM</b>	<b>Physical Exam Documentation</b>	<b>Detailed Abbreviation Explanation</b>		
<b>GEN:</b> General	NAD, AAOX4, WDWN (AAM, AAF, WM, WF)	No acute distress, alert, awake, and oriented times 4 to name, place, time, purpose, Well developed well nourished (African American Male, African American Female, White Male, White Female)		
<b>HEENT:</b> Head, eyes, ears, nose, throat	NCAT, MMM, EOMI, PERRLA, b/l TM intact & reactive to light, b/l sclera anicteric, Ø conjunctival injection	Normocephalic atraumatic, mucous membranes moist, extraocular muscles intact, pupils equally round and reactive to light and accommodation bilaterally, bilateral tympanic membrane intact and reactive to light, bilateral sclera anicteric, no conjunctival injection		
<b>NECK:</b>	Supple, Ø JVD, Ø LAD, Ø carotid bruit, Ø thyromegally	Supple, no jugular venous distention, no lymphadenopathy, no carotid bruit		
<b>CV:</b> cardiovascular	RRR, S1S2nl, Ø m/r/g, PMI non displaced/non sustained, Ø HJR, CR <2secs	Regular rate and rhythm, S1 and S2 are normal, no murmurs/rubs/or gallops, point of maximal intensity non displaced and non sustained, no Hepatojugular Reflux, capillary refill less than 2 seconds		
<b>LUNGS:</b>	CTAB, Ø r/r/w, Ø egophany, Ø tactile fremitus, nl percussion	Clear to auscultation bilaterally, no rales/rhonchi/wheezes, no egophany, no tactice fremitus, normal percussion		
<b>ABD:</b> abdomen	Obese, no pulsatile masses, +BS nl x4, Ø high pitched or tinkling sounds, resonant to percussion, Soft, ND/NT, Ø rebound/guarding, Ø CVA tenderness, Ø HSM	Obese, no pulsatile masses, normal bowel sounds normal in all four quadrants, no high pitched or tinkling sounds, resonant to percussion, Soft, non-distended/non-tender, no rebound or guarding, no costovertebral angle tenderness, no hepatosplenomegaly		
<b>EXT:</b> extremities	Ø c/c/e	No cyanosis/clubbing/or edema		
<b>NEURO:</b> neurologic	CN II-XII intact, no focal deficit	Cranial Nerve II through XII intact, no focal deficit		
<b>PSYCH:</b> psychiatric	nl affect, Ø hallucinations, nl speech, Ø dysarthria	Normal affect, no hallucinations, normal speech, no dysarthria		
<b>SKIN</b>	Intact, Ø rashes, Ø lesions, Ø errythema	Intact, no rashes, no lesions, no errythema		

<b>GU:</b> (genitourinary)	Male: Ø rashes, Ø penile discharge, penile shaft s masses or lesions, Ø inguinal hernia, Ø inguinal LAD, b/l testicles nl in consistency s hydrocele or varicocele, Ø hypospadias/epispadias	Male: no rashes, no penile discharge, penile shaft without masses or lesions, no inguinal hernia, no inguinal lymphadenopathy, bilateral testicles normal in consistency without hydrocele or varicocele, no hypospadias or epispadias
<b>Pelvic:</b>	Ø rashes, nl bartholin gland, vaginal mucosa nl consistency s atrophy or discharge, cervical os s discharge Bimanual: Ø CMT Ø VB Ø discharge Ø masses	No rashes, normal bartholin gland, vaginal mucosa of normal consistency without atrophy or discharge, cervical os without discharge Bimanual: No cervical motion tenderness, no vaginal bleeding, no discharge, no masses
<b>RECTAL</b>	Ø BRBPR, Ø melena, Ø masses, nl sphincter tone, Ø ext/int hemorrhoids, prostate walnut size s nodularity or hypertrophy, Ø prostate tenderness	No bright red blood per rectum, no melena, no masses, normal sphincter tone, no external or internal hemorrhoids, prostate walnut size without nodularity or hypertrophy, no prostate tenderness
<b>LYMPH:</b> (lymphatic)	Ø LAD	No lymphadenopathy
<b>Mmsk:</b> (musculoskeletal)	nl ROM, Ø joint swelling or errythema	Normal range of motion, no joint swelling or errythema

