Identifying The Patient

The phlebotomist's role requires a professional, courteous, and understanding manner in all contacts with the patient. Greet the patient and identify yourself and indicate the procedure that will take place. Effective communication - both verbal and nonverbal is essential.

Proper patient identification MANDATORY. If an inpatient is able to respond, ask for a full name and always check the armband for confirmation. **DO NOT DRAW BLOOD IF THE ARMBAND IS MISSING.** An outpatient must provide identification other than the verbal statement of a name. Using the requisition for reference, ask a patient to provide additional information such as a surname or birthdate.

Not accurately identifying a patient is indefensible. Phlebotomists need to know from the first day of training how important it is to accurately identify their patients.

Phlebotomists also need to know the possible outcome of failing to follow the protocol for identifying patients in their facility. Failure to follow established identification protocol might lead to over-treatment or under-treatment of the patient. If the patient has not been properly identified for blood bank/transfusion medicine testing, the end result could be fatal.

The ordering physician relies on the clinical laboratory to provide accurate test results used to diagnose disease and/or to monitor the course of a disease or treatment.

Each facility should have an established written protocol for the identification of hospital patients and outpatients as it applies to the facility. There must be 2 identifiers for both types of patients.

Typically, the primary identifier for the hospital patient is the hospital identification band found on the wrists of older children and adult patients, and on the ankles of the neonatal patients. The secondary identifier must be established and used by all employees needing to identify the patient. In the outpatient setting the primary identifier is usually the script from the ordering physician while the secondary identifier may be the birth date or the social security number. For drug testing or other legally sensitive testing a photo ID may be required by your facility.
Communicating With The Patient

Communication is the means by which information is exchanged or transmitted between phlebotomist and the patient. