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Pulmonary, Respiratory, and Blood Gas Terminology

AMA Manual of Style Committee

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Standardization of symbols in respiratory physiology dates from at least 1950.Despite the familiarity of abbreviations in pulmonary and respiratory medicine, authors and editors are encouraged to expand all terms at first mention, except as noted.Symbols and abbreviations are both used. Symbols consist of separate elements in various combinations whose letters may differ from the initial letters of the expansion, eg, Q# (perfusion). Abbreviations are usually initialisms.Symbols and their subgrouping into main symbols and modifiers are consistent with approved nomenclature formulated circa 1980 by the Commission of Respiratory Physiology (International Union of Physiological Sciences) and the Publications Committee of the American

Symbols

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Symbols and their subgrouping into main symbols and modifiers are consistent with approved nomenclature formulated circa 1980 by the Commission of Respiratory Physiology (International Union of Physiological Sciences) and the Publications Committee of the American Physiological Society., The following groupings of pulmonary-respiratory symbols are adapted from Fishman.Main symbols are typically capital letters set on the line and are the first elements of an expression. The same letter may stand for one entity in respiratory mechanics and another in gas exchange (eg, P stands for pressure in respiratory mechanics and partial pressure in gas exchange). The following are examples (note dots

Abbreviations

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The following are some common abbreviations from pulmonary function testing; they should always be expanded at first mention:

Mechanical Ventilation

Harriet S. Meyer

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The following should be expanded at first mention:

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