
Vision 3

DLM 390

All Countries



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Table of Editions and Contents

Date	Version	Contents	Output
18/11/11	001	Draft created	Docx & PDF
14/12/11	002	Updated following review by ESTU	Docx & PDF
20/12/11	003	Updated following Review by ESTU	Docx & PDF
16/01/12	004	Helpline Portal screenshot changed. PDS Mismatch details added.	Docx & PDF
19/01/2012	005	Updated Mail Manager – MiG details. Added Changes to Units used in test results.	Docx & PDF
03/02/12	006	Added PDS Defer details. Updated following workflow review.	Docx & PDF
07/02/2012	007	Summary of Changes small editions, clear notes on finalise rewording, note added to PDS synchronisation section and Personal not Patient Demographics Service and added callouts to SS.	Docx & PDF
2/3/2012	008	Update to HPA reporting section	PDF
2/3/12	009	HPA	PDF
21/05/12	010	Update to Risk Calculator section – HDOO	PDF

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DLM 390

Summary of Changes

This user guide lists changes to Vision functionality in DLM 390.

Vision Front Screen

- **Link to Helpline Portal** - We have added a link to the Vision front screen for users to view their support calls with the helpline. See [Helpline Portal](#) on page 3.

Consultation Manager

England - EPS Release 2

- **Clear Notes on Finalise** – You can now clear EPS prescription notes when the prescription is signed in Consultation Manager. See [Clear Notes on Finalise](#) on page 5.

England - Summary Care Record

- **Discontinued Medication** – Changes have been made to how GP2GP imports prescription records with a repeat until date. SCR has been updated to reflect these changes. See [Discontinued Medication](#) on page 6.
- **Patients Registered Elsewhere** – Changes have been made to ensure that initial uploads and summary updates are only sent for patients registered at your practice. See [Patients Registered Elsewhere](#) on page 6.

England – Personal Demographics Service (PDS)

- **Mismatch Screen Set Contacts Change** – When viewing mismatched contacts, information retrieved from the Personal Demographics Service is now appended with (PDS). See [Mismatch Screen – Set Contacts Change](#) on page 7.
- **PDS Synchronisation** – EPS and CAB National Services are now available when you defer a PDS mismatch if “Identity Confirmed” is displayed. See [PDS Synchronisation](#) on page 7.

CVD Risk Calculator Changes

- **QRISK - Rheumatoid Arthritis** – We have made some changes to the Read codes used to identify patients with Rheumatoid Arthritis. See [Rheumatoid Arthritis - QRISK](#) on page 11.

- **QRISK and ASSIGN – Significant FH of CHD** – We have made some changes to the Read codes used to calculate Significant FH of CHD, to include <60 only. See [Significant FH of CHD](#) on page 11.

Other Changes

- **Reminders** – Outstanding (Daybook) tasks and Prescription Notes (EPS R2) can no longer be hidden from view. See [Reminder Display Changes](#) on page 8.
- **DXS toolbar** – If using the new DXS toolbar design, the toolbar is positioned under the current consultation pane if used. If the new design is not used, the DXS toolbar is positioned on the left hand side under the alerts pane. See [DXS Repositioning](#) on page 9.
- **Recording Contraception for Male Patients** – You can now record details of vasectomy for male patients using Read code 61G..00.
- **Med3** – You can now change the date when adding a Med3.

Appointments

- **Non-Viewable Slots** – You can now mark appointment slots as non-viewable. Such slots can only be viewed from Vision Appointments; they are not visible to Consultation Manager, Mail Manager, VOS (Online) or any other module or application. See [Non-Viewable Slot Type](#) on page 12.

England – HPA Reporting

- **DH Immform Website Reporting** – In England all immunisation audits which are named as HPA Reporting Audits can now be used to produce a message that will be sent automatically to the DH ImmForm website. See [DH ImmForm Website Reporting – England](#) on page 13 **Error! Bookmark not defined..**

Mail Manager

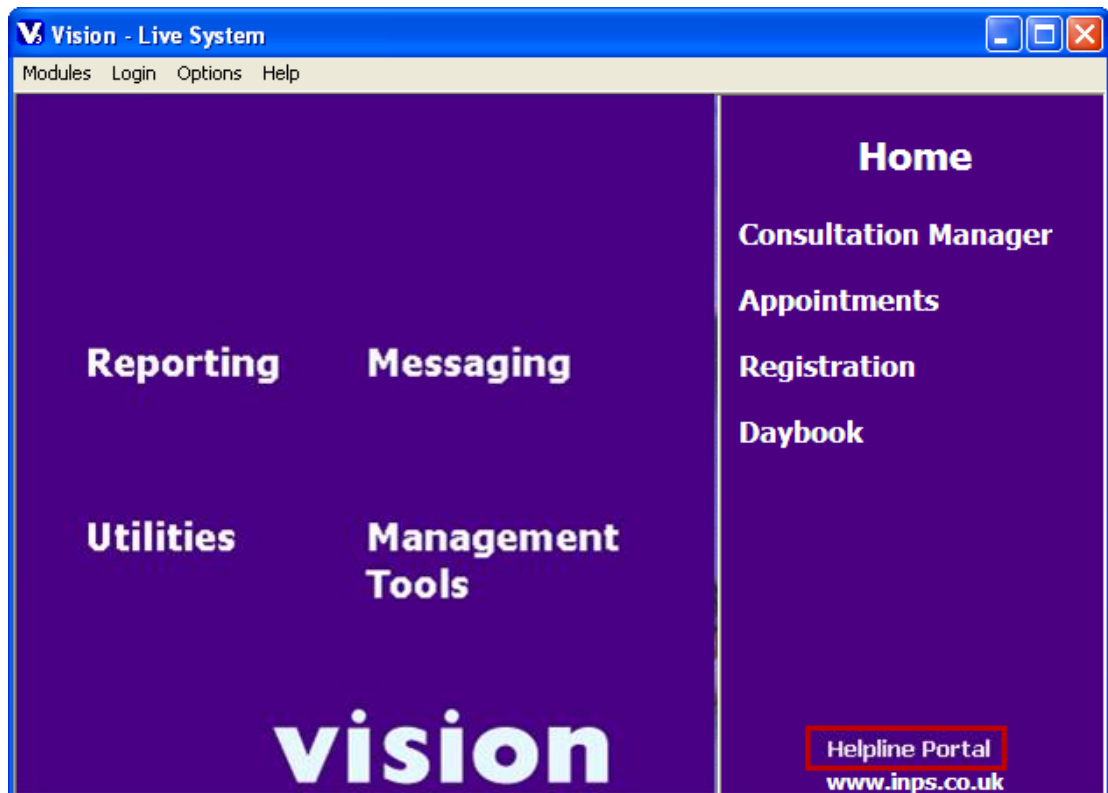
- **Medical Interoperability Gateway (MiG)**
 - **Discharge Message** – MiG Discharge Messages are now assigned to the Practice Manager on receipt who can then reassign the message to whichever Clinician is required. See [Discharge Messages](#) on page 13.
 - **Practice Access** – Clinical data messages from Practice Access are now sent via MiG to Mail Manager and will automatically file into the patient record. See [Practice Access](#) on page 14.
- **Pathology – Changes to Valid Units** – Changes have been made to the valid units available for pathology messages. New units have also been added. See [Pathology – Changes to Valid Units](#) on page 14.

