

**California Association
for
Medical Laboratory Technology**

Distance Learning Program

PATIENT IDENTIFICATION

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Course Number: DL-963
1.0 CE/Contact Hour
Level of Difficulty: Basic

CAMLT is approved by the California Department of Health Services as a
CA CLS Accrediting Agency (#0021)
and this course is approved by ASCLS for the P.A.C.E.™ Program (#519)

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**Notification of Distance Learning Deadline
DON'T PUT YOUR LICENSE IN JEOPARDY!**

This is a reminder that all the continuing education units required to renew your license must be earned no later than the expiration date printed on your license. If some of your units are made up of Distance Learning courses, please allow yourself enough time to retake the test in the event you do not pass on the first attempt. CAMLT urges you to earn your CE units early!

PATIENT IDENTIFICATION

INTRODUCTION:

In preparing for blood collection, each phlebotomist or other healthcare worker generally establishes a routine that is comfortable for him or her. Several essential steps are part of every successful collection procedure, but the most important task a phlebotomist has to do is properly identify the patient. Patient Identification is the process by which a worker verifies the fact that a patient is the same as the one described on the requisition or physician order. This continuing education unit will be emphasizing this important aspect of sample collection.

OBJECTIVES:

At the end of this course, the participant will be able to:

1. Discuss the importance of correct patient identification.
2. Define proper patient identification for both inpatients and outpatients.
3. Explain the two-step process of the specimen collection procedure.
4. Identify the difference between general labeling of a laboratory sample with the identification of a blood bank sample.

DISCUSSION:

If the incorrect name is placed on a blood specimen, the consequences to the patient may be catastrophic. A mislabeled specimen could result in the patient's receiving a transfusion of the wrong blood type or could change the course of diagnosis, treatment or medication. All the effort the phlebotomist has expended in obtaining the proper specimen and all the time and expense the laboratory personnel have spent in analyzing the specimen will be wasted if the specimen is identified with the incorrect name. **If the identification of the specimen is in doubt at any time during the specimen collection, specimen transportation, specimen processing or testing phase, the specimen should be discarded and another blood sample should be drawn.**

Most experts recommend a two-step process to the specimen collection procedure. As the first step, the patient should be asked to state his or her first and last names. It is not recommended to say something such as, "Are you Mrs. Smith?" A person who is very ill, hard of hearing or sedated may say "yes" to anything asked. It is helpful to use a memory jogger such as having the patient spell his/her name or perhaps the phlebotomist could comment on the patient's name in order to spark a conversation. The second step is to make a confirmatory match using the patient's response with the test requisition and some type of identification such as a hospital identification armband.

Whether the phlebotomist is drawing an inpatient, outpatient, adult or pediatric patient, proper identification should be the very first procedure.

As technology has advanced, so have identification methods. "The use of bar coded labels for the patient's samples can be used to reduce transcription errors and speed up sample processing. Bar codes represent a series of light and dark bands of varying widths. The configuration of these bands relates to a specific alpha numeric symbol (numbers and letters)."¹ When these bands are placed together in a series, they correspond to a patient's name or an identification number. When the bar is scanned with a sensitive light or laser scanner, the series

of numbers and letters is read into a computer in a precise manner. This technology is very fast and accurate. It saves time, substantially reduces clerical errors and is used most often in larger organizations.

There is also a two-dimensional bar code technology. This technology has the capability of holding entire databases in the code, thus enabling more information to be encoded on the patient from collection to testing.

Still another technology available is wireless technology, such as radio frequency identification (RFID) which uses radio waves to transmit data. The technology has the potential of holding more information than a single linear bar code. In fact, it holds more in a way of a "tag". Essentially, a "tag" about the size of a penny is created for the patient that will accompany the specimen throughout the laboratory and instantly uploads information as the tag is scanned at various points in the testing process. There is also a wristband available that contains a microchip which stores up to 80 pages of information about a patient.¹ Each new identification system must be evaluated for accuracy, cost-effectiveness, compatibility with existing computer system and training involved.

