Provincial Dictation and Transcription Services

Saskatchewan Dictation Manual

Version 6.0

April 2019

Saskatchewan Health Authority

3sHealth Shared Services Saskatchewan *better together*

AQuity Solutions

Table of Contents

Please note:
Work types 1 – 8, 30, 31, and 99 are provincial standards; all others are only available when the applicable site code has been selected. Samples are not provided for those templates.

List of Facilities by Community with Site Codes

Dictation Instructions

1. **Dial 1-844-666-3250 - or -**
   - Regina speed dial number **4700** (within Regina city facilities)
   - Saskatoon speed dial number **7745** (within Saskatoon city facilities)
2. Follow the three prompts: **User ID Number**, **Site Location Number** (where patient received care – see chart on page 3), repeat **User ID Number** (for security).
   Note: Residents and Clerks must log into the dictation system with their own unique User ID Number
3. Enter the **Work Type Number,** followed by the # key

Provincial Standard work types

1 – History and Physical
2 – Consult
3 – Diagnostic Report
4 – Operative / Procedure Report
5 – Inpatient Progress Note
6 – Discharge Summary
7 – Outpatient Report
8 – Letter
30 – Mental Health Assessment
31 – Mental Health Progress Note
99 – Advance Care Plan

Ancillary or Location Specific work types *(available only when site code selected – see chart on page 3)*

10 – Orthotics (WRC)
16 – IDC – Outpatient (RGH)
17 – IDC – Outreach (RGH)
18 – IDC – Letter (RGH)
19 – IDC – Letter Outreach (RGH)
20 – FRP WCB (WRC)
21 – FRP SGI Treatment (WRC)
22 – FRP SGI Assessment (WRC)
23 – FRP Hand (WRC)
26 – Vascular Lab (Saskatoon)
55 – Young Offender Court Assessment (AS, CYS, MHC)
90 – Notes (FMU)
91 – Letters (FMU)
92 – Urgent Letter (FMU)
93 – Confidential Letter (FMU)
96 – Sexual Assault Report (PH & RGH)
97 – Child Abuse Report (RGH)
97 – Sexual Assault Report (Saskatoon)
100 – Administrative (RGH)
101 – Mortality Review (PH & RGH)

4. Enter the *Site Specific* Medical Record Number (**MRN**) patient (chart) identifier, followed by the # key. *(If Health Services Number [HSN] is all that is available, press # to move on).*

5. After the tone, begin dictation. Every time you dictate, please state:
   - 5.1 This is (your first and last name),
     - ***Note for Residents/Clerks*** *– in addition to your own name, state the first and last name of your attending physician, and his/her specialty. Always spell complicated names.*
   - 5.2 Dictating a (work type),
   - 5.3 For (patient **first** and **last** name – please spell names),
     - ***For mental health dictations*** *you must spell the patient's name, date of birth and Health Services number, as these need to be manually entered.*
   - 5.4 Date of birth,
   - 5.5 MRN (or HSN if MRN is unknown),
   - 5.6 Seen on (date of care event),
   - 5.7 Copies to (**first** name, **last** name, specialty of each recipient – please spell names).
     - *Family **physicians** listed on the registration system will automatically receive a copy.*
6. To pause and restart current dictation, press **2**.
7. Press **8** to end current job/begin new job, or press **5** to end dictation session and disconnect.

Other Keypad functions to use while dictating:

1 – Play
2 – Start or Record/Pause/Restart
3 – Rewind and Play Back
4 – Fast Forward
44 – Go to End of Job
5 – End and Disconnect
6 – Stat*
7 – Rewind
77 – Go to Beginning of Job
8 – End of Current Job/Begin New Job (will act as a pause)
– Play Dictation Job Number

*Target turnaround time for stat dictations is 2 hours within business hours (8 am – 4:30 pm Monday – Friday)

If you are experiencing difficulties, or require assistance with dictation, please contact **eHealth Saskatchewan Service Desk** at **1-888-316-7446** or email at **servicedesk@ehealthsask.ca.**