Vision Front Screen Changes

Helpline Portal

You can now access the Helpline Portal from the Vision front screen. Click on the link on the Vision front page to view the support calls that your practice have made to the helpline.

1. Click on the link **Helpline Portal**.



Vision Front Screen – Helpline Portal

2. This will take you to the login screen, type your **Login ID** and **Password**. If you do not know your login details contact your Account Manager.

Helpline Portal Login Screen

- Once logged in, you are presented with an Incident Summary which lists all helpline logs for your practice.

My Incidents | My Account

View Incident Summary | Attachments

You are logged in as TEST Logout

Log New Call - Click Here

Incident Summary

View Incident | Add Note

Click **View Incident** to view the log, or **Add Note** to add further details.

Select the log and click **View Incident** or double click for details.

Use the filters to scroll through the logs.

Incident ID	Open Date	State	Summary	Priority	To Resolve Time (+)	Resolved Date
INC312273	09-11-2011 09:02	Closed	General Enquiry	5	005:23:57	09-11-2011 09:05
INC300225	17-10-2011 11:07				005:23:10	17-10-2011 11:57
INC300183	17-10-2011 18:45				005:23:14	17-10-2011 11:29
INC286223	10-10-2011 10:26				000:15:59	10-10-2011 10:27
INC284614	15-09-2011 10:50				006:00:00	15-09-2011 10:50
INC284318	14-09-2011 16:58				001:23:58	14-09-2011 16:57
INC282124	09-09-2011 15:35	Closed	TEST DO NOT USE	5	000:00:00	26-10-2011 07:53
INC282111	09-09-2011 15:20	Closed	Password test	5	000:00:00	09-09-2011 15:20
INC280018	06-09-2011 13:31	Closed	clinical audit has not run	3	000:11:31	07-09-2011 07:57
INC271166	17-08-2011 13:19			5	006:00:00	17-08-2011 13:19

First / Previous / Next / Last

Record 1 of 64 (Page 1 of 7)

View: 10 records

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Helpline Portal - Incident Summary

- Select a log and click **View Incident**, or double click to see the details.

My Incidents | My Account

View Incident Summary | Attachments

You are logged in as TEST Logout

Log New Call - Click Here

Incident Details

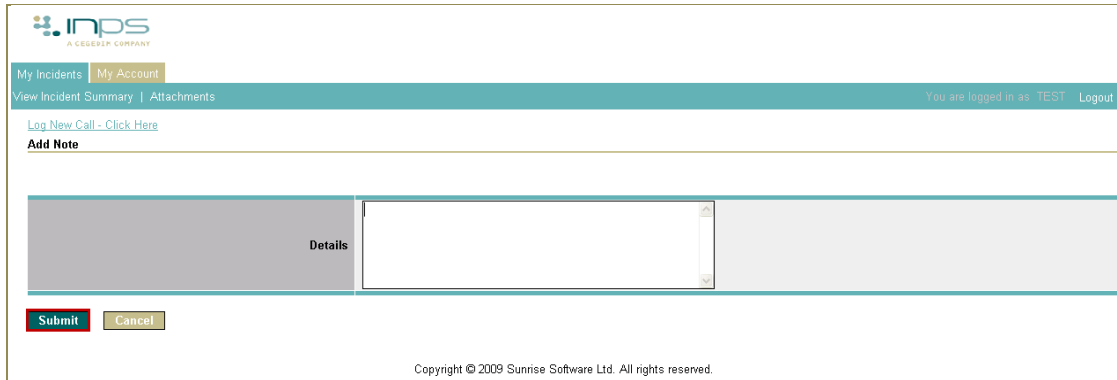
Add Note

Incident ID	INC312273
State	Closed
UserID	TEST
Contact Fullname	
Job Title	
Contact Email	
Telephone	
Mobile	
Type	Service Request
Category	Vision
Sub-Category	General Query
Summary	General Enquiry
Description
Priority	5
Response Target Date	30-11-2011 15:02
Resolution Target Date	30-11-2011 15:02
Current Group	Team Leaders

Cancel

Helpline Portal- Incident Details

- To add further details click **Add Note**, enter the required information then click **Submit**. The open log will be closed.



