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| **Patient Identification – Specimen Collection** | |
| **Purpose** | This procedure provides instructions for PATIENT IDENTIFICATION – SPECIMEN COLLECTION by laboratory staff to ensure all patients receiving care at Children’s Minnesota have the proper identification band when required so personnel can accurately identify patients from the time of admission/registration until the patient is discharged from the hospital or the outpatient visit is completed. |
| **Policy** | * All patients will have a patient identification band prior to any laboratory procedure. * All staff, prior to performing phlebotomy will use two identifiers to verify a patient’s identity. * All laboratory staff will use an electronic identification verification system, Sunquest Collection Manager device, for positive patient identification except during downtime. |
| **Materials** | |  | | --- | | **Supplies and Equipment** | | 1. Sunquest Collection Manager device 2. Patient Identification Band 3. Blood Bank Instruction Packet | |
| **Procedure** | Follow the activities in the table below for PATIENT IDENTIFICATION – SPECIMEN COLLECTION.   |  |  |  | | --- | --- | --- | | **Step** | **Action** | **Related Documents** | | 1 | The patient must have an identification band in place BEFORE the laboratory procedure.  The identification (ID) band is placed on the patient’s extremity at the time of admission, registration, at the point of service or prior to leaving the clinic/department/unit for transfer to another department or unit.   1. The band will have the patient's full legal name, gender, medical record number, date of birth and barcode. 2. Identification information is placed on the band via the patient ID band label provided by the clinical information system. 3. In the event of a computer downtime, the unit will contact admitting to produce a downtime ID band.   **St. Paul Outpatient Lab:** Clinic registration staff performs registration for “lab only” visits and places ID band on patient’s extremity before procedure.  **Minneapolis Outpatient Lab:** Patient registration staff performs registration for “lab only” visits and places ID band on patient’s extremity before procedure. | [Children’s Policy 376.00 Patient Identification Bands and Allergy Alerts](http://khan.childrensmn.org/manuals/policy/350/012945.pdf)  Children’s Policy [958.00 Latex Safe Precautions](http://khan.childrensmn.org/references/policy/900/958.00-latex-safe-precautions.pdf) | | 2 | The ID band is placed on the patient’s upper or lower extremity. |  | | 3 | **Emergencies:**  If emergent care is needed and the patient is not wearing an ID band, the caregiver will verify the patient's identity and administer the necessary care immediately. Verification will be accomplished by checking appropriate sources (i.e. verbal verification of patient identity and review of the medical record if available). | [TS 13.1 Identifying Patient in Emergency Situations](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/EmRel/202375.pdf) | | 4 | **NICU Guidelines:**  Guidelines for ID band placement include:   1. NICU patients weighing greater than or equal to 1000 grams will have an ID band placed by the nurse as outlined above in Step two (2). 2. NICU patients weighing less than 1000 grams will have an ID band placed by the nurse in a manner that ensures positive patient identification as follows:    * Above the temperature indicator of the radiant warmer    * In the upper right hand corner of the isolette or crib    * If a NICU patient's warmer, isolette or crib is changed; the patient's nurse will place the ID band with necessary allergy sticker on the new warmer, isolette or crib.    * Confirm the identification of the patient with parent, guardian or nurse. |  | | 5 | When appropriate, greet the patient and ask him or her to:   1. State his or her full legal name. 2. Spell his or her last name. 3. Give his or her date of birth. |  | | 6 | Scan the patient’s ID band barcode using a Sunquest Collection Manager device and compare the name and the medical record number on the patient’s identification band to the name and medical record number on the screen. | [LIS 3.1 Using Wireless Sunquest Collection Manager](http://khan.childrensmn.org/Manuals/Lab/SOP/IS/SQ/CollMgr/205316.pdf) | | 7 | If the name or medical record numbers are discrepant – ask the patient’s caregiver or registration to resolve the problem. If the problem is the ID band, a correct band must be applied BEFORE the specimen is obtained. If the ID band is incorrect or contains incorrect information, file a [Safety Learning Report (SLR)](http://vcprskclmon2.kidsnet.childrenshc.org/RMProWeb/riskweb3.DLL/FrmLogin). | [Children’s Policy 1135.00 Patient Identification Accuracy](http://khan.childrensmn.org/manuals/policy/1100/153341.pdf) | | 8 | Prior to collecting a Blood Bank specimen (type and cross or type and screen), a Children’s identification band must be with the patient. Refer to [Policy #376.00 Patient Identification Bands and Allergy Alerts](http://khan.childrensmn.org/references/policy/350/376.00-patient-identification-bands-and-allergy-alert.pdf). The patient ID band must remain on the patient until after the transfusion event.  **Blood Transfusion Identification in the outpatient setting:**   1. Explain the importance and purpose of the identification band. The ID band must remain with the patient until the transfusion is completed. If the ID band is removed before the transfusion, another ID band must be placed on the patient and a new blood banking specimen collected. 2. Ask the patient or parent/guardian to sign the acknowledgement form indicating he/she understands the requirements. 3. Give the patient or parent/guardian an instruction packet that contains completed blood bank form, printed sheet of arm bands, patient/family education material and a signed copy of the acknowledgment form.   Label the sample with the date and time of collection and tech-coded label.  **Procedure Note:**  **Step 8 DOES NOT apply to Gillette Hospital patient with Type and Cross or Type and Screen orders.**  Patients drawn by staff using an electronic identification verification system (Sunquest Collection Manager) and by nursing unit using Clinical Collect do not require a second specimen collected before type-specific red blood cells are issued for transfusion. | [Children’s Policy 366.00 Blood Product Administration](http://khan.childrensmn.org/manuals/policy/350/003089.pdf)  Patient/Family Education Material[*“Blood Transfusion Identification”*](http://www.childrensmn.org/educationmaterials/childrensmn/article/15993/blood-transfusion-identification/)  [Blood Transfusion Identification Acknowledgement form](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecCol/205578.pdf) | | 9 | In case of downtime, refer to:  [LIS 5.01 Sunquest Downtime Procedures](http://khan.childrensmn.org/Manuals/Lab/SOP/IS/SQ/SuppD/205326.pdf) |  | |
| **References** | CLSI. *Accuracy in Patient and Specimen Identification; 2nd ed..* CLSI standard GP33. Wayne, PA: Clinical and Laboratory Standards Institute; 2019.  Related Policies:   1. [Children’s Policy 1135.00 Patient Identification Accuracy](http://khan.childrensmn.org/manuals/policy/1100/153341.pdf) 2. [Children’s Policy 376.00 Patient Identification Bands and Allergy Alerts](http://khan.childrensmn.org/manuals/policy/350/012945.pdf) 3. [Children's Policy 958.00 Latex Safe Precautions](http://khan.childrensmn.org/references/policy/900/958.00-latex-safe-precautions.htm) 4. [Children’s Policy 366.00 Blood Product Administration](http://khan.childrensmn.org/manuals/policy/350/003089.pdf) 5. [Children’s Policy 630.00 Laboratory Specimen Labeling](http://khan.childrensmn.org/references/policy/600/630.00-laboratory-specimen-labeling.htm) |
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