

**Institutional Handbook of Operating Procedures**  
**Policy 09.13.24**

Section: Clinical Policies	Responsible Vice President: Executive Vice President & CEO Health System
Subject: General Procedures	Responsible Entity: Nursing Services

**I. Title**

*Patient Identifiers*

**II. Policy**

For the safety of our patients, we must positively identify the patient and match the patient to the service or treatment to be provided. To reduce the risk of “wrong patient” events, all healthcare employees will use two (2) patient identifiers when providing care, treatment or services to a patient. This includes but is not limited to the following situations:

1. Administering any medication or contrast media by any route
2. Phlebotomy
3. Administering blood or blood products
4. Obtaining specimen(s) for clinical testing
5. Providing any exam (ex. radiological exam)
6. Performing any procedure (ex. central line insertion)
7. Feeding mother’s breast milk to an infant

Note: The use of barcode scanning technology does not replace the need to clearly identify and verify the patient as outlined below before initiating any treatment related activity.

**A. 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. TDCJ 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.

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

**C. Whenever possible, staff should also actively engage the patient in the process of ensuring proper identification by asking the patient to state, without any prompting, their full name and date of birth (or other acceptable 2<sup>nd</sup> identifier) and compare or match the verbal confirmation to the written information on the ID band or medical record following.**

- D. 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.

Patient Identifier	Sources
Name	<ol style="list-style-type: none"> <li>1. Verbal statement of the patient's full name by the patient, their representative, family, or friends</li> <li>2. Patient's identification band</li> <li>3. Patient label</li> <li>4. Picture identification card</li> <li>5. Rounds report (inpatient)</li> <li>6. Consult or requisition form</li> </ol>
Date of Birth	<ol style="list-style-type: none"> <li>1. Verbal statement of the patient's date of birth by the patient, their representative, family, or friends</li> <li>2. Patient label</li> <li>3. Rounds report (inpatient)</li> </ol>
Medical Record#	<ol style="list-style-type: none"> <li>1. Verbal statement of medical record number by the patient, their representative, family, or friends</li> <li>2. Patient label</li> <li>3. Rounds report (inpatient)</li> <li>4. Consult or requisition form</li> </ol>
TDCJ#	<ol style="list-style-type: none"> <li>1. Patient's verbal statement of TDCJ #</li> <li>2. Picture ID (offenders)</li> </ol>
Cord clamp #	<ol style="list-style-type: none"> <li>1. Infant's cord clamp</li> </ol>

### 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 spell the patient's full name and state their date of birth. When applicable, an interpreter should be used for the band application process.
  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**

- A. Specimen containers must be individually identified and labeled in the direct presence of the patient using two (2) 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 (2) patients with the same last name are admitted to the same unit, medical service, ambulatory clinic 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.
  4. When possible, patients with similar names will not be roomed in close proximity to one another.

**VII. Related UTMB Policies and Procedures**

- [IHOP - 09.13.10 - Changing Patient Identifiers](#)
- [IHOP - 09.13.25 - Universal Protocol for Invasive and Surgical Procedures](#)
- [Nursing Policy 7.6.15 Identification of the Newborn](#)

**VIII. Joint Commission Standards**

The Joint Commission. (2019). Accreditation requirements. In *The Joint Commission Comprehensive Accreditation and Certification Manual Online*. Retrieved from <https://edition.jcrinc.com/MainContent.aspx>

**IX. Dates Approved or Amended**

<i>Originated: 06/27/2003</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
11/08/2013	10/31/2019
09/17/2014	
05/03/2016	
10/31/2019	

**X. Contact Information**

Nursing Quality  
(409) 747-1734