forfamilycaregivers.org

|  |  |
| --- | --- |
| q | EVERY |
| qH | EVERY HOUR |
| qAM | EVERY MORNING |
| qPM | EVERY EVENING |
| qHS | EVERY BEDTIME |
| qD | EVERY DAY |
| qOD | EVERY OTHER DAY |
| qWK | EVERY WEEK |
| qMO | EVERY MONTH |
| q\_\_° | EVERY\_\_\_HOURS |
| q\_\_H | EVERY\_\_\_HOURS |
| BID | TWICE A DAY |
| TID | THREE A DAY |
| QID | FOUR A DAY |
| X\_D | TIMES\_\_DAYS |
| TDS | 3 TIMES A DAY |
|  |  |
| C | WITH |
| AC | BEFORE A MEAL |
| PC | AFTER A MEAL |
| HS | AT BEDTIME |
| PRN | AS NEEDED |
| UD | AS DIRECTED |
| AA | OF EACH |
| QS | QUANTITY SUFFICIENT |
| GTT | DROP |
| TBSP | TABLESPOON |
| TSP | TEASPOON |
| OZ | OUNCE |
| GM | GRAM |
| KG | KILOGRAM |

|  |  |
| --- | --- |
| LB | POUND |
| ML | MILLILITER |
| L | LITER |
| G | GALLON |
|  |  |
| OD | RIGHT EYE |
| OS | LEFT EYE |
| OU | BOTH EYES |
|  |  |
| AD | RIGHT EAR |
| AS | LEFT EAR |
| AU | BOTH EARS |
|  |  |
| PO | BY MOUTH / ORAL |
| SL | SUB-LINGUAL |
| NG | NASO GASTRIC |
| BUCCAL | CHEEK/GUM |
| PR | RECTALLY |
| PV | VAGINALLY |
| SUPP | SUPPOSITORY |
| TAB | TABLET |
| CAP | CAPSULE |
| IM | INTRA MUSCULAR |
| SQ | SUB-CUTANEOUS |
| IV | INTRAVENOUS |
| IC | INTRA CARDIAC |
| INJ | INJECTION |
| STAT | IMMEDIATELY |

**Medication Prescription Abbreviations**