Saskatchewan Recommended Dictation Practices

- **Never allow another person to dictate a single word with your User ID Number**, as the system learns from your voice individually.
- Residents and Clerks will be assigned their own unique User ID Number which must be used when doing dictation for the attending physician. Residents and clerks must dictate and spell out the attending physician's first and last name and specialty. Copies of reports will be distributed to the attending physician (or clinician dictated for).
- Dictate with patient, or immediately after the care event whenever possible. Using the Fluency Mobile app on your smartphone makes this easier and secure. To get set up with the Fluency Mobile app, please contact the eHealth service desk, 1-888-316-7446.
- Be aware of additional noises around you – rustling papers and other noises make it hard for the transcriptionist to hear.
- Do not use a speakerphone to dictate, as this picks up excess background noise, which impacts your voice recognition profile. This includes handsfree dictation while driving.
- Speak clearly, at a regular pace – articulate properly without over enunciating or speaking too slowly.
- Spell the name of the patient you are dictating on.
- If copies are required, (or you specify other clinicians in the body of the report) dictate and spell out (if spelling known) the first and last names of the clinician(s) and specialty.
- Include the exact and only needed information.
- Exaggerate or spell out words that can be misunderstood: "Abduction" vs. "adduction" and "hyper-" vs. "hypo-".
- When dictating on a phone, press 2 to pause and restart. If using an application that requires a microphone, release the RECORD button on the microphone when pausing.
- If using an application that requires a microphone, hold the microphone approximately 4 to 6 inches from your mouth and off to the side. Remember to state punctuation.
- Avoid using slang, acronyms, and/or coined terms. A List of Error-Prone Abbreviations, Symbols, and Dose Designations, as determined by Institute for Safe Medication Practices (ISMP) is included beginning on page 19. ***These should never be used***.

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 35423
Name: PATIENT, TEST A
DOB: 30-APR-196[illegible]
HSN: 000[illegible]
Wa[illegible]
Reg[illegible]
Admi[illegible] Date: 20-FEB-2017

Patient demographic information will appear in this space

Work Type 1

History and Physical

Required Headings

DATE SEEN:

REASON FOR ADMISSION:

PRESENTING COMPLAINT:

HISTORY OF PRESENTING COMPLAINT:

ALLERGIES:

CURRENT MEDICATIONS:

PAST HISTORY:

FAMILY/SOCIAL HISTORY:

PHYSICAL EXAMINATION:

CLINICAL SUMMARY/IMPRESSION:

PLAN:

DICTATION TIPS:

1. Use this work type for all inpatient admissions, including for Mental Health.
2. First sentence should be "This is (your first and last name) dictating a **History and Physical** on *patient* (first and last name – please spell out), *date of birth*, and *MRN*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.

_____
Testing Doctor, MD

TD/
DD: 03/18/2016 12:09:25
DT:
Job #: 16031801/25337980

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 109237
Name: PATIENT, TEST A
DOB: 22-Jun-197
HSN: 00
W
Re 111
Adm on Date: 20-Feb-2017

Patient demographic information will appear in this space

Work Type 2

Consult

Required Headings

DATE SEEN:

REFERRING PROVIDER:

REASON FOR CONSULT:

PLAN:

_____
Testing Doctor, MD

TD/SM
DD: 03/18/2016 12:09:31
DT: 03/18/2016 13:27:56
Job #: 16031802/25337982

DICTATION TIPS:

1. Use this work type for all consults, as defined by Medical Services Branch (initial service by a specialist on request of another provider).
2. First sentence should be "This is (your first and last name) dictating a **Consult** on *patient* (first and last name – please spell out), *date of birth*, and *MRN*, seen on *date of service*".
   - For consults provided via TeleHealth, choose the patient's facility (see page 3 for list of facilities), not the provider's.
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.
5. The body of the report should begin "Thank you for asking me to see (patient name) for (reason for consult [e.g. advice, accept patient care, share patient care]).