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Helpline Portal – Add Note

6. If you do not add a note, click **Cancel** to close the log.
7. Click **Logout** to close the Helpline Portal.

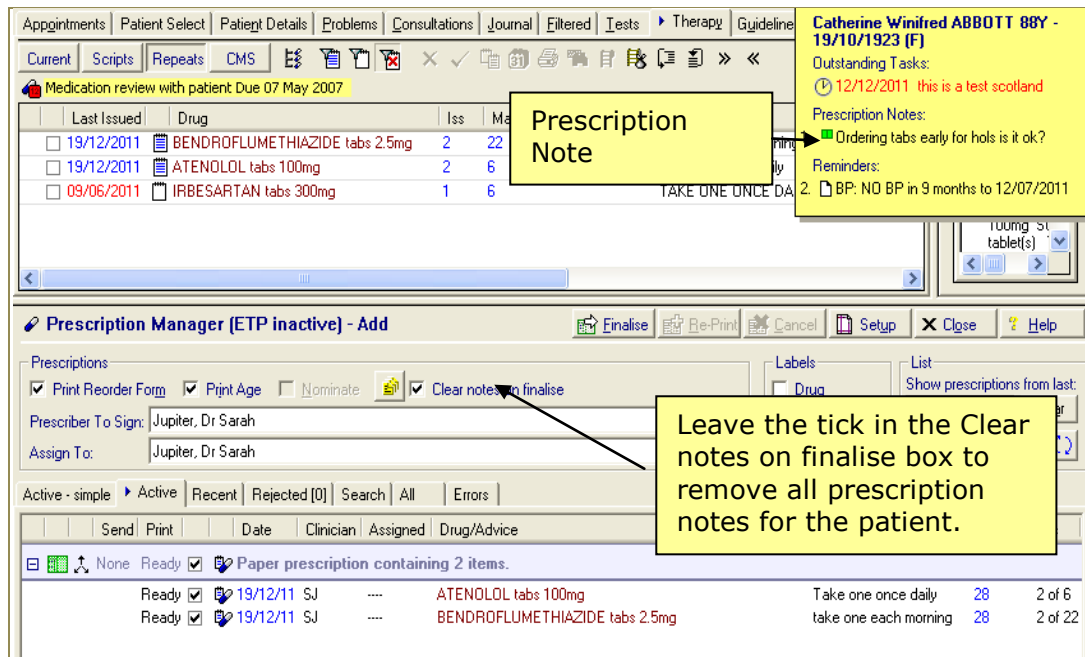
Consultation Manager Changes

England – EPS Release 2

Clear Notes on Finalise

We have added a new **Clear Notes on Finalise** option to Prescription Manager. This clears the prescription note at the point of finalising a prescription. This check box is enabled by default and is only available if the current patient has an existing prescription note.

NOTE - Any 'Outstanding Tasks' or 'Prescription Notes' for the patient are displayed. It is not possible to hide the reminder window for these tasks. See Reminder Display Changes on page 6.



Consultation Manager – Prescription Manager

England – Summary Care Record

Discontinued Medication

We have made some changes to how discontinued repeat masters imported via GP2GP qualify for inclusion in a SCR message.

A discontinued repeat master will be included in a SCR message if:

- The repeat master has an end date which is within the last six months.
- The repeat master has a blank end date, but has a repeat until date and has been issued in the last six months.

NOTE – All future repeat until dates are overwritten on transfer, the date is changed to the date of import.

- If the repeat master has a blank end date and repeat until date it will not be included in the SCR message.

NOTE - That *active* GP2GP repeat masters are currently ignored by SCR, and it is the responsibility of the practice to create fresh repeat masters following a review.

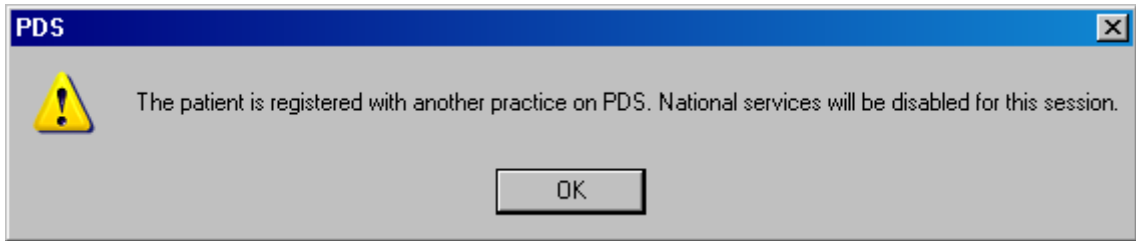
Last Issued	Drug	Iss	Max	Dosage	Q...	Preparation	Authorised	Repeat Until	Prescriber	Print Script
<input type="checkbox"/> 20/07/2011	<input checked="" type="checkbox"/> QVAR cfc free inh 100micrograms/actuation	1	6	INHALE TWO PUFFS TWICE A DAY	1	dose	20/07/2011	28/07/2011	GP2GP	Yes
<input type="checkbox"/> 18/07/2011	<input checked="" type="checkbox"/> SALBUTAMOL cfc free inh 100micrograms/inhalation	2	6	BELIEVER INHALE ONE	1	dose	05/05/2011	28/07/2011	GP2GP	Yes
<input type="checkbox"/> Not Issued	<input checked="" type="checkbox"/> Mediven Elegance Class 1 closed toe below knee stocking s...		1				07/03/2011	28/07/2011	GP2GP	Yes
<input type="checkbox"/> 17/02/2011	<input checked="" type="checkbox"/> Mediven Elegance Class 1 closed toe below knee stocking s...	1	2				17/02/2011	28/07/2011	GP2GP	Yes
<input type="checkbox"/> 21/01/2011	<input checked="" type="checkbox"/> AMITRIPTYLINE HCl tabs 25mg	1	12	1 EVERY NIGHT	28	tablet(s)	21/01/2011	28/07/2011	GP2GP	Yes
<input type="checkbox"/> 17/02/2011	<input checked="" type="checkbox"/> ASPIRIN ec tab 75mg	2	3	1 EVERY MORNING	28	tablet(s)	23/12/2010	28/07/2011	GP2GP	Yes
<input type="checkbox"/> 23/12/2010	<input checked="" type="checkbox"/> OMEPRAZOLE gastro-res cap 20mg	1	6	TAKE ONE bd	56	capsule(s)	23/12/2010	28/07/2011	GP2GP	Yes
<input type="checkbox"/> 21/12/2010	<input checked="" type="checkbox"/> Mediven Elegance Class 1 closed toe below knee stocking p...	1	4	1PIR PIP CODE 338-9145	2	piece(s) beige	21/12/2010	28/07/2011	GP2GP	Yes

