General Naming Conventions

Naming conventions should follow the Editorial Guide. In general, names should:

- Be consistent and reproducible
- Follow natural or human language when possible
- Be unambiguous to users
- Be clear for translation purposes

Naming conventions should not be based on word order preferences (e.g. to search or display). Creating multiple word order variants for these purposes is outside the scope of the International Release of SNOMED CT.

Pre-coordination Pattern

SNOMED CT relies on the rules for usefulness to avoid excessive pre-coordination (see Does It Belong in SNOMED CT?). Approved pre-coordination patterns have been created and are available at: Pre-coordination Pattern JIRA Project.

Articles

Descriptions should not include articles such as *a, an, and the*.

For example,

- Use description of *|Neoplasm of respiratory tract (disorder)|*, not *|Neoplasm of the respiratory tract (disorder)|*
- Use description of *|Rupture of diaphragm (disorder)|*, not *|Rupture of the diaphragm (disorder)|*

There are legacy descriptions that contain articles such as *the*. They will be corrected over time.

Abbreviations

Abbreviations are shortened forms of words or phrases. Because they may not be understood by all users, they allow for misinterpretation. Consequently they are not permitted in fully specified names (FSN). They are not allowed in preferred terms (PT) or synonyms (SYN) unless they are accompanied by the fully expanded term.

Acronyms

An acronym is a specific type of abbreviation formed from the initial letters of words and is sometimes pronounced as a word (e.g. AIDS for Acquired Immunodeficiency Syndrome, NICU for Neonatal Intensive Care Unit). Acronyms can be misinterpreted because they are not fully spelled out and have different meanings in different situations.

Fully specified names

Acronyms are not usually permitted in an FSN. An acronym is allowed in an FSN when it has become a word in its own right, i.e. included in dictionaries; understood without expansion to its original full form.

For example,

- Concept 122456005 *|Laser device (physical object)|* uses the term "laser", which originated as an acronym for "light amplification by stimulated emission of radiation"

Preferred terms and synonyms

Acronyms are allowed in a Preferred Term or Synonym when followed by the expanded term. If the acronym stands alone (i.e. represents the entire meaning of the description without any other text), it is followed by a space, a hyphen, and another space, then the expanded term. The first word after the dash should be lower case as per usual capitalization rules.

For example,

- 30549001 *|Removal of suture (procedure)|* has a synonym of *|ROS - removal of suture|*
- 387727008 *|Intermittent positive pressure breathing treatment (regime/therapy)|* has synonym of *|IPPB - intermittent positive pressure breathing therapy|*

If the acronym forms only part of the description’s meaning, it is followed by a space, then the expanded term in parentheses.

For example,
• Nontraumatic AKI (acute kidney injury) is a synonym for 140031000119103 Acute nontraumatic kidney injury (disorder)

Exceptions

The preferred term for imaging procedures involving imaging modalities commonly referred to by an acronym (such as CT, MRI, SPECT, PET) omits the expanded term after the acronym.

For example,
• CT of head is the preferred term for 303653007 Computed tomography of head (procedure)

Eponyms

Eponyms are names that are derived from proper names (usually the person who made the discovery or created the original description). They are found in many areas of medical terminology, including anatomic structures, morphologic abnormalities, diseases, findings, and procedures (e.g. Rutherford Morison's pouch, vein of Galen, Aschoff body, Kell blood group, Down syndrome, Moro reflex, and Whipple procedure).

It is neither desirable nor possible to completely avoid using eponyms in a health terminology; although, if possible, they should be avoided. This helps to improve clarity of meaning and to facilitate translation to other languages. Fully specified names (FSN) should be full descriptions, whereas synonyms may be eponymous terms.

For example,
• Structure of great cerebral vein (body structure) has the synonym Vein of Galen
• Complete trisomy 21 syndrome (disorder) has the synonym Down syndrome
• Pancreaticoduodenectomy (procedure) has the synonym Whipple procedure

It is permitted and encouraged to include eponyms as descriptions (non-FSN descriptions) whenever they are understandable, reproducible, and useful in a given context.

Exceptions

Exceptions require careful consideration since eponyms meanings may change over time. They are allowed when:

• The full description is exceptionally long and unwieldy (e.g. Hemi-Fontan operation (procedure) instead of bidirectional Glenn shunt with end-to-side anastomosis of proximal superior vena cava to right pulmonary artery with isolation from right atrium).
• The eponym is the only precise, clinically relevant name available.
• A non-eponymous name would necessarily be vague or subject to misinterpretation (e.g. Hodgkin lymphoma, Burkitt lymphoma).
• A brand name has become an eponym. In this case, some brand names have come to stand for a category of product and not the particular brand itself (examples in US English: Kleenex, Band-Aid, Popsicle, Dacron and Teflon).
  • These proprietary eponyms may be included in the International Release as descriptions (non-FSN descriptions) if they meet the criteria for international inclusion.
• They should follow the same rules as other eponyms. Whenever possible, they should not be included in FSNs (e.g. plastic adhesive bandage strip for Band-Aid).