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 109237
Name: PATIENT, TEST A
DOB: 22-JUN-
HS
Wa
Reg ion #: 1111
Admission Date: 09-FEB-2017

Patient demographic information will appear in this space

Work Type 3

Diagnostic Report

Required Headings

DATE SEEN:

NAME OF TEST:

REASON FOR TEST:

RESULTS:

_____
Testing Doctor, MD

TD/SM
DD: 03/18/2016 12:09:37
DT: 03/18/2016 13:28:31
Job #: 16031803/25337985

DICTATION TIPS:

1. Use this work type for any investigative or diagnostic report based on type and location of service provided to patient. Not to be used for Laboratory or Medical Imaging.
2. First sentence should be "This is (your first and last name) dictating a **Diagnostic Report** on *patient* (first and last name – please spell out), *date of birth*, and *MRN*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 109237
Name: PATIENT, TEST A
DOB: 22-JUN-197
HSN: 0
Wa
Regi
Admission Date: 09-FEB-2017

Patient demographic information will appear in this space

Work Type 4

Operative/Procedure Report

Required Headings

DATE OF PROCEDURE:

PROCEDURE PERFORMED BY:

PRE-PROCEDURE DIAGNOSIS:

POST-PROCEDURE DIAGNOSIS:

PROCEDURE PERFORMED:

PROCEDURE DETAILS AND FINDINGS:

POST-PROCEDURE PLAN:

_____
Testing Doctor, MD

TD/SM
DD: 03/18/2016 12:09:43
DT: 03/18/2016 13:29:03
Job #: 16031804/25337993

DICTATION TIPS:

1. Use this work type for:
   a. Any invasive procedures
   b. Procedure requiring support from nursing/anesthesia
   c. Vaginal delivery performed in an operating room
   d. Procedures perfomed in ambulatory care or other outpatient settings.
2. First sentence should be "This is (your first and last name) dictating an **Operative/Procedure Report** on *patient* (first and last name – please spell out), *date of birth*, and *MRN*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 109237
Name: PATIENT, TEST A
DOB: 22-JUN-
H
W
Reg ion #: 1111
Admission Date: 09-FEB-2017

Patient demographic information will appear in this space

Work Type 5

Inpatient Progress Note

DATE SEEN:

(Dictation goes here)

_____
Testing Doctor, MD

TD/SM
DD: 03/18/2016 12:09:49
DT: 03/18/2016 13:29:26
Job #: 16031805/25337994

DICTATION TIPS:

1. Use this work type for:
   a. Documenting inpatient progress; or
   b. Transfer of care within a facility (to another unit or care team).
2. First sentence should be "This is (your first and last name) dictating an **Inpatient Progress Note** on *patient* (first and last name – please spell out), *date of birth*, and *MRN*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.

Saskatchewan Health Authority

MRN: 109237
Name: PATIENT, TE
DOB: 22

Patient demographic information will appear in this space

stration #: 1111
Admission Date: 09-FEB-2017
Discharge Date: 28-FEB-2017

Work Type 6

Facility Name will appear in this space

Discharge Summary

Required Headings

DATE ADMITTED:

DATE DISCHARGED OR TRANSFERRED:

MOST RESPONSIBLE DIAGNOSIS:

COMORBIDITIES:

COURSE IN HOSPITAL:

COMPLICATIONS:

DISCHARGE PLAN:

MEDICATIONS AT DISCHARGE:

_____

Testing Doctor, MD

TD/SM
DD: 03/18/2016 12:09:55
DT: 03/18/2016 13:30:13
Job #: 16031806/25337997

DICTATION TIPS:

1. Use this work type when patient is:
   a. Discharged home (including personal or long term care homes); or
   b. Transferred to another facility (press "6" to designate dictation as STAT for urgent interfacility transfers).
2. First sentence should be "This is (your first and last name) dictating a **Discharge Summary** on *patient* (first and last name – please spell out), *date of birth*, and *MRN*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 109237
Name: PATIENT, TEST A
DOB: 22-JUN
H
W
Re ion #: 1111
Admission Date: 09-FEB-2017

