Name: _____ Date: _____

# Abreviation # 2

| | |
|---|---|
| 1. ac | A. no concentrated sweets |
| 2. pc | B. amount |
| 3. amt. or amt | C. water |
| 4. cc | D. nasogastic |
| 5. FF | E. by mouth |
| 6. H2O | F. intake and output |
| 7. I & O | G. Intravenously |
| 8. IV | H. liter |
| 9. liq. or liq | I. cubic centimeter |
| 10. NPO | J. no salt added |
| 11. ml | K. nothing by mouth |
| 12. PO | L. gastrostomy tube |
| 13. l | M. before meals |
| 14. NAS | N. frequent fluids |
| 15. NG | O. mililiter |
| 16. NCS | P. liquid |
| 17. G-tube | Q. after meals |