**COMMON ABBREVIATIONS ENCOUNTERED IN PRACTICE:**

CC	Chief complaint
HPI	History of Present Illness
ROS	Review of System
PMH	Past Medical History
NKDA	No known Drug Allergies
CP	Chest Pain
SOB	Shortness of Breath
DOE	Dyspnea on exertion
PND	If talking cardiac: Paroxysmal Nocturnal Dyspnea If talking Upper respiratory: Post Nasal Drip
JVD	Jugular Venous Distention
HJR	Hepato-Jugular Reflux
LE edema	Lower Extremity edema
No c/c/e	No cyanosis/clubbing/edema
No r/r/w	No Rales/rhonchi/wheezes
No m/r/g	No murmurs/rubs/gallops
CTAB	Clear To Auscultation Bilaterally
RRR	Regular Rate and Rhythm
S1S2 nl	S1 (first heart sound) and S2 (second heart sound) are normal in auscultation
EKG:	
LAD	Left Axis Deviation
RAD	Right Axis Deviation
RAE	Right Atrial Enlargement
LAE	Left Atrial Enlargement
LVH	Left Ventricular Hypertrophy
NSR	Normal Sinus Rhythm
LAD	Lymphadenopathy
EOMI	Extra-ocular muscles intact
PERRL	Pupils Equally Round and Reactive to light
CNII-XII intact	Cranial Nerves two through twelve intact
MMSE	Mini Mental Status Exam
No T/A/D	No Tobacco/Alcohol/IV drug use
Ctx	Contractions
Fx	Fracture or function (depending on context)
P.V.	Per Vagina
P.R.	Per Rectum

SBP	Systolic Blood Pressure
DBP	Diastolic Blood Pressure
HR	Heart Rate
RR	Respiratory Rate
SPO2	Pulse Oximetry
BRBPR	Bright Red Blood Per Rectum
DTR	Deep Tendon Reflexes
ARF	Acute Renal Failure
CRI	Chronic Renal Insufficiency
CRF	Chronic Renal Failure
FEN/GI	Fluids, Electrolytes, and Nutrition/Gastroenterology
AAOX3	Alert, awake, and Oriented times 3 (to person, time, place)
NAD	No Acute Distress
MMM	Mucus Membranes Moist
ND/NT	Non Distended/Non Tender
BSx4	Bowel Sounds present in all 4 quadrants
N, V	Nausea, Vomiting
S.Q.	Subcutaneous
PTCA	Percutaneous Transluminal Coronary Angioplasty
PCI	Percutaneous Intervention (cardiac)
CAD	Coronary Artery Disease
ICD	Implantable Cardioverter Defibrillator
CABG	Coronary Artery Bypass Graft
VB	Vaginal Bleeding
FM	Fetal Movement
CMT	Cervical motion tenderness
LMP	Last menstrual period
NSVD	Normal Spontaneous Vaginal Delivery
PPROM	Preterm Premature Rupture of Membranes
PROM	Premature Rupture of Membranes
LTCS	Low Transverse Cesarean Section
VBAC	Vaginal Birth After Cesarean Section
EBL	Estimated Blood Loss
EGA	Expected Gestational Age
EDC	Expected Date of Confinement (baby's due date)

IUP	Intra-Uterine Pregnancy
FHT	Fetal Heart Tones
TAH/BSO	Total Abdominal Hysterectomy with Bilateral Salpingoophorectomy (i.e. no uterus/ tubes, no ovaries)
TAH	Total abdominal hysterectomy
BTL	Bilateral Tubal Ligation
PTL	Preterm Labor
CVA	Cerebrovascular accident
TIA	Transient Ischemic Attack
No T/A/D	No tobacco/alcohol/drugs
Supp.	Suppository
Wt	Weight
HA	Headache
Palp	Palpitations
Sptm	Sputum
AGE	Acute gastroenteritis
URI	Upper respiratory infection
FH or FHx	Family History
SH or SHx	Social history
PVD	Peripheral vascular disease
DJD	Degenerative joint disease
OA	Osteoarthritis
POD	Post Op Day
Lap. chole.	Laparoscopic Cholecystectomy
Lap. Appy	Laparoscopic appendectomy
AKA	Above the Knee Amputation
BKA	Below the Knee Amputation
NKDA	No Known Drug Allergies
Hb	Hemoglobin
Hct	Hematocrit
H/H	Hemoglobin and hematocrit
CXR	Chest X-ray
BAL	Bronchio-Alveolar Lavage
s/p	Status post...
h/o	History of...
wnl	Within normal limits

NC	Non contributory (if written under family history)
OA	Osteoarthritis
RCT	Rotator cuff tear
RTC	Return to Clinic
FOB	Fecal Occult Blood
AAA	Abdominal Aortic Aneurysm
MURMURS:	
AI	Aortic Insufficiency
AS	Aortic Stenosis
MR	Mitral Regurgitation
MS	Mitral Stenosis
TI	Tricuspid Insufficiency
PS	Pulmonic Stenosis
PI	Pulmonic Insufficiency
AVR	Aortic Valve Replacement
MVR	Mitral Valve Replacement
MVP	Mitral Valve Prolapse
AV	Atrioventricular
AVM	Arterio-Venous Malformation
UA c C&S	Urinalysis with Culture and Sensitivity
VSS	Vital Signs Stable
TURP	Trans Urethral Prostatectomy
TAB	Therapeutic Abortion
VIP	Voluntary Interruption of Pregnancy
PNA	Pneumonia
ddx	Differential Diagnosis
abx	Antibiotics
bx	Biopsy
cx	Culture
Ad lib	As much as needed
c/o	Complain of
QD	Every day
bid	Twice a day
tid	Three times a day
qid	Four times a day
Q.O.D.	Every Other Day