Discontinued Repeat Masters – Changed Repeat Until Date

Patients Registered Elsewhere

To prevent an Initial Summary or update being sent for a patient who is still recorded as Permanent (no deduction message received) but has registered with another practice, the National Administrative Codes Service (NACS) code, which is a unique practice identifier, will now be checked. If during synchronisation with PDS the NACS codes are found to be different, the patient will be marked as “unlinked”. This will prevent the summary from being uploaded. The following message is displayed:

“The patient is registered with another practice on PDS, National Services will be disabled for this reason.” Click **OK** to close.

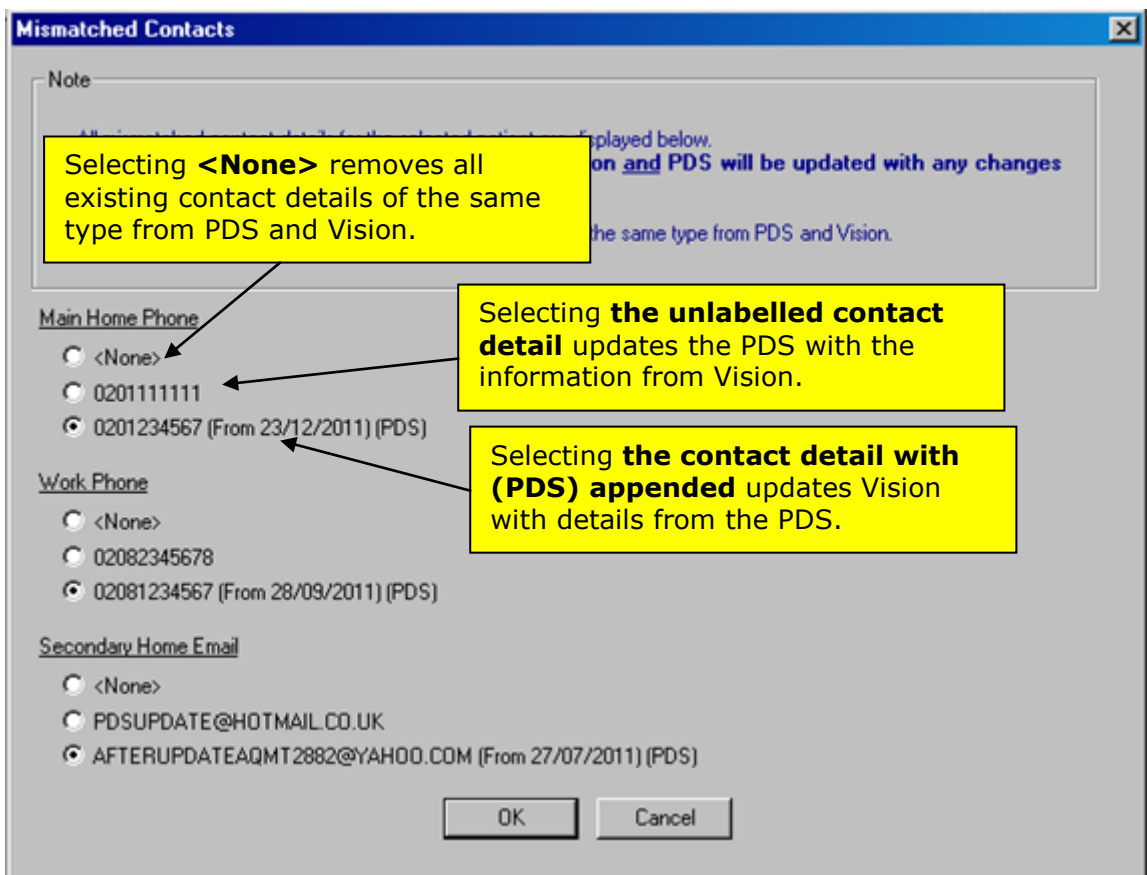


PDS Message

England - Personal Demographics Service (PDS)

Mismatch Screen – Set Contacts Change

From DLM 390, when viewing mismatched contacts, information retrieved from the Personal Demographics Service is now appended with (PDS):



PDS Mismatch Screen - Mismatched Contacts

PDS Synchronisation

When deferring a PDS match, if the patient's identity is confirmed (this is displayed in the Consultation Manager header), access is enabled to Choose and Book (CAB), Electronic Prescription Service (EPS) and Summary Care Records (SCR).

Identity Confirmed patients match on the following details:

- NHS No
- Registered Practice
- Gender
- DOB
- Surname
- Forename *or* Postcode

If these patient details do not match the patient is Unlinked and all spine services are unavailable.