Patient demographic information will appear in this space

Work Type 7

Outpatient Report

Required Headings

DATE SEEN:

TITLE OF CLINIC/REPORT:

(Dictation goes here)

_____
Testing Doctor, MD

TD/SM
DD: 03/18/2016 12:10:01
DT: 03/18/2016 13:30:56
Job #: 16031807/25337999

DICTATION TIPS:

1. Use this work type for outpatient clinic visits, such as follow up visits. Do not use for a consult, or diagnostic or operative procedure.
2. First sentence should be "This is (your first and last name) dictating an **Outpatient Report** on *patient* (first and last name – please spell out), *date of birth*, and *MRN*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 109237
Name: PATIENT, TEST A
DOB: 22-JUN-
HSN:
V
Re 1111
Admission Date: 09-FEB-2017

Patient demographic information will appear in this space

Work Type 8

Letter

Testing Doctor, MD
Cardiology
28 Lancaster Place
Regina SK S4S 2Z4
Phone: (555) 555-1212
Fax: (555) 555-1213

Return address is aligned to the right

May 25, 2016

Test Doctor, MD
1234 Riverside Ave, Suite 200
Riverside, CA 92507

RE: TEST-BIGG, TRANSCRIPTION (H) (306) 948-3323

Dear Dr. Doctor:

This is sample text to show format of letter. This is sample text to show format of letter.

Sincerely,

_____
Testing Doctor, MD

This document has been dictated and may have been distributed before being read. Any corrections to this document must be made within thirty (30) days following the transcription date.

TD/SM
DD: 05/25/2016 16:05:49
DT: 05/25/2016 16:20:13
Job #: 673372/26118129

cc: Testing Doctor, MD

DICTATION TIPS:

1. Use this work type for:
   a. Referrals/requests for consults
   b. Communication with outside agencies such as schools or insurers.

   DO NOT USE FOR CONSULTS.
2. First sentence should be "This is (your first and last name) dictating a **Letter** on *patient* (first and last name – please spell out), *date of birth*, and *MRN*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart and addressee;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.
5. Required Headings for generic referral letter (request for consult):
   - History of presenting complaint
   - Pertinent other history
   - Allergies
   - Medications
   - Special considerations
   - Goals (e.g. opinion, take over care, shared care)

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 109237
Name: PATIENT, TEST
DOB: 22-JU
Patient demographic information will appear in this space
Registration #: 1111
Admission Date: 09-FEB-2017

Work Type 30

Assessment

Required Headings

DATE SEEN:

TITLE OF REPORT:

PRESENTING COMPLAINT:

HISTORY OF PRESENTING COMPLAINT:

BACKGROUND/PERSONAL HISTORY:

CURRENT MEDICATIONS:

MENTAL STATE EXAM:

PRINCIPAL DIAGNOSIS:

SECONDARY DIAGNOSIS:

MANAGEMENT OR TREATMENT PLAN:

DICTATION TIPS:

1. Use this work type for mental health program intake.
2. First sentence should be "This is (your first and last name) dictating an **Assessment** on *patient* (first and last name – please spell out), *date of birth*, *MRN*, and *Health Services Number*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.

_____
Test Doctor, MD

TD/SM
DD: 04/06/2016 00:20:57
DT: 04/06/2016 00:23:44
Job #: 16040511/25527919

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 109237
Name: PATIENT, TEST
DOB: 22-JU
Re ation #: 1111
Admission Date: 09-FEB-2017

Patient demographic information will appear in this space

Work Type 31

Progress Note

DATE SEEN:

(Dictation goes here)

_____
Testing Doctor, MD

TD/SM
DD: 03/23/2016 15:25:32
DT: 03/23/2016 15:55:00
Job #: 375784/25392424

DICTATION TIPS:

1. Use this work type for follow up mental health visits**.**
2. First sentence should be "This is (your first and last name) dictating a **Progress Note** on *patient* (first and last name – please spell out), *date of birth*, *MRN*, and *Health Services Number*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.

