

UTMB Handbook of Operating Procedures

Section: Clinical Policies

Subject: General Procedures

Policy Number: 9.13.24

I. Title

Patient Identifiers

II. Policy

A. All healthcare providers will ensure the accuracy of patient identification when providing a patient with care, treatment or services.

B. In order to reliably identify the patient and match the patient to the service or treatment, two (2) patient identifiers, must be used at the time of:

1. Providing a treatment or procedure
2. Drawing blood
3. Obtaining specimens
4. Administering medications
5. Transfusing blood products

C. To facilitate accurate identification:

1. All inpatients must have an identification band
2. The patient's name must be one of the two patient identifiers used.
3. The second identifier can be:
 - A. Medical Record number
 - B. Date of Birth
 - C. TDC number
 - D. Infant's cord clamp number
4. Acceptable sources of each identifier are listed in the chart below. The patient's room number or physical location is not used as a patient identifier.

D. The two patient specific identifiers must be directly associated with the individual patient and the same two identifiers must be directly associated with the care, treatment or service that is being provided (such as on an attached label or document). The 2 identifiers from the patient and the 2 identifiers from the care, treatment or service must match.

E. Any observation or knowledge of deviation from this policy must be reported to the supervisor of the patient care area.

III. Use of Patient Identifiers

A. The following is a list of patient identifiers and their locations that may be used for patient identification. For patient name and any other source information that the patient knows ask the patient to state the information, do not prompt them.

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Patient Identifier	Sources
Name	<ol style="list-style-type: none">1. Identifying statements by the patient, their representative, family or friends2. Patient's identification band <ol style="list-style-type: none">1. Patient label2. Picture identification card3. Rounds report (inpatient)4. Patient inquiry5. Consult or requisition form
Date of Birth	<ol style="list-style-type: none">1. Identifying statements by the patient2. Patient label3. Rounds report (inpatient)4. Patient inquiry
Medical Record#	<ol style="list-style-type: none">1. Patient label2. Rounds report (inpatient)3. Patient inquiry4. Consult or requisition form4.
TDCJ#	<ol style="list-style-type: none">1. Patient inquiry2. Picture ID (offenders)
Cord clamp #	<ol style="list-style-type: none">1. Infant's cord clamp

IV. Identification Band Application

A. Procedure for applying the identification band:

1. The health care provider applying the identification band shall first confirm the patient's identity by asking the patient (or their representative, family member/guardian/friend, as applicable) to state the patient's complete name and date of birth.
2. In case of an emergency situation, where the patient is unable to communicate coherently and no patient representative, family member/guardian/friend is present, a temporary identifier shall be assigned.
3. If the identification band is removed, the patient shall be re-identified prior to replacing the band as soon as possible after removal.
4. Printing a second (or multiple) identification band(s) for the same patient is prohibited unless a replacement band is needed and applied immediately after printing.

V. Specimen Labeling

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- A. Specimen containers must be individually identified and labeled in the direct presence of the patient using two patient identifiers.
 1. **Exception:** If the patient is in isolation, the containers may be labeled prior to entering the room.
- B. If the specimen collection process is interrupted, the identification process must be repeated.

VI. Same Name Alert

- A. The following “same name alert protocol” shall be activated whenever two patients with the same last name are admitted to the same unit, medical service, or area in the ED.
 1. Nursing personnel (usually the Health Unit Coordinator [HUC]) shall place a **“Name Alert”** notice (as applicable to the setting) on the patient’s:
 - a. Patient labels/Addressograph card
 - b. Medication drawer
 - c. Chart
 - d. Door
 2. Nursing personnel (usually the HUC) shall note **“Name Alert”** next to the patient’s name on the patient list board or schedule sheet as applicable.
 3. Nursing personnel (usually the HUC) shall remove all **“Name Alert”** notices when the patient is either discharged or transferred off the unit.

VII. Related UTMB Policies and Procedures

[IHOP Policy 9.13.25 Universal Protocol for Invasive and Surgical Procedures](#)

Nursing Policy 7.11.3 *Identification of the Newborn*

Nursing Policy 7.12.11 *Perioperative Nursing Intervention in the Holding Area*

VIII. Joint Commission Standards

July 2013 Comprehensive Accreditation Manual for Hospitals from The Joint Commission

IX. UTMB Responsible Vice President

Vice President & Chief Nursing & Patient Care Services Officer

X. UTMB Responsible Entity

Nursing Services

XI. Dates Approved or Amended

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11/08/2013	
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