

“BM” – the biggest misnomer in diabetes clinical practice



Mags Bannister

Diabetes Nurse Consultant,
Bradford Teaching Hospitals
NHS Foundation Trust

The use of abbreviations in clinical records is actively discouraged. In fact, the Nursing and Midwifery Council’s (NMC) *Record keeping: Guidance for nurses and midwives* (NMC, 2009) clearly states:

“Records should be factual and not include unnecessary abbreviations, jargon, meaningless phrases or irrelevant speculation.”

So what is “BM”? Well, it is definitely an abbreviation but an abbreviation of what? In most of the teaching sessions I deliver, someone in the audience uses the term “BM” and when asked what “BM” means, I am usually told “blood monitoring”. I then follow this with the question “blood monitoring of what?” and the reply I normally receive is “glucose”. Actually, that could not be further from the truth; those of you who were nursing in the late 1980s and 1990s will remember a blood glucose test strip called “BM Test 1-44”, in which BM was the abbreviation for “Boehringer Mannheim”, a pharmaceutical company that was purchased by Roche in 1997 (Andrews, 1997), and the test has not been used routinely in practice since around that time.

This means that, by using “BM”, doctors and nurses across the UK are actually recording in their clinical notes terms such as “Boehringer Mannheim 13.6 mmol/L”; what is actually being recorded is not only an inaccurate abbreviation but jargon and a meaningless phrase.

Why the term “BM” is so firmly entrenched in general clinical practice is very unclear to me; maybe it is that it “slips off the tongue” easily. It just never ceases to amaze me that student nurses, who have been clearly educated on the importance of using the term blood glucose (BG), return from a period of clinical practice using the term “BM”. In addition, I see doctors who were not even at secondary school when BM Test 1-44 was

withdrawn from clinical practice, using the term “BM” without any understanding for what the term means.

Enough is enough. The time has come to eradicate this meaningless term from clinical practice. Do you use the term “BM”? Do clinicians around you use the term “BM”? Locally, as part of the education programme relating to insulin passports, the inappropriate use of “BM” has been highlighted and we have clearly outlined that from 1 January 2013, anyone using the term “BM”, orally or in writing, will be politely corrected by the diabetes team. To be fair, I am already starting to see healthcare professionals verbally correcting themselves when “BM” inadvertently “slips out”.

It has taken us well over a decade to just about remove the terms “IDDM” and “NIDDM” from general clinical practice use. Thankfully, it was removed from use among the diabetes community much sooner, and hopefully “BM” will meet the same fate but this will only happen with a concerted effort by all diabetes specialist team members.

This is a “call to arms” to acknowledge that the term “BM” is incorrect and meaningless, and to remove this term from clinical practice. However, to achieve this, we need to work together. In education sessions, I urge readers to please highlight how meaningless this term is and to encourage the correct term of blood glucose (BG) to be used. If the term BM is used in conversation with clinical staff, please correct them (politely).

In my view, “BM” is the biggest misnomer in diabetes practice – let’s enhance clinical practice by eradicating its use. ■

Andrews E (1997) Roche plans an \$11 billion acquisition. *New York Times*, New York, NY, USA. Available at: <http://nyti.ms/142wOf> (accessed 28.02.13)

Nursing and Midwifery Council (2009) *Record keeping: Guidance for nurses and midwives*. NMC, London. Available at: <http://bit.ly/Y54lhj> (accessed 08.01.13)