Saskatchewan Health Authority

Facility Name will appear in this space

MRN: 109237
Name: PATIENT
DOB:
Registration #: 1111
Admission Date: 09-FEB-2017

Patient demographic information will appear in this space

Work Type 99

Advance Care Plan

DATE SEEN:

(Dictation goes here)

_____
Testing Doctor, MD

TD/SM
DD: 03/18/2016 12:10:17
DT: 03/18/2016 13:31:56
Job #: 16031899/25338001

DICTATION TIPS:

1. Use this work type for advance care plan**.**
2. First sentence should be "This is (your first and last name) dictating an **Advance Care Plan** on *patient* (first and last name – please spell out), *date of birth*, and *MRN*, seen on *date of service*".
3. Report will be automatically copied to:
   a. Patient chart;
   b. Dictator or clinician dictated for; and
   c. Family physician (if listed at registration).
4. Clearly state the **first** and **last** name, location, and specialty of any additional copy recipients.

Dictation FAQs

1. Where do I get help?

   If you are experiencing difficulties or require assistance with dictation, please contact eHealth Saskatchewan Service Desk at 1-888-316-7446 or email servicedesk@ehealthsask.ca.

2. How do I prioritize the dictation?

   As you are dictating, or at the end of your dictation, use keypad number 6 to mark your dictation as a stat report. The target turnaround time for stat dictations is 2 hours within business hours (currently 8:00 am to 4:30 pm Monday to Friday).

3. What do I do if I forget to mark an urgent dictation as stat?

   Call eHealth Saskatchewan Service Desk at 1-888-316-7446 and provide your name, the dictation job number, patient name, and approximate time of the dictation.

4. What if I have dictated something in error (e.g. wrong patient name), or need to add more information to a dictated document?

   Minor corrections (e.g. grammar, punctuation, formatting) need not be made, unless patient care is impacted.

   Any *changes* to the original **transcribed** document must be printed legibly (in dark coloured ink) on the report and faxed to Dictation and Transcription Services at 306-347-5914. The document will be marked "**REVISED DOCUMENT**" and redistributed as per the original.

   Additional information must be dictated as an addendum through Dictation and Transcription Services. Call the dictation toll-free number and begin a new dictation, indicating that it is an addendum for a previously dictated document. Please include any available information that will help the transcriptionist find the original document (e.g. patient name, dictation job number and date/time of original dictation, etc.). Dictate the information you need to add to the patient's record. The addendum will be added to the original, marked "**REVISED DOCUMENT**" and redistributed as per the original.

5. What if I can't remember the headings in the work type?

   There are examples of the templates and headings available in the Health Information Management area, and at all dictation stations, as well as in this manual (beginning on page 6).

6. Can other documents from a patient's record be attached to the transcribed report?

   No. Transcriptionists working in the Dictation and Transcription Services pool are not able to access historical documents from patient records; please include in your dictation any relevant information that is not available elsewhere in the record or on the eViewer. You may contact the Health Information Management department in the applicable facility to help obtain the missing but required information.

Dictation FAQs (Continued)

7. How do I ensure that other clinicians receive a copy of the dictated document?

   If a family physician is listed in the patient's registration data, they will receive a copy automatically.

   Copies are sent to other clinicians only when their first and last name and other applicable identifying information (e.g. location and/or specialty) is provided in the dictation (dictated and spelled out [if spelling known]). This is necessary to avoid distribution errors and delays in care.

8. Where does my dictation get transcribed?

   Your report could be transcribed by any qualified medical transcriptionist anywhere in the province.

9. Do I need to sign my reports?

   No. The Senior Medical Officers Committee (SMOC) passed a motion on April 22, 2016 supported by the College of Physicians and Surgeons of Saskatchewan that standardized use of electronic authentication and immediate distribution, with subsequent review by the physician and then making any needed amendments to reports.

   The following disclaimer appears on all reports: *This document has* been *dictated and may have been distributed before being read. Any corrections to this document must be made within thirty (30) days following the transcription date.*

10. Where will the transcribed report from my dictation be delivered?

    The transcribed report will always be distributed to you, unless you are a Resident or Clerk. Family physicians will also be copied if identified on the registration data, and a copy will be placed on the patient's health record at the local site of service. For some work types, there may be other additional distribution rules.

    The report may be distributed by fax, printer, and/or into Sunrise Clinical Manager(SCM) (if in use at the patient's location). Distribution rule changes can be requested via the local health information area.

    Reports dictated by Residents and Clerks will be distributed to the ***clinician dictated for***.

11. Can I dictate ahead of time from an outside location?

    Once the patient is registered in Admitting, the report can be dictated.

12. Can I go faster than the prompts when entering the numbers on the phone?

    Yes, you do not need to wait to hear the next step if you know what it is.

13. Is the voice file stored electronically? If yes, for how long?

    The voice record is encrypted and stored electronically for 90 days after the report has been distributed.

14. How do I obtain the dictation job ID number for my records?

    The number will be given at the end of the dictation for each patient (when you press 5 or 8). You can also press ## at any time during the dictation to pause and obtain the number. To continue dictating, press 2 on the keypad.

Institute for Safe Medication Practices (ISMP)'s

List of Error-Prone Abbreviations, Symbols, and Dose Designations

The abbreviations, symbols, and dose designations found in this table have been reported to ISMP through the ISMP National Medication Errors Reporting Program (ISMP MERP) as being frequently misinterpreted and involved in harmful medication errors. They should **NEVER** be used when communicating medical information. This includes internal communications, telephone/verbal prescriptions, computer-generated labels, labels for drug storage bins, medication administration records, as well as pharmacy and prescriber computer order entry screens.

Abbreviations	Intended Meaning	Misinterpretation	Correction
µg	Microgram	Mistaken as "mg"	Use "mcg"
AD, AS, AU	Right ear, left ear, each ear	Mistaken as OD, OS, OU (right eye, left eye, each eye)	Use "right ear," "left ear," or "each ear"
OD, OS, OU	Right eye, left eye, each eye	Mistaken as AD, AS, AU (right ear, left ear, each ear)	Use "right eye," "left eye," or "each eye"
BT	Bedtime	Mistaken as "BID" (twice daily)	Use "bedtime"
cc	Cubic centimeters	Mistaken as "u" (units)	Use "mL"
D/C	Discharge or discontinue	Premature discontinuation of medications if D/C (intended to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of discharge medications	Use "discharge" and "discontinue"
IJ	Injection	Mistaken as "IV" or "intrajugular"	Use "injection"
IN	Intranasal	Mistaken as "IM" or "IV"	Use "intranasal" or "NAS"
HS	Half-strength	Mistaken as bedtime	Use "half-strength" or "bedtime"
hs	At bedtime, hours of sleep	Mistaken as half-strength	Use "half-strength" or "bedtime"
IU**	International unit	Mistaken as IV (intravenous) or 10 (ten)	Use "units"
o.d. or OD	Once daily	Mistaken as "right eye" (OD-oculus dexter), leading to oral liquid medications administered in the eye	Use "daily"
OJ	Orange juice	Mistaken as OD or OS (right or left eye); drugs meant to be diluted in orange juice may be given in the eye	Use "orange juice"
Per os	By mouth, orally	The "os" can be mistaken as "left eye" (OS-oculus sinister)	Use "PO," "by mouth," or "orally"
q.d. or QD**	Every day	Mistaken as q.i.d., especially if the period after the "q" or the tail of the "q" is misunderstood as an "i"	Use "daily"
qhs	At bedtime	Mistaken as "qhr" or every hour	Use "at bedtime"
qn	Nightly	Mistaken as "qh" (every hour)	Use "nightly"
q.o.d. or QOD**	Every other day	Mistaken as "q.d." (daily) or "q.i.d. (four times daily) if the "o" is poorly written	Use "every other day"
q1d	Daily	Mistaken as q.i.d. (four times daily)	Use "daily"

