

**TRAINING UPDATE**

**Lab Location:** SGMC and WAH      **Date Implemented:** 6.8.2017  
**Department:** Phlebotomy      **Due Date:** 6.30.2017

**DESCRIPTION OF PROCEDURE REVISION**

**Name of procedure:**

Patient Identification and Labeling

**Description of change(s):**

1. Labels for only one patient will be brought to the bedside/collection site. Other labels will be secured in the cart drawer or left at the front desk.
2. Critical steps were defined in the procedure.
3. When able, the patient must verify his/her name on the labels AND initial the labels. This is a new step that is required.
4. Specimen labeling is defined.
  - a. Labels are aligned with colored line on tube.
  - b. Patient name always goes near the top (stopper) of the tube.
  - c. The barcode is centered lengthwise on the tube.
5. Pink tubes are now allowed for T&S specimens along with the 10mL lavender tube. Pink tubes are smaller, so they must be full if used.
6. Employees who do not follow this procedure will face escalated disciplinary action, because failure to follow the procedure puts patients at risk of adverse outcomes.

**Electronic Document Control System**



**Document No.:** SGAH.P962[0]

**Title:** Patient Identification and Specimen Labeling

**Owner:** LESLIE BARRETT

**Status:** INWORKS

**Effective Date:** 08-Jun-2017

**Next Review Date:**

Non-Technical SOP

<b>Title</b>	<b>Patient Identification and Specimen Labeling</b>	
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<b>Owner</b>	Stephanie Codina	Date: 4/21/2017

<b>Laboratory Approval</b>		
<b>Print Name and Title</b>	<b>Signature</b>	<b>Date</b>
<i>Refer to the electronic signature page for approval and approval dates.</i>		
<b>Local Issue Date:</b>		<b>Local Effective Date:</b>

<b>Review:</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

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**1. PURPOSE**

To define the procedure for identifying patients and labeling specimens tubes when a blood specimen is collected for laboratory analysis.

**2. SCOPE**

All laboratory personnel must understand and adhere to this procedure when obtaining and labeling patient specimens.

**3. RESPONSIBILITY**

All staff members who collect blood specimens for laboratory analysis must understand and adhere to this procedure for identifying patients and labeling specimens. Failure to follow this procedure will result in disciplinary action up to and including termination.

**4. DEFINITIONS**

**Primary specimen labeling:** The process of placing patient identifiers on a patient specimen for the first time. This process must be performed:

- At the bedside or collection location
- In front of the patient
- At the time the specimens are drawn
- By the person who collected the specimens

5. PROCEDURE



**Patient Identification**

Step	Action
1	<p>Laboratory staff members must have a laboratory label or written order (downtime order or another order written on a prescription pad) prior to collecting any patient specimen. <b>Staff members are not allowed to accept verbal orders for phlebotomy.</b></p> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>A. Protocol (Code Heart, Code BAT, etc.) orders are considered written orders, because they are pre-approved by the medical staff.</li> <li>B. During a code situation, laboratory personnel may collect specimens using Cerner labels and an electronic order to save time procuring laboratory labels.</li> </ul>
2	<p>If a downtime form is used, the form must have at least two patient identifiers. Acceptable identifiers include the following:</p> <ul style="list-style-type: none"> <li>A. Patient's full name (required for all orders)</li> <li>B. Patient's medical record number</li> <li>C. Patient's FIN or billing number</li> <li>D. Patient's birthdate (for outpatients only)</li> </ul> <p>Obtain patient labels that contain the patient's full name and medical record number. Verify that the name and another acceptable identifier match exactly on the patient label and the order.</p>
3	<p>Separate patient labels by patient. Only labels for one patient will be brought to the bedside/collection location.</p>
4	<p>Introduce yourself to the patient using AIDET technique (Acknowledge, Introduce, Duration, Explanation, Thank you).</p> <ul style="list-style-type: none"> <li>A. Explain to the patient that you must identify him/her properly each time you enter the room and the process is intended to ensure the highest level of patient safety.</li> <li>B. For inpatients,                         <ul style="list-style-type: none"> <li>a. Knock and ask for permission to enter the patient room.</li> <li>b. Explain to the patient that you must turn on the light to perform the identification procedure if the room is dark.</li> </ul> </li> <li>C. Do not state the patient's first or last name during the introduction.</li> </ul>

