CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB-SPC-04.10 Patient and Sample Identification-PRO		
ISSUED BY:	Administrative Lab Director	REFERENCE #:	LAB-SPC-04-10-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	2008-05-04

SCOPE: All potential collectors of laboratory samples submitted to CMC laboratory.

I. PROCEDURE FOR SAMPLE COLLECTION:

A. Standard patient identification protocol:

1. Ask the patient to give full name and date of birth. These should be compared to both the patient's bar-coded armband.
2. Two identifiers must be used as comparative data for patient identification, one of which may be the patient's medical record #. These must be compared to the patient's bar-coded armband.
3. If a discrepancy is noted, the sample must **not** be collected until the patient's identity is made clear.

B. Patients Unable to communicate due to unusual circumstances: Include these patient

Types: Unconscious; Too young; Mentally incompetent; Language difference; altered mental Status; deaf

1. Engage family, friends, or translator to communicate when applicable
2. Use two alternate identification for positive identification

C. Unknown patient's identification protocol (Emergency identification):

1. Use of armband still protocol.
2. Emergency Armband that has been premade is used.
3. When name is known new information is merged into the premade account.
4. For Blood bank patients the original armband will be in place until transfusions Using that particular armband for product identification are completed

PLEASE NOTE THAT PRIOR TO COLLECTION ALL PATIENTS SHOULD HAVE A BARCODED IDENTIFICATION ARMBAND THAT INCLUDES THE INFORMATION BELOW. IF NO ARMBAND IS PRESENT, THE NURSE MUST BE CONTACTED TO PLACE THE ARMBAND ON THE PATIENT PRIOR TO THE COLLECTION.

D. Blood Bank Collections: The same protocols should be used in blood bank collections.

E. Bone Marrow: The same protocols should be used in Bone Marrow collections.

1. Follow protocols in Section I
2. Verify procedure site
3. Verify procedure to be performed

F. Automated Positive Patient ID system

(a) Wireless automated system as a part of the EHR
(c) Uses comparisons of patient barcodes as well as other identifiers to insure the correct identification of patient samples.
(d) Allows for phlebotomy comments and instructions

2. Collection procedure:
(a) Scan Armband: After entering into individual rooms (after greeting)
(b) Second patient identification is required before proceeding
(c) Orders: Review order display and prepare for proper collection
(d) Print: Labels for the samples will print immediately
(g) Collect Samples: The samples will be collected and labels placed on the tubes.
(h) Re-scan: Scan the collected, labeled tubes to confirm positive patient identification.
(i) As needed, add comments that will clarify collection
(j) If collection is not successful, enter proper comments for next phlebotomist

II. PROCEDURE LABELING FOR NON AUTOMATED SAMPLES:

A. Two Patient Identifiers on each specimen label for Inpatient Collected
1. One identifier may be the patient's Medical Record number.
2. Additional Identifiers:
(a) Patient name
(b) Date of Birth
3. Additional sample requirements:
(a) Time of collection
(b) Collector's identification (computer id).

B. Sample Container Labels:
1. Must be labeled at patient beside (prior to leaving the area). No exceptions. This is an Institution Red Rule violation and leads to disciplinary actions.
2. Labeling on container lids is prohibited since the sample would not be labeled if the lid were removed.
3. Pre-labeling of tubes or containers is prohibited.

RECORDS: NA

REFERENCE:

1. So You are Going to Collect a Specimen, 14th Edition, 2013.
2. National Committee for Clinical Laboratory Standards, Procedures for the Collection of Diagnosis
3. Blood Specimens by Venipuncture; Approved Standard-Fourth Edition H3-A4, June 1998.

REFERENCE STANDARDS: CAP GEN.40016; GEN.40032; GEN.40050; GEN.40100; COM.06000; 06100
HEM.21575

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
05/05/2011 lds	None	Review/Revisions electronically saved in Lab G drive
11/03/2011lds	Format	Change to MCN policy manager format. Updated reference.
03/18/2013lds	All	Newest MCN format- Roman Numeral format. No content changes
03/18/2015lds	All	No content changes Revised Edition of So you are….
04/16/2015lp	Added Section I-E	Bone Marrow Protocol Added Refer Standards
04/08/2017lds	All	Wordsmithing to better word Section II. Removed term MOBILAB as product name.
07/12/18dlt	Standards	Updated CAP Standards-No content changes