

1. Patient Identification Policy

Policy Statement

All patients who present to any Canterbury DHB health care facility or receive Canterbury DHB health services within the community must be accurately identified by staff using at least two identifiers.

Purpose

To ensure the **correct patient** receives the correct care.

Scope

All Canterbury DHB staff must ensure they have clearly identified all patients with whom they interact in any way.

Associated Documents

Canterbury DHB Volume 12, Fluid and Medication Management Manual

Canterbury DHB Volume 11, Clinical Manual
- Informed Consent Policy

Canterbury DHB Volume 2, Legal and Quality Manual
- Privacy Policy

Christchurch Hospital Emergency Department's Policy & Procedure Manual.

References

Counties Manukau DHB Policy on Identification of Patients/Clients,
April 2004

Joint Commission International Centre for Patient Safety – 2007
International Patient Safety Goals

World Health Organisation – Patient Identification, Patient Safety
Solutions, Volume 1, Solution 2, May 2007

United Kingdom – The Whittington Hospital NHS Trust
- Patient Identification Policy March 2003
- The Luton and Dunstable Hospital Patient Identification Policy,
December 2005

1.1 The Identity of the Patient will be Confirmed

- On admission/entry to or discharge from any service/department, either as an inpatient and/or outpatient.
- Prior to applying or changing an Identification (ID) bracelet.
- Every time patient care is transferred to a new department, ward or service.
- Prior to initial consultation.
- Prior to the administration of any medications.
- Prior to the administration of any intravenous fluids including blood products.
- Prior to blood, body fluid or tissue sampling.
- Prior to any radiological examination or intervention.
- Prior to any other therapeutic procedure.
- Upon entry to a theatre or procedure room.
- Prior to induction of anaesthesia and/or commencement of surgery or any invasive procedure.
- Prior to transfer to the mortuary.

1.2 Identification of Competent Patients

1. **Staff must ask the patient to state their:**
 - Full name
 - Date of birth
2. Confirm their care and/or treatment where applicable.
3. Check these details are compatible with relevant identifying information.
4. Patients who have an identity bracelet should have the NHI confirmed against another written record.

1.3 Identification of Incompetent/Unconscious Patients (using at least two identifiers)

Children

- For children who are unable to identify themselves, identification is confirmed by the parent or guardian.

Adults

- Initial identification is to be confirmed by a family member or person known to the patient.
- Ongoing identification by reference to the ID bracelet.

Patients unable to be formally identified

- A pre-allocated/temporary number must be used as patient identification for the duration of that hospital visit.

1.4 Special Circumstances

- Wherever possible, a patient must wear an ID bracelet, excluding outpatients, on a wrist or ankle. If this is impractical, the bracelet must be secured using strapping or see-through adhesive film to an appropriate site.
- Patients who refuse to wear identification must be advised of the potential risk and have their refusal documented in the clinical record.
- Patients that have a similar name to another patient must have the sticker “Special Note” – “There is another patient with the same or a similar name – CHECK”. Currently a QL2 sticker attached to clinical notes and the Patient Information Board.
- Consumers under the Specialist Mental Health Services do not wear ID bracelets, therefore:
 - Identity is verified with consumers and/or family on admission or through staff handover.
 - Ongoing identification is assisted by documenting defining features or inserting a photograph of the consumer, after consent taken, in the clinical file.

Policy Owner	Quality
Policy Authoriser	Clinical Board
Date of Authorisation	5 December 2008 April 2012