

List of Abbreviations and Acronyms (in alphabetical order according to the abbreviation or acronym)

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A		C		D	
AAP	American Academy of Pediatrics	C or c	Cup	d	Day
abn	Abnormal	c/o	Complains of	d&v or d/v	Diarrhea and Vomiting
ad lib	As needed or Desired	CA	Clinic Assistant/Clerk	d/c	Discontinue
adeq	Adequate	CA	Cancer / Carcinoma	d/t	Due to
adv	Advance(d)(ing)	Ca+	Calcium	DCS	Department of Child Services
am	Morning	cal	Calorie		
amt	Amount	CDC	Center for Disease Control and Prevention	dd	Developmental Delay/ Developmental Disability
approp	Appropriate		Certification	decr	Decrease
approx	Approximately	cf	Cystic Fibrosis	def	Deficiency
appt	Appointment	chg	Change	del	Delivery
asap	As Soon As Possible	cho	Carbohydrate	DFR	Division of Family Resources**
avg	Average	cig	Cigarette		
B		cig/d	Cigarettes per Day	diar	Diarrhea
b/c	Because	ck or chk	Check	disc	Discussed
bev	Beverage	CLS	Certified Lactation Specialist	dm	Diabetes Mellitus
bf	Breastfeeding			DO	Doctor of Osteopathy
bid	Twice a Day	conc	Concentrate	dob	Date of Birth
bm	Bowel Movement	constp	Constipation	doz	Dozen
bmi	Body Mass Index	cont	Continue	Dr	Doctor
Bmilk	Breast Milk	cp	Cerebral Palsy	dri	Dietary Reference Intakes: Recommended Intakes for Individuals
bp	Blood Pressure	CPA	Competent Professional Authority		
bs	Blood Sugar			dx	Diagnosis
btl	Bottle	CPS	Child Protective Services*	dz	Disease
btl fdg	Bottle Feeding				
bw	Birth Weight	CS, C/S or c-section	Cesarean-Section	E	
		CVV	Cash-value Voucher	echo	Echocardiogram
				ed	Education
				edc	Estimated Date of Confinement
				edd	Estimated Date of Delivery
				EFNEP	Expanded Food & Nutrition Education Program
				EHS	Early Head Start
				enc	Encouraged
				enf	Enfamil
				etoh	Alcohol
				ex	example
				exp	Exempt
				expl	Explain

*Child Protective Services (CPS) is part of the Department of Child Services (DCS)

**The local office should be referred to as the Division of Family Resources (DFR) county office.

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F		G		I	
F	Fluorine	ga	Gestational Age	IBCLC	International Board
F	Female	gal	Gallon(s)		Certified Lactation
f/u	Follow-up	gdm	Gestational Diabetes		Consultant
f/v	Fruits and Vegetables		Mellitus	ic	Infant Cert
fa	food allergy	gen	General	ic	Individual Contact
fas	Fetal Alcohol Syndrome	ger	Gastroesophageal	ic	Initial Certification
fbf	Fully Breastfeeding / Fully Breastfed		Reflux	icu	Intensive Care Unit
fbs	Fasting Blood Sugar	gerd	Gastroesophageal	id	Identification
			Reflux Disease	iddm	Insulin Dependent
FDA	Food and Drug Administration	gest	Gestation		Diabetes Mellitus (type1)
		GGs	Gerber Good Start	ila	Individual Learning
fdad	Foster Dad	GGs2	Gerber Good Start 2		Activity
fdg	Feeding or Feeding Guide	gi	Gastro-Intestinal	immun	Immunization
fe	Iron	glu	Glucose or Blood	in	Inches
ff	Finger Foods		Glucose	inadeq	Inadequate
ff	First Foods	gm	Gram	incr	Increase
fff	Fully Formula Feeding/ Fully Formula Fed	gma	Grandmother	ind	individual
		gpa	Grandfather	ineo	Internet Nutrition
fl or fld	Fluid	grav	Gravida (Pregnancies)		Education Opportunity
Fl	Fluoride	grp	Group	inf	Infant
FM	Farmers Market	g-tube	Gastrostomy tube	intro	Introduction
FMNP	Farmers Market Nutrition Program	GYN	Gynecology	iu	International unit(s)
		H		J	
fmom	Foster Mom	h/a	Height for Age	jce	Juice
freq	Frequent	h2o	Water	K	
ft	Full Term	hbw	High Birth Weight	K	Potassium
ft	Feet (as a measurement not an appendage)	hct	Hematocrit	kcal	Kilocalorie
		HF	Healthy Families	kg	Kilogram
ftt	Failure To Thrive	hgb	Hemoglobin	L	
		hh	Household	l/a	Length for Age
		HH	Hoosier Healthwise	lb	Pound
		hmbh	Help Me Be Healthy	lbp or HoTN	Low Blood Pressure
		ho	Handout		(Hypotension)
		hosp	Hospital	lbw	Low Birth Weight
		hr	Hour	lg	Large
		HS	Head Start	lga	Large for Gestational Age
		ht	Height	lgth	Length
		htn	Hypertension	lmp	Last Menstrual Period
		hx	History		