Abbreviations	Intended Meaning	Misinterpretation	Correction
q6PM, etc.	Every evening at 6 PM	Mistaken as every 6 hours	Use "6 PM nightly" or "6 PM daily"
SC, SQ, sub q	Subcutaneous	SC mistaken as SL (sublingual); SQ mistaken as "5 every;" the "q" in "sub q" has been mistaken as "every" (e.g., a heparin dose ordered "sub q 2 hours before surgery" misunderstood as every 2 hours before surgery)	Use "subcut" or "subcutaneously"
ss	Sliding scale (insulin) or ½ (apothecary)	Mistaken as "55"	Spell out "sliding scale;" use "one-half" or "½"
SSRI	Sliding scale regular insulin	Mistaken as selective-serotonin reuptake inhibitor	Spell out "sliding scale (insulin)"
SSI	Sliding scale insulin	Mistaken as Strong Solution of Iodine (Lugol's)	Spell out "sliding scale (insulin)"
i/d	One daily	Mistaken as "tid"	Use "1 daily"
TIW or tiw	3 times a week	Mistaken as "3 times a day" or "twice in a week"	Use "3 times weekly"
U or u**	Unit	Mistaken as the number 0 or 4, causing a 10-fold overdose or greater (e.g., 4U seen as "40" or 4u seen as "44"); mistaken as "cc" so dose given in volume instead of units (e.g., 4u seen as 4cc)	Use "unit"
UD	As directed ("ut dictum")	Mistaken as unit dose (e.g., diltiazem 125 mg IVinfusion "UD" misinterpreted as meaning to give the entire infusion as a unit [bolus] dose)	Use "as directed"

Dose Designations and Other Information	Intended Meaning	Misinterpretation	Correction
Trailing zero after decimal point (e.g., 1.0 mg)**	1 mg	Mistaken as 10 mg if the decimal point is not seen	Do not use trailing zeros for doses expressed in whole numbers
No leading zero before a decimal dose (e.g., .5 mg)**	0.5 mg	Mistaken as 5 mg if the decimal point is not seen	Use zero before a decimal point when the dose is less than a whole unit
Drug name and dose run together (especially problematic for drug names that end in "L" such as Inderal40 mg; Tegretol300 mg)	Inderal 40 mg Tegretol 300 mg	Mistaken as Inderal 140 mg Mistaken as Tegretol 1300 mg	Place adequate space between the drug name, dose, and unit of measure
Numerical dose and unit of measure run together (e.g., 10mg, 100mL)	10 mg 100 mL	The "m" is sometimes mistaken as a zero or two zeros, risking a 10- to 100-fold overdose	Place adequate space between the dose and unit of measure
Abbreviations such as mg. or mL. with a period following the abbreviation	mg mL	The period is unnecessary and could be mistaken as the number 1 if written poorly	Use mg, mL, etc. without a terminal period
Large doses without properly placed commas (e.g., 100000 units; 1000000 units)	100,000 units 1,000,000 units	100000 has been mistaken as 10,000 or 1,000,000; 1000000 has been mistaken as 100,000	Use commas for dosing units at or above 1,000, or use words such as 100 "thousand" or 1 "million" to improve readability

