Identifying the Right Patient

Problem

Despite all the education and training, enhanced procedures, technology and improved ID systems, patient misidentification still occurs! Nurses need to be extra vigilant to ensure that the person to which she is providing nursing interventions and/or medications is the correct patient.

Consequence

Failure to correctly identify patients often results in medication errors, transfusion errors, testing errors, wrong person procedures, and the discharge of infants to the wrong families.

Solution

Here are some suggestions to ensure that you have the right patient.

- One of the most widely used methods of patient identification is the patient armband.
- Armbands typically include the patient’s name and other identifying information and are attached to the patient in a permanent fashion that requires destruction of the band to remove it, thus preventing use on another patient.
- While this is a very simple, accurate, and cost-effective method of patient identification, it cannot be used exclusively to identify patients.
- Research has shown that errors still occur using wristbands, with missing armbands constituting a significant portion of the errors.
- It is now recommended that at least two identifiers be used for patient identification.
- Appropriate identifiers, in addition to the armband, include name, date of birth, social security number or phone number.
- Neither identifier should be the patient’s room number.
- When identifying patients on admission to a facility, the patient should be asked to state, not confirm, their own information in full.
• Many patients may not hear well or are reluctant to admit that they do not hear well; so they choose to be nodders – smiling and nodding agreeably, regardless of whether they heard or understood what was asked.

• Identification for non-English-speaking patients present additional challenges and may need to made through an interpreter.

• Patients should use their legal name at all times while undergoing treatment; using alternative names or nick names can cause confusion and errors.

• If a patient is unable to identify himself or herself, guidelines should be in place for consistent initial identification on admission and the use of ID armbands that remain on the patient throughout his/her stay.

• The recent use of electronic scanning has greatly decreased the number of misidentification, but it is only as accurate as the armband was when it was placed on the patient, and only as long as it remains on the right patient.

References

*Avoiding Common Nursing Errors*, Lisa Marcucci, MD, Editor, Lippincott Williams and Wilkins, 2010