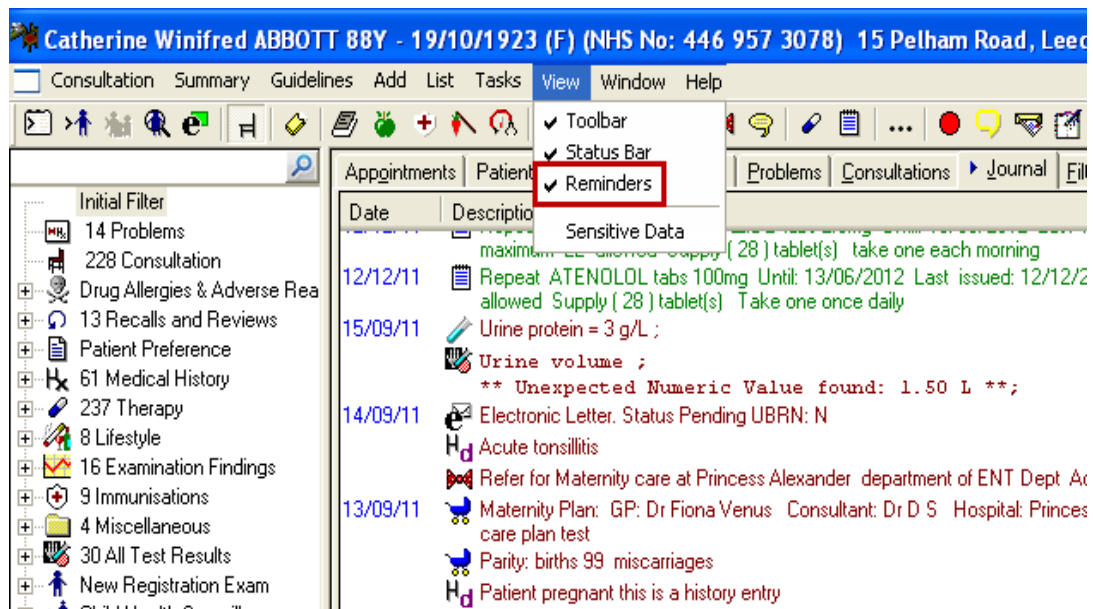
Note – It is strongly recommended that you keep the patient details synchronised between Vision and the Spine

Reminder Display Changes

Outstanding Tasks (Daybook) and Prescription Notes (EPS R2) can no longer be hidden from view in Consultation Manager, using the View menu. If you deselect Reminders from the View menu, all reminders are hidden from view except for Outstanding Tasks and Prescription Notes, which are always displayed.

NOTE – During the current consultation if you wish to close the reminder window, right click on the window and select **Close** from the menu. This will close the window for the displayed patient until the consultation is closed.

If you add a new reminder the reminders window is automatically expanded to show all reminders.



Consultation Manager – View Menu

Other reminders are hidden; they can be viewed by clicking the **more** [More...](#) link at the bottom of the yellow reminders window.

Catherine Winifred ABBOTT 88Y - 19/10/1923 (F)
Outstanding Tasks:
12/12/2011 Check patients address and phone details at next visit
Prescription Notes:
1. Extra Paracetamol please
[More...](#)

Reminders – Hidden

NOTE – If you complete or delete a prescription reminder or task, the window is not automatically hidden, click on **View – Reminders** to hide the window.

Catherine Winifred ABBOTT 88Y - 19/10/1923 (F)
Outstanding Tasks:
12/12/2011 Check patients address and phone details at next visit
Prescription Notes:
1. Extra Paracetamol please
Reminders:
2. BP: NO BP in 9 months to 12/07/2011

Reminders – Revealed

DXS Repositioning

If using the new compacted DXS toolbar design, you will find that the toolbar is now positioned under the current consultation pane. If you do not use the current consultation pane, then the DXS toolbar is positioned on the left hand side under the alerts pane.

If using the old DXS design, the positions remain unchanged.

REMINDER – You can change your settings in **Consultation Manager – Options – Setup – General**, to use the compacted DXS Toolbar. See Consultation Manager on-screen help for more information.

Initial Filter

- 14 Problems
- 231 Consultation
- Drug Allergies & Adverse Reaction
- 13 Recalls and Reviews
- Patient Preference
- 61 Medical History
- 235 Therapy
- 8 Lifestyle
- 16 Examination Findings
- 9 Immunisations
- 4 Miscellaneous
- 30 All Test Results
- New Registration Exam
- Child Health Surveillance
- 4 Maternity
- Well Person Clinic
- HP Interventions
- Elderly
- 1 Disease Registers
- Asthma

Health promotion

- Interventions not recorded

Current Recalls

- Immunisations Due in Next Month
- Poliomyelitis 1st 19/12/1923 o/d
- Tetanus 1st 19/12/1923 o/d

Overdue and Due Medication ...

- Medication review with patient Due 28 ...
- Medication review with patient Due 07 ...