Drug Name Abbreviations	Intended Meaning	Misinterpretation	Correction
APAP	Acetaminophen	Not recognized as acetaminophen	Use complete drug name
ARA A	vidarabine	Mistaken as cytarabine (ARA C)	Use complete drug name
AZT	zidovudine (Retrovir)	Mistaken as azathioprine or aztreonam	Use complete drug name
CPZ	Compazine (prochlorperazine)	Mistaken as chlorpromazine	Use complete drug name
DPT	Demerol-Phenergan-Thorazine	Mistaken as diphtheria-pertussis-tetanus (vaccine)	Use complete drug name
DTO	Diluted tincture of opium, or deodorized tincture of opium (Paregoric)	Mistaken as tincture of opium	Use complete drug name
HCl	hydrochloric acid or hydrochloride	Mistaken as potassium chloride (The "H" is misinterpreted as "K")	Use complete drug name unless expressed as a salt of a drug
HCT	hydrocortisone	Mistaken as hydrochlorothiazide	Use complete drug name
HCTZ	hydrochlorothiazide	Mistaken as hydrocortisone (seen as HCT250 mg)	Use complete drug name
MgSO4**	magnesium sulfate	Mistaken as morphine sulfate	Use complete drug name
MS, MSO4**	morphine sulfate	Mistaken as magnesium sulfate	Use complete drug name
MTX	methotrexate	Mistaken as mitoxantrone	Use complete drug name
NoAC	Novel/new oral anticoagulant	No anticoagulant	Use complete drug name
PCA	procainamide	Mistaken as Patient Controlled Analgesia	Use complete drug name
PTU	propylthiouracil	Mistaken as mercaptopurine	Use complete drug name
T3	Tylenol with codeine No. 3	Mistaken as liothyronine	Use complete drug name
TAC	triamcinolone	Mistaken as tetracaine, Adrenalin, cocaine	Use complete drug name
TNK	TNKase	Mistaken as "TPA"	Use complete drug name
TPA or tPA	tissue plasminogen activator, Activase (alteplase)	Mistaken as TNKase (tenecteplase), or less often as another tissue plasminogen activator, Retavase (retaplase)	Use complete drug name
ZnSO4	zinc sulfate	Mistaken as morphine sulfate	Use complete drug name

Stemmed Drug Names	Intended Meaning	Misinterpretation	Correction
"Nitro" drip	nitroglycerin infusion	Mistaken as sodium nitroprusside infusion	Use complete drug name
"Norflox"	norfloxacin	Mistaken as Norflex	Use complete drug name
"IV Vanc"	intravenous vancomycin	Mistaken as Invanz	Use complete drug name

Symbols	Intended Meaning	Misinterpretation	Correction
ʒ	Dram	Symbol for dram mistaken as "3"	Use the metric system
♍	Minim	Symbol for minim mistaken as "mL"	Use the metric system
x3d	For three days	Mistaken as "3 doses"	Use "for three days"

Symbols	Intended Meaning	Misinterpretation	Correction
> and <	Greater than and less than	Mistaken as opposite of intended; mistakenly use incorrect symbol; "< 10" mistaken as "40"	Use "greater than" or "less than"
/ (slash mark)	Separates two doses or indicates "per"	Mistaken as the number 1 (e.g., "25 units/10 units" misread as "25 units and 110" units)	Use "per" rather than a slash mark to separate doses
@	At	Mistaken as "2"	Use "at"
&	And	Mistaken as "2"	Use "and"
+	Plus or and	Mistaken as "4"	Use "and"
°	Hour	Mistaken as a zero (e.g., q2° seen as q 20)	Use "hr," "h," or "hour"
Φ or ⌀	zero, null sign	Mistaken as numerals 4, 6, 8, and 9	Use 0 or zero, or describe intent using whole words

**These abbreviations are included on The Joint Commission's "minimum list" of dangerous abbreviations, acronyms, and symbols that must be included on an organization's "Do Not Use" list, effective January 1, 2004. Visit www.jointcommission.org for more information about this Joint Commission requirement.

Version Update Chart

Version	Date changed	Page (s)	Description of Change
5.1	April 26, 2018	All	Clarification of instructions
5	April 16, 2018	All	Changes in formatting and instructions.
4	October 13, 2017	6	Dictation Instructions 4. Added site specific to Medical Record Number. 5.5 Added note that Residents and Clerks must dictate using their own User ID Number. 7. Added instruction to press 8 to end current job/begin new job, without disconnecting.
		4	Dictation Instructions 5.5 Added note to spell out name of clinician to receive copies.
		5	Saskatchewan Recommended Dictation Practices Added note to spell out name of clinician to receive copies, or referenced in report.
		18	Dictation FAQs 7. Added note to spell out name of clinician to receive copies. 10. Added information regarding various methods of distribution of reports.