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**