1 Pending Referral

Correspondence Address Set

Medicines

Read Term - Add

Date	Description	Priority	Clinician
12/12/11	Issue 1 ATENLOL tabs 100mg Supply (28) tablet(s) Take one once daily		SJ
	Issue 1 BENDROFLUMETHIAZIDE tabs 2.5mg Supply (28) tablet(s) take one each morning		
	Repeat BENDROFLUMETHIAZIDE tabs 2.5mg Unit: 13/06/2012 Last issued: 12/12/2011 Issued: 1 maximum 22 allowed Supply (28) tablet(s) take one each morning		
	Repeat ATENLOL tabs 100mg Unit: 13/06/2012 Last issued: 12/12/2011 Issued: 1 maximum 6 allowed Supply (28) tablet(s) Take one once daily		
15/09/11	Urine protein = 3 g/L ;		CS
	Urine volume ;		
	** Unexpected Numeric Value found: 1.50 L **;		
14/09/11	Electronic Letter. Status Pending UBRN: N		SYS
	Acute tonsillitis	3	FV
	Refer for Maternity care at Princess Alexander department of ENT Dept. Action: 05/10/2011 UBRN: N		
13/09/11	Maternity Plan: GP: Dr Fiona Venus Consultant: Dr D S Hospital: Princess Alexander this is a maternity care plan test		
	Parity: births 99 miscarriages		
	Patient pregnant this is a history entry	3	
	Serum triglycerides = 99 mmol/L		
	HDL : LDL ratio = 99 ratio		
	Serum VLDL cholesterol level = 99 mmol/L		
	Serum LDL cholesterol level = 99 mmol/L		
	Serum HDL cholesterol level = 99 mmol/L		
12/09/11	Maternity Plan: GP: Dr Fiona Venus		SYS
	Letter Diabetic Ann Rev 1st letter		
	Recall on 12/12/2011 for Diabetes monitoring 1st letter with Mr System Supervisor Status: Outstanding		
08/09/11	Serum paraprotein level = Potentially abnormal ;		CS
	7g/l = 10% of Total Protein;		
	Urine protein electrophoresis = Potentially abnormal ;		
	See comment;		
	Serum albumin = 32 g/L Low ;		
	Serum total protein = 70 g/L ;		
25/07/11	No known allergies of H/O: drug allergy		FV

Compacted DXS Toolbar – Under Alerts Pane

Current Consultation

Topic 1

Date	Description	Priority	Clinician
12/12/11	Issue 1 ATENLOL tabs 100mg Supply (28) tablet(s) Take one once daily		SJ
	Issue 1 BENDROFLUMETHIAZIDE tabs 2.5mg Supply (28) tablet(s) take one each morning		
	Repeat BENDROFLUMETHIAZIDE tabs 2.5mg Unit: 13/06/2012 Last issued: 12/12/2011 Issued: 1 maximum 22 allowed Supply (28) tablet(s) take one each morning		
	Repeat ATENLOL tabs 100mg Unit: 13/06/2012 Last issued: 12/12/2011 Issued: 1 maximum 6 allowed Supply (28) tablet(s) Take one once daily		
15/09/11	Urine protein = 3 g/L ;		CS
	Urine volume ;		
	** Unexpected Numeric Value found: 1.50 L **;		
14/09/11	Electronic Letter. Status Pending UBRN: N		SYS
	Acute tonsillitis	3	FV
	Refer for Maternity care at Princess Alexander department of ENT Dept. Action: 05/10/2011 UBRN: N		
13/09/11	Maternity Plan: GP: Dr Fiona Venus Consultant: Dr D S Hospital: Princess Alexander this is a maternity care plan test		
	Parity: births 99 miscarriages		
	Patient pregnant this is a history entry	3	
	Serum triglycerides = 99 mmol/L		
	HDL : LDL ratio = 99 ratio		
	Serum VLDL cholesterol level = 99 mmol/L		
	Serum LDL cholesterol level = 99 mmol/L		
	Serum HDL cholesterol level = 99 mmol/L		
12/09/11	Maternity Plan: GP: Dr Fiona Venus		SYS
	Letter Diabetic Ann Rev 1st letter		
	Recall on 12/12/2011 for Diabetes monitoring 1st letter with Mr System Supervisor Status: Outstanding		
08/09/11	Serum paraprotein level = Potentially abnormal ;		CS

Read Term - Add

Medicines

Copy (3) of Clinical View inc. ePCS Tab Rx Mr System Supervisor Consultation 16/12/11 12:43 12:44

Compacted DXS Toolbar (using Consultation Pane)

Risk Calculator Changes

The following changes have been made to the Read codes used to calculate risk when using the QRISK and ASSIGN risk calculators in Consultation Manager.

Rheumatoid Arthritis - QRISK

The Read codes used to calculate the QRISK score for patients with Rheumatoid Arthritis have been changed:

Read codes used:

- **N040*¹** - Rheumatoid arthritis
- **N043*** - Juvenile rheumatoid arthritis – Still’s disease
- **N047** – Seropositive erosive rheumatoid arthritis
- **N04X** – Seropositive rheumatoid arthritis, unspecified

Read codes removed:

- **14G1** – H/O Rheumatoid arthritis
- **66H*** - Rheumatol. Disorder monitoring

Significant FH of CHD – QRISK and ASSIGN

The Read codes used to define patients with a significant Family History (FH) of CHD have changed. Only family history of CHD <60 are now included.

The Read codes used are:

- **12C2*** - FH Ischaemic heart dis. <60
- **12CM** - FH Angina in 1st degree male relative <55 years
- **12CP** - FH Myocardial infarct in 1st degree male relative <55 years

Condition - CHADS 2

	Condition	Criteria	Points
C	Congestive Heart Failure	Now includes Read codes G1yz1, 662f, 662g, 662h and 662i	1
A	Age	Now includes those that are 75 years old and over	1

Recommendation for anticoagulation – CHADS 2

- Score 1, Risk Moderate now displays **Warfarin or Aspirin** under Anticoagulation Therapy

¹ * - Includes all Read codes in the hierarchy for that code.

- Under Score, **Greater than 1** is displayed rather than **2 or Greater**.

Note – CHADS2 scores are now only calculated on active patients, ie not transferred out.