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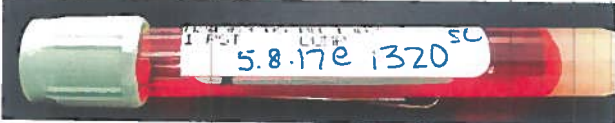
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Step	Action
5	Verify that the patient is wearing a patient identification wristband. A. STOP and do not proceed if the patient is not wearing a wristband. B. Notify the patient's nurse (inpatient) or admitting (outpatient) and request that an identification band be placed on the wrist before proceeding. C. Laboratory staff will never place a wristband on a patient. D. Handwritten armbands are acceptable, provided they contain the patient name, medical record number, and birthdate.
 <b>Start Critical Step</b>	
6	Request that the patient state and spell his/her name and state his/her birthdate. Compare the name and birthdate that the patient states and/or spells to the name and birthdate on the patient wristband. Both the name and birthdate must match exactly. A. If a discrepancy exists, notify nursing staff or admitting to resolve the discrepancy prior to proceeding. B. If the patient is unable to respond because he/she is too young (i.e. nursery babies), unresponsive, or otherwise incapacitated, ask a family member for the information, if available. C. If no family member is present, proceed to the next step.  <b>NEVER</b> use a name card on the bed or bassinette to identify a patient.
7	Compare the patient name and medical record number on <u>each</u> label to the name and medical record number on the patient's hospital wristband. Both must match EXACTLY. Do not proceed if discrepancies exist.
8	If the patient is able, ask the patient to verify his/her name on the labels. A. Show the labels to the patient. B. Ask the patient to verify the name on each label. C. Ask the patient to initial each label if correct.
9	Proceed with the specimen collection procedure <i>after</i> the patient has been properly identified.
 <b>End Critical Step</b>	

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**Primary Specimen Labeling**

Step	Action
1	<p>Find the colored line on the label of the tube. The color of the line is the same color as the tube top and identifies the anticoagulant.</p> 
2	<p>Align the bottom of the patient label with the colored line and adhere to tube.</p> <ul style="list-style-type: none"> <li>A. The label will be adhered lengthwise on the tube.</li> <li>B. The barcode will be centered on the tube to help ensure laboratory instruments will read the barcodes properly.</li> <li>C. The label will be positioned so the patient name is at the top of the tube near the stopper.</li> <li>D. The label will be positioned so it does not cover the colored line on the test tube label.</li> <li>E. The label will be placed so the blood in the tube remains visible after labeling.</li> </ul>  <p>If a patient label is unavailable, hand-write the patient identification on the tube label. If a handwritten label is used, the following must be written legibly in indelible ink:</p> <ul style="list-style-type: none"> <li>A. Patient's last and first name</li> <li>B. Patient's medical record number</li> </ul>
3	<p>Write the following information on the tube at the time of collection:</p> <ul style="list-style-type: none"> <li>A. Date of specimen collection</li> <li>B. Time of specimen collection</li> <li>C. Collector's identification number</li> </ul> 






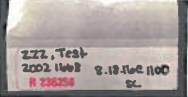
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Step	Action
 <b>Start Critical Step</b>	
4	Compare the name and medical record number printed on each tube to the name and medical record number on the patient's wristband to ensure the correct patient information is on each tube. Correct any errors noted BEFORE LEAVING THE PATIENT BEDSIDE.
 <b>End Critical Step</b>	

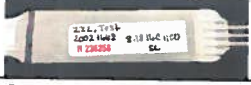


**Primary Labeling of Type & Screen Specimens**

Step	Action
1	Type and screen specimens require use of the blood bank labeling system. The blood bank labeling system will ONLY be used with T&S specimens (TS and TSNEO). 
2	Place the "specimen tube" label on directly on the blood tube (the specimen will be rejected if there is any evidence of labeling underneath the BB label). The number on the label should be near the bottom of the tube. 
3	Adhere a patient label on top of the blood tube label. 
4	Handwrite the date and time of collection and the collector's ID on the tube. 
 <b>Start Critical Step</b>	
5	Place a patient label or handwrite the patient's name and medical record number on the blood bank wristband. DO NOT use a lab label for the wristband; the print will disappear if the wristband gets wet.
6	Handwrite the date and time of collection and the collector's initials or ID on the wristband insert. 

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Step	Action
7	Place the wristband insert into the wristband cover and seal. Be sure to orient the insert so it is readable through the clear, colorless side of the cover. 
8	Secure the completed wristband to the patient's wrist.
9	Compare the red identifier (R number) on the specimen to the red identifier on the blood bank wristband to ensure they match exactly. 
10	Compare the patient name and medical record number on the specimen to the name and medical record number on the patient's hospital wristband AND to the name and medical record number on the blood bank wristband to ensure they match exactly.
 <b>End Critical Step</b>	

**Disciplinary Action**

Patient identification and specimen labeling procedures are critical to the provision of accurate and timely laboratory results. The supervisor will have the option to escalate disciplinary action for patient identification and specimen labeling errors when the investigation reveals the employee did not follow proper procedure. **If an employee makes two errors in patient identification and labeling in one year, the employee may be terminated.**

**6. RELATED DOCUMENTS**  
 None

**7. REFERENCES**  
 None

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**8. REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By

**9. ADDENDA AND APPENDICES**  
None

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