

Name: _____ Date: _____

Acceptable Abbreviations

- | | |
|------------------------|----------------|
| 1. Needle given into | A. Tbsp |
| 2. medication as | B. mouth |
| 3. Every other | C. release |
| 4. every other | D. day |
| 5. S.R./L.R. (behind a | E. day |
| 6. slow | F. day |
| 7. I.R. (behind a | G. release |
| 8. immediate | H. needed |
| 9. 1 | I. muscle |
| 10. 1 | J. Tbsp |
| 11. 2 | K. medication) |
| 12. twice a | L. day |
| 13. three times a | M. medication) |
| 14. four times a | N. mouth |
| 15. by | O. tsp |
| 16. nothing by | P. day |