
Diagnostic Services – Department of Radiology – Diagnostic Division

SUBJECT/TITLE: PATIENT IDENTIFICATION

PURPOSE: Improving the accuracy of patient identification.

DEFINITION: None

POLICY:

1. All staff will use at least two patient identifiers whenever administering medications; blood products; taking blood samples and other specimens for clinical testing or providing any other treatment or procedures and in accordance with UIHC procedure defined for patient identifiers, [PC-PCI-05.35](#).
2. Exceptions to this standard of practice (i.e., use of only patient name as identifier) are limited emergency situations (Code Blue, patient crisis, emergency transport scenario), in which having to locate and/or check the second identifier would significantly compromise the status of the patient.

PROCEDURE:

1. Outpatient settings will use patient name, birth date or ID band. In this setting, the patient should state his/her name/birth date. Hospital staff should not state the patient's name/birth date and ask if it is correct. If the patient is a minor, the parent will be asked to identify the patient.
2. For inpatients staff will use patient name and hospital number. This is facilitated by the use of ID bands in all inpatient areas.
3. If the inpatient does not have an ID band, the appropriate care area is to be notified and a band placed on the patient by the patient's care area prior to the examination.
4. In situations where the patient is unable to communicate, sedated, or lacking the ability to state his/her name and birth date, a patient ID band will be placed on the patient containing the two patient identifiers.

5. ID bands will be placed on patients with administration of procedural sedation, if undergoing procedure that requires informed consent, if labs are drawn or if medication is given.
6. The ID band will be placed on the patient's wrist or ankle after using two identifiers (patient name and birth date) to confirm the patient's identification.