INPATIENT IDENTIFICATION:

In-patients are normally required to wear an identification bracelet, usually on the wrist. Although identification protocol may vary slightly from one healthcare institution to another, the typical ID band lists the patient's name (first and last) and a unique hospital identification number such as a medical record number. Additional information includes the patient's visit number, date of birth, room number and bed designation, and physician's name.

The patient's name, medical record number and date of birth information on the ID armband must exactly match the information on the laboratory requisition or label. Generally, ID information such as room number, bed number and physician's name are allowed to differ since the patient may be moved around and may be seen by multiple physicians during the hospital stay. The name card on the bed or door should never be used for confirming identity because it is often the last thing to be changed when patients are discharged and new patients admitted.

What if the patient does not have an identification armband? If there is no ID band on either of the patient's wrists, check to see if one is on the ankle. Intravenous lines in patient's arms often infiltrate the surrounding tissues and cause swelling that necessitates the removal of the ID band. An ID band on an intravenous (IV) pole or night table could belong to a patient who previously occupied that bed and should not be used. Remember; never verify information from an ID band that is not attached to the patient. The best identification in the case of a missing ID band is to find the nurse responsible for the patient and ask him or her to make the patient identification and then to attach an identification armband *before* collecting the specimen.

There are special cases usually involving severe burns, patients in isolation or amputees, in which the identification may be attached to the patient's bed. These may be the *only* circumstances in which a phlebotomist may use a bed-labeled identification tag to confirm identity. This step must be followed by a nurse confirmation or confirmation of the photo identification of the patient in the chart. It is recommended that you check with your specific hospital protocol on how to handle these situations.

OUTPATIENT IDENTIFICATION (Ambulatory Patients):

Proper outpatient identification is more difficult because outpatients usually do not have identification bands. They often arrive with an order or requisition from their physician, in hand. It is equally important to correctly identify an outpatient as it is an inpatient.

Each facility has its own protocol for establishing the identification of an outpatient. A patient may be required to show proof of identification such as a driver's license or other picture ID. They may have clinic-issued ID cards that contain their name and other information identifying them as clinic patients. ID cards are sometimes used to imprint specimen requisitions or labels. In the situation where the patient brings the requisition or physician order, it is necessary to compare the information on the order with their personal information. Simply calling a person's name and hearing someone respond is not verification. Anxious or hard of hearing patients may believe they heard their name called, when in fact a similar name was called. It is also possible to have two patients in the waiting area with the same name. For assurance, ask the outpatient to state his or her name (and spell it if it is an unusual name) and also state their date of birth while you compare it to the requisition information. Complete all information gathering BEFORE obtaining the specimen.

IDENTIFICATION IN SPECIAL SITUATIONS:

Although patient identification is a standard protocol in all healthcare facilities, a phlebotomist may encounter a patient situation that is out of the ordinary. The phlebotomist must be prepared to handle these situations without jeopardizing the patient or the integrity of the specimen. In this section, we will concentrate on situations where additional means may be required for identification.

Emergency (ER) Room Identification: While performing a venipuncture on a patient in the Emergency Room, the phlebotomist may encounter many problems. It is not uncommon for the ER to receive an unconscious patient with no identification. Each facility has its own protocol for identifying unknown emergency room patients that usually involves assigning the patient an identification tag with a hospital number or medical record number. This tag may be a multipart form that allows the first part to become part of the patient's identification band, the second part to be attached to the specimen and the third part (if the patient needs a blood transfusion) to be attached to the unit of blood. In our hospital facility, the Emergency Room Department has devised "DOE charts" (John Doe or Jane Doe), which provide a hospital number, medical record number, patient identification band and labels. Even if the identification of the patient becomes available, the numbers assigned remain with the patient throughout the hospital visit.