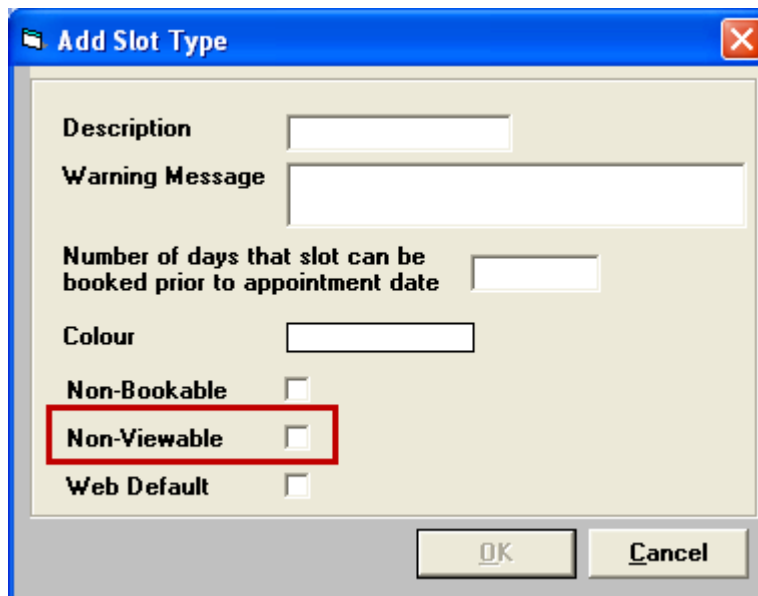
Appointments Changes

Non-Viewable Slot Type

You can now mark appointment slots as non-viewable. Such slots can only be viewed from Vision Appointments; they are not visible to Consultation Manager, Mail Manager, VOS (Online) or any other module or application.

To mark slots as non-viewable:

1. Go to **Vision – Appointments**.
2. Select **Plan – Slot Type**.
3. From the Slot Type window, select an existing slot to edit, or select **Add** create a new slot type.



Slot Type – Add

4. Tick the **Non-Viewable** box to make the slot type non-viewable.
5. Click **Close** to finish.
6. The slot type can be added to the appointments book using the right mouse menu, or to use the slots regularly, add the slot type to a session(s) then use it in a personal plan and extend the books.

Clinical Audit Changes

DH ImmForm Website Reporting – England

In England all immunisation audits which are named as HPA Reporting Audits can now be used to produce a message that will be sent automatically to the DH ImmForm website. The program to make this happen is included in DLM 390 but has previously been installed at all Managed Server sites and was available to download from the INPS website. All audits that can trigger these messages will in future be delivered by SIS upgrades or be available for download from the website. The Seasonal Flu vaccination reporting is now over and Pneumococcal vaccination must be reported by 17th April 2012 for this year, so the next immunisation report due will be MMR Catch Up which is due in September 2012.

In Scotland only Seasonal Flu Vaccination and Flu Like illness are reported automatically at the moment.

The audits can be used for call and recall and local reporting by all countries.

For further details see the HPA Reporting user guide v8 on the INPS website (http://www.inps4.co.uk/my_vision/vua/cfh).

Mail Manager Changes

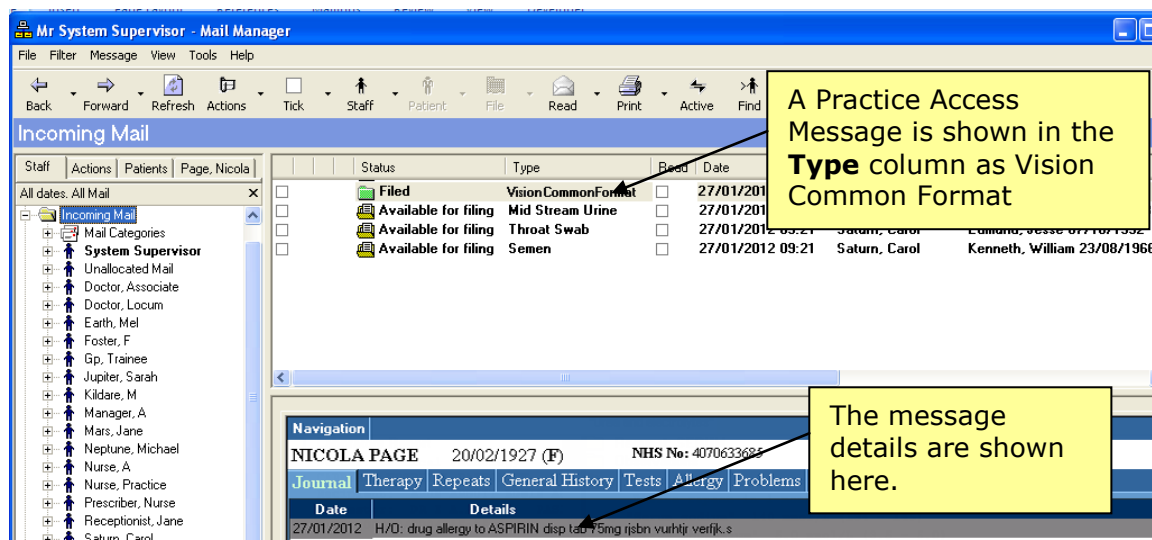
Medical Interoperability Gateway (MiG)

Discharge Messages

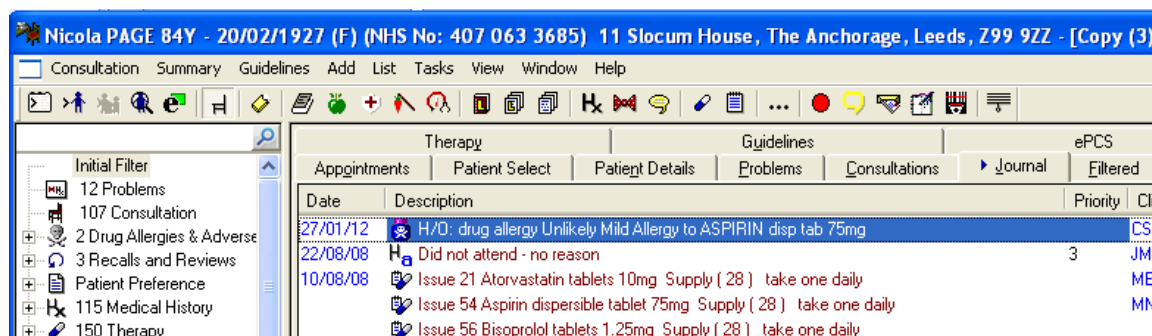
MiG discharge are no longer automatically assigned to the registered GP, they are now assigned to the Practice Manager who can redirect the message to whichever Clinician is required.

