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|  | **Proper Phlebotomy Procedures and Identification of Patients**  **IPP#4** | **Dept:** | **Inpatient Phlebotomy 324305** |
| **Effective Date:** | **2/17/2011** |
| **Revised Date:** | **March 2019** |
| **Contact:** | **Laurie Watson** |
| **Name & Title: Greg Pomper, MD Medical Director** | | **Date:** |  |
| **Signature:** | | | |

1. **General Procedure Statement:**  To give guidelines to staff concerning the proper identification of patients
   1. **Purpose:** This procedure is to serve as a guide for trained personnel in the Inpatient Phlebotomy Department to perform the services described herein. These guidelines should be used in conjunction with proper training and only by qualified Phlebotomists.
   2. **Responsible Department/Scope:** 
      1. Procedure owner/Implementer: Inpatient Phlebotomy
      2. Procedure prepared by: Laurie Watson MT(ASCP)
      3. Who performs procedure: Inpatient Phlebotomy staff

1. **Procedure: IT IS ABSOLUTELY ESSENTIAL THAT THE SAMPLE IS COLLECTED ON THE RIGHT PERSON**
2. **INPATIENTS:**
   1. The Inpatient Phlebotomy department uses the Epic Rover bedside barcode scanner and printer system for positive patient identification on inpatients. In the event that the system is down or otherwise unavailable, the name and medical record number on requisitions when applicable, labels, and I.D. bracelet must be a 3 way match. In the event a patient is not wearing a bracelet or there is a discrepancy, report the difference to the charge nurse. Proceed only when corrections have been made. Before checking the armband, it is important for phlebotomists to introduce themselves and explain what they are doing. At that point, ask the patient to state their name and date of birth. When dealing with nonresponsive patients get a verbal confirmation that the name and the date of birth that is on the armband is correct from family members or the nurse. All samples are tracked to the Phlebotomist who collected the sample either electronically through the Rover device or by the name being signed on the requisitions.
   2. **All staff are expected to identify the patient in accordance with the PATIENT IDENTIFICATION** 
      1. **Policy for Wake Forest Baptist Medical Center main campus. This policy is found on the intranet under the Laboratory Handbook and as an attachment.**
   3. Verification of patient identity should occur at the time of collection.
   4. There are two different methods of identifying blood and body fluid specimens
      1. Computer, LIS generated bar-coded label
      2. Hand written label
   5. Specimen labeling **must** be done in front of the patient, at the time of collection.
   6. **Never** pre-label a tube or specimen before you collect the specimen.
   7. Blood Bank Identification procedures may be found in the blood bank policy and procedure manua**l.**
   8. Minimum information required on requisitions:
      1. Name
      2. Medical Record Number
      3. Date of Birth
      4. Location
      5. Account number
      6. Name of the physician who is to receive the results
      7. Tests or assays requested
      8. Date and time of specimen collection
   9. After the samples are collected, the tubes are labeled with the patient's name and medical record number at the bedside.
   10. Placement of bar-coded Labels on the Tubes
       1. The bar-coded labels that are generated from the LIS must be placed on the tubes with a specific orientation.
       2. The first letter of the last name is oriented toward the top of the tube.
       3. Note the placement of the label. The barcode is positioned next to the cap and is in line with the tube. This alignment is critical for instruments to read the bar code in the laboratory.
   11. Hand-written label placement: Place the label on the specimen in a way such that the written information is not obscured.
   12. Transporting Specimens back to the Laboratory
       1. Samples should be delivered to the laboratory ASAP.
       2. All samples being delivered to the laboratory should be in a biohazard bag.
       3. Multiple patient samples may be placed in the same biohazard bag if:
          1. All tubes have a barcoded, Beaker generated label on it
          2. There are no requisitions to go with the specimens
       4. Specimens that are hand-labeled or have a requisition require their own biohazard bag and may not be mixed with other patient specimens.
       5. Samples may be delivered by courier, walking the sample to the lab, or by the pneumatic tube system.
       6. Blood collection tubes are maintained at room temperature unless otherwise instructed.
   13. Receiving the Specimen in the Laboratory
       1. Specimens are received into the laboratory using the “receive” function in the Beaker LIS system.
       2. In the event of duplicate requests, the phlebotomists/ lab tech may credit the duplicate only if ordered for the same patient on identical dates and times.
       3. Acceptable credit /cancellation codes are pre-defined in the beaker/ Wake One LIS.
   14. NO SPECIMENS should be collected by laboratory personnel until the requesting physician or nurse has made the proper requisition/electronic orders available. In the event of an oral request for testing and collection by the laboratory, a requisition will be obtained or an electronic order will be placed in Wake One before the Phlebotomist leaves the floor.

1. **Review/Revision/Implementation:**

All procedures must be reviewed at least every 2 years.

* All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.

* All reviewed procedures and procedures with minor revisions can be signed by the designated section manager.

1. **Related Procedures:** 
   1. Grievance Policy as found under Human Resources on the Infinet.
   2. Inpatient Phlebotomy Sample Labeling Error IPP#5; Blood Bank Identification Policy
2. **References: GEN.40490, GEN.40491, COM.06100, COM.06000, GEN.40938; Pathology Patient Identification**
3. **Attachments:** **N/A**
4. **Revised/Reviewed Dates and Signatures:**

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| Review Date: | Revision Date: | Reason: | Signature: |
|  | 3/6/2017 | Reformatted to Medical Center standard template | Laurie Watson, MT, ASCP |
|  | 3/5/2019 | Revised signature page | Laurie Watson, MT, ASCP |
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