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M		N (cont'd)		P (cont'd)	
m	Male	nka	No Known Allergies	premie or preme	Premature infant
mbf	Mostly Breastfeeding/ Mostly Breastfed	nkfa	No Known Food Allergy	prep	Preparation
mcg	Microgram	NP	Nurse Practitioner	Pre-preg or prepreg	Prepregnancy (i.e. Prepregnancy Wt.)
MD	Medical Doctor	npo	Nothing By Mouth		
mdf	Medical Documentation Form	ns	No Show		
		nutr	Nutrition		
		O			
mdr	Minimum Daily Requirement	1:1	One to One (i.e. 1:1 counseling)	prn	Whenever Necessary or As needed
mdu	Medical Data Update	OB	Obstetrics	pro	Protein
med	Medium	oj	Orange Juice	PT	Physical Therapy
meds	Medications	OT	Occupational Therapy	pu	Pick-up (i.e. Check Pick-up = chkpu)
mfd	Medical Food	ow	Over weight	pwdr	Powder
mg	Milligram	oz	Ounce	Q	
mi or mica	Mental Illness or Mental Illness and Chemical Abuse	P		q	Every
misc	Miscellaneous	p	Para (births)	q2h	Every two hours
MJN	Mead Johnson Nutritionals	p/p/g/c	participant/ parent/guardian/ caretaker	q3h	Every three hours
mo	Month	PA	Physician's Assistant	q4h	Every four hours
mvi; or mvit	Multivitamin	pb	Peanut Butter	qd	Every day
		PC	Peer Counselor	qd	Once a day
		ped	Pediatric	qid	Four Times Daily
		pgw	Pre-gravida Weight	qn	Every Night
N				qod	Every Other Day
n&v or n/v	Nausea and Vomiting	phys	Physician	quad	Quadruplegic
n/a	Not Applicable	pkg	Package	R	
n/v/d	Nausea, Vomiting and Diarrhea	pku	Phenylketonuria	r/t	Related to
n2	Second Nutrition Education Contact	pn	Prenatal	rc	Regional Center
nb	newborn	pnc	Prenatal Care	RD	Registered Dietitian
nbf	Non Breast Feeding	prvit	Prenatal Vitamin	re	Regarding
ne or nutr ed	Nutrition Education	po	By Mouth	rec	Recommend
		poa	Proof of Address	ref	Referral or Reference
nem	Nutrition Education Materials	poi	Proof of Income	reg	Regular
nicu	Neonatal Intensive Care Unit	poid	Proof of ID	res	Residence/Residency
nk	Not Known	poss	Possible	rev	Reviewed
		pp	Post Partum	rf	Risk Factor
		ppd	Packs/Day	RN	Registered Nurse
		ppt	Participant	rsv	Respiratory Syncytial Virus Infection
		preg	Pregnant / Pregnancy	rtc	Return to Clinic
				rtu	Ready to Use
				rx	Prescription

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S		T		Symbols	
s2s	Skin to Skin	T or Tb	Tablespoon	@	AT
sbf	Some Breastfeeding/ Some Breastfed	t or tsp	Teaspoon	=	Equals
		TANF	Temporary Assistance to Needy Families	>	Greater Than
sched	Schedule			<	Less Than
serv	Serving	temp	Temperature	-	Minus
sga	Small for Gestational Age	tf	Tube Feeding	-	Negative
sib	Sibling	thtm	Touching Hearts	#	Number or Pounds
SNAP	Supplemental Nutrition Assistance Program		Touching Minds	/	Per
sns	Supplemental Nursing	tid	Three Times Daily	%	Percent
SOAP	Subjective, Objective, Assessment, and Plan	tx	Treatment	+	Plus
		U		X	Times
sp or span	Spanish	unk	Unknown		
		uri	Upper Respiratory Infection (cold)		
ST	Speech Therapy	utd	Up to Date		
stat	At Once or Immediately	uti	Urinary Tract Infection		
sts	States (i.e. mom sts [states]...)	uw	Under weight		
		V			
sub	Subsequent (i.e. Sub Cert)	v	Vomiting		
		vag	Vaginal		
suppl	Supplement	vit	Vitamin(s)		
svgs	Servings	voc	Verification of Certification		
sx	Surgery				
symp	Symptoms	W			
sz	Seizure	w/	With		
		w/a	Weight for Age		
		w/h	Weight for Height		
		w/i	Within		
		w/l	Weight for Length		
		w/o	Without		
		wk	Week		
		wnl	Within Normal Limits		
		wt	Weight		
		X			
		x/d	Times per day		
		Y			
		yo	Year(s) Old		
		Z			
			(None)		