Practice Access

Messages from Practice Access are sent to Mail Manager from the MiG and are automatically filed in the patient record.



Mail Manager – Practice Access Message



Consultation Manager – Practice Access Message Filed

Pathology – Changes to Valid Units

As part of the Pathology Messaging Implementation Project (PMIP) changes have been made to the list of valid units for pathology messages.

New Valid Units:

Description (not used Vision)	New Valid Unit
# per total count	#/[tot]
# per high power field	#/HPF
billion per litre	#G ()/L
thousand per litre	#k ()/L
million per litre	#M ()/L
trillion per litre	#T ()/L
percent haemoglobin	%Hb

per gram of haemoglobin	/g(Hb)
1/cubic metre	/m ³
Arbitrary Unit (no international reference material) per litre	AU/L
cell (count) per litre	cell/L
centimetre	cm
number of genomic copies per litre	copy/L
femtogram per litre	fg/L
gram per 24 hour	g/24h
gram per hour	g/h
gram per kilogram	g/kg
billion cell per litre (cell 10 ⁹ per litre)	Gcell/L
billion copy per litre (copy 10 ⁹ per litre)	Gcopy/L
Inch	inch
International Normalised Ratio Units	INR U
thousand AU per litre (AU 10 ³ /L)	kAU/L
thousand cell per litre (cell 10 ³ per litre)	kcell/L
thousand copy per litre (copy 10 ³ per litre)	kcopy/L
litre per 24 hour	L/24h
litre per hour	L/h
lumen per square metre	lm/m ²
square metre	m ²
metres/second ²	m/s ²
million AU per litre (AU 10 ⁶ /L)	MAU/L
million cell per litre (cell 10 ⁶ per litre)	Mcell/L
million copy per litre (copy 10 ⁶ per litre)	Mcopy/L
milligram per 24 hour	mg/24h
milligram per gram dry tissue (mg/g{dryÆtis})	mg/g(dry wt)
milligram per gram wet tissue (mg/g{wet'tis})	mg/g(wet wt)
milligram per hour	mg/h
milligram per kilogram	mg/kg
milligrams/cubic metre	mg/m ³
milligram per milligram (% or g/g)	mg/mg
milli-international units/millilitre	mIU/mL
GFR	mL/24h/1.73m ²
millilitre per hour	mL/h
millilitres/minute/1.73 metres squared	mL/min/1.73m ²
millimole per 24 hour	mmol/24h
millimole per gram dry tissue (mmol/g{dryÆtis})	mmol/g(dry wt)
millimole per gram wet tissue (mmol/g{wet'tis})	mmol/g(wet wt)
millimole per kilogram	mmol/kg
Multiple of the median	MoM
nanograms/millilitre/hour	ng/mL/h
nanomole/10 ⁹ platelets	nmol/10 ⁹ (platelets)
nanomole per 24 hour	nmol/24h

nanomoles/hour/millilitre	nmol/h/mL
nanomole per kilogram	nmol/kg
nanomoles/millimole creatinine	nmol/mmol(creat)
nanomoles/mole creatinine	nmol/mol(creat)
plaque forming units	PFU
picolitre	pL
picomole per 24 hour	pmol/24h
picomole per kilogram	pmol/kg
trillion cell per litre (cell 10 ¹² per litre)	Tcell/L
unit	U
units/day	U/d
microgram per 24 hour	ug/24h
microgram per gram dry tissue (ug/g{dry'tis})	ug/g(dry wt)
microgram per gram wet tissue (ug/g{wet'tis})	ug/g(wet wt)
microgram per hour	ug/h
micrograms/millimole creatinine	ug/mmol(creat)
microinternational unit	uIU/L
microlitre	uL
micromole per 24 hour	umol/24h
micromole per gram dry tissue (umol/g{dry'tis})	umol/g(dry wt)
micromole per gram wet tissue (umol/g{wet'tis})	umol/g(wet wt)
micromole per hour gram protein (umol/h/g{protein})	umol/h/g(Prot)
micromole per hour and litre	umol/h/L
micromole per kilogram	umol/kg
micromoles/millimole creatinine	umol/mmol(creat)
microUnit per litre (Unit 10 ⁻⁶ per litre)	uU/L
ngTDP/g Hb	ngTDP/g Hb
Picomole/Gramme Haemoglobin	pmol/g Hb

Changes to Valid Units:

Description (not used Vision)	Old Value	New Value
Colony Forming Unit	(cfu)	(cfU)
Optical density	(od)	OD
pH	(ph)	pH
Feet and inches	feet	ft
International Unit	iu	IU
International Units/Day	iu/d	IU/d
International Units/Litre	iu/L	IU/L
International Units/Millilitre	iu/mL	IU/mL
Kilounits/Litre	ku/L	KU/L
Milliunits/Millilitre	mu/mL	mU/mL
Units/Litre	u/L	U/L
Milliunits/Litre	mu/L	mU/L
1/Hundred White Blood Cells	/100WBC	/100(WBC)
international units/decilitre	iu/dL	IU/dL
kilo-international units/litre	kiu/L	KIU/L
milli-international units/litre	miu/L	mIU/L
units/decilitre	u/dL	U/dL
units/gram	u/g	U/g
units/gram Haemoglobin	u/g(Hb)	U/g(Hb)
units/millilitre	u/mL	U/mL
nanomoles/hour/millilitreRBC	nmol/h/mL RBC	nmol/h/mL(RBC)
micro units /specimen	uu/spec	uU/spec