Despite the difficulties these situations may present, the demographic information on the chart and order must exactly match the information on the patient's identification band. **Any discrepancies must be resolved BEFORE collecting the specimen.**

Missing Identification Band: When the identification band is missing, contact the nurse in charge so the situation can be rectified immediately. Even if the ID band is in the room, if it is not on the patient, you should not draw the blood. In rare emergency situations, in which there is no time to wait for attachment of the ID band, the patient's nurse is allowed to verify the patient's identification. In these cases, the name or initials of the nurse verifying the patient is documented using your institution's protocol. Policies regarding patient identification problems may vary from institution to institution and the American Association of Blood Banks (AABB)

requires special identification requirements for patients receiving a blood transfusion. These requirements will be discussed in a later section.

The Sleeping or Unconscious Patient: If the patient is sleeping, the phlebotomist should gently wake the sleeping patient and then allow the patient a few minutes to orient himself or herself before beginning the identification process. (Discussed earlier in this paper).

Although unconscious patients may still be aware of their surroundings, they may be unable to answer. The patient should be treated in the same manner as the conscious patient. The phlebotomist should greet the patient and explain the procedure. Follow the protocol outlined in the “Inpatient Identification” section.

Infant/Pediatric or Non-English Speaking Patients: For infant and pediatric draws, age determines how the phlebotomist will handle the situation. Newborns should be identified using the ID band. Infant bands are usually located on the ankle. They may also have more than one ID band; one with the infant’s information and one with the mother’s. Be careful to read the correct band when identifying as-yet-unnamed newborn infants. They are typically identified by date and time of birth, sex and mother’s last name. (Ex: “Baby Boy” or “Male Baby Jones”). Be especially careful when identifying twins or multiple birth babies. They are commonly identified, for example, as Jones, “Twin A” or “Twin B” or “Baby Girl Jones” and “Baby Boy Jones.”

Children are almost always accompanied by their parents. To identify the patient prior to the procedure, maintain a calm and friendly manner. Discuss the procedure with the parent(s) and enlist help if necessary. Asking the child his/her name while checking the armband will help distract while verifying the ID. The parents can verify spelling if required. If the parents are not available, do not rely on the identification posted on the door, bed frame or IV pole. Contact the nurse for the identification and to add an armband.

For the non-English speaking patient, it will be much easier if a translator is available at the time the phlebotomist enters the room. If no translator is available, verify the information on the armband with the requisition, order or label. The nurse can be contacted for additional verification.

Patient Refusal: The patient always retains the right to refuse services. A phlebotomist occasionally encounters a patient who refuses to have blood drawn. If all attempts made to alleviate the patient’s concerns fail, the phlebotomist should never force a patient to undergo the procedure. It is still very important to properly identify the patient before leaving the room and reporting the refusal. It would delay patient care if the refusal was documented on the wrong patient! Verify the information on your requisition, order or label with the information on the patient armband, then notify the nurse-in-charge of the patient’s refusal, as well as document on the order that the patient refused.

IDENTIFICATION OF SAMPLES FOR BLOOD BANK:

According to the American Association of Blood Banks², “Before leaving the patient, the phlebotomist must label the blood sample tubes with two independent patient identifiers and the date of collection. Either handwritten or imprinted labels may be used as long as the information on the label is identical to that on the wristband and request. Some hospitals use an internally generated or commercially available identification band with a substitute or additional ‘blood bank number’ as the unique patient identifier.” Commercial systems vary in design. There are color-coded numbers on wristbands, tubes and units, or a wristband with an embosser for label printing and a system for bar-coding that provides positive sample and patient identification.

Regardless of the system, there must be a mechanism to identify the patient and the phlebotomist drawing the sample.

LABELING:

Proper sample labeling is an important part of the patient identification process. It is important that the phlebotomist label each tube at the patient's bedside. **DO NOT LEAVE THE ROOM WITHOUT FIRST LABELING THE TUBES.** If you are labeling by hand, use a ballpoint pen or a permanent marker. The label must have the patient's name and ID number, a second numeric identifier for Blood Bank specimens, the date and time of collection, and the phlebotomist initials or ID number. If using a computer generated label, verify the information on the label with the patient's armband, label the tube at bedside and then add your initials or ID#. **NEVER** label a tube before collection as it can lead to serious errors.

CONCLUSION:

“Because blood provides a needed role in many body functions, a great deal of information can be obtained from the analysis of blood. The patient's physician uses this information to determine the state of the patient's health and to aid in diagnosis of various disease states.”³

“Although blood is analyzed in the clinical laboratory, the quality of that work and information derived from testing in the laboratory is only as good as the blood specimen the laboratory receives, therefore, it is crucial that the phlebotomist use the utmost care in drawing the specimen and always follow the proper protocol.”³

REFERENCES:

1. Garza D, Becan-McBride K. Venipuncture Procedures. In: *Phlebotomy Handbook, Blood Collection Essentials*. New Jersey: Pearson Education Inc.; 2002:235-240
2. Patient Identification. In: *AABB Technical Manual*, 14th ed., Bethesda, MD: American Association of Blood Banks; 2002:380-381.
3. Fremgen BF, Blume WM. Patient Preparation for Blood Collection. In: *Phlebotomy Basics with Other Laboratory Techniques*. New Jersey: Prentice-Hall Inc.; 2001:28-88
4. McCall R, Tankersley CM. Patient Identification. In: *Phlebotomy Essentials*, 3rd ed., Philadelphia: Lippincott, Williams and Wilkins; 2003:250-255.
5. Sommer SR, Warekois RS. Venipuncture Complication. *Phlebotomy Worktext and Procedures Manual*, W.B. Saunders Company; 2002:198-199.

Review Questions Course #056-963 Choose the one best answer for each question
For CE Credit please print and submit answers on the Registration/Answersheet for this course.

1. The most important step in specimen collection is
 - a. entering the patient's room correctly.
 - b. identifying yourself to the patient.
 - c. identifying the patient.
 - d. having the correct collection equipment.

2. The patient identification number is
 - a. his or her location in the hospital.
 - b. always the same as his or her social security number.
 - c. his or her date of birth.
 - d. a unique number the hospital assigns to each patient.

3. If the requisition order and the patient identification band do not match exactly the phlebotomist should
 - a. rely on the requisition.
 - b. rely on the identification band.
 - c. rectify the problem before drawing the specimen.
 - d. change the requisition so it matches the patient ID band.

4. The phlebotomist may use patient identification that is attached to the patient's bed in which of the following special cases?
 - a. infant
 - b. unconscious patient
 - c. foreign language speaking patient
 - d. patient with severe burns

5. You are sent to collect a specimen on an inpatient, but the patient is not wearing an ID band. What do you do?
 - a. Ask the patient's nurse to put an ID band on the patient before drawing the specimen.
 - b. Ask the patient's name and collect the specimen if it matches your requisition order.
 - c. Identify the patient by the name card on the door.
 - d. Refuse to draw the patient and return to the laboratory.

6. Specimen collection tubes are labeled for patient identification
 - a. at the patient's bedside after collecting the specimen.
 - b. at the patient's bedside before the specimen is collected.
 - c. at the nurses' station after collecting the specimen.
 - d. in the laboratory before collecting the specimen.

7. Which laboratory department may require special patient identification?
 - a. Microbiology
 - b. Chemistry
 - c. Blood Bank
 - d. Hematology

8. Which of the following is not part of the identification procedures for outpatients?
 - a. Photo ID
 - b. Date of birth
 - c. ID by a family member
 - d. Place of birth

9. If a phlebotomist misidentifies a patient
 - a. the specimen should be discarded.
 - b. the specimen should be relabeled.
 - c. the phlebotomist should tell the floor nurse but keep the sample.
 - d. the patient probably gave the phlebotomist the wrong name.

10. If a patient refuses to have his or her blood drawn, the first thing the phlebotomist should do is
 - a. check the patient ID and draw the specimen as fast as you can.
 - b. leave the patient's room and write refusal on the requisition.
 - c. try to allay the patient's fears.
 - d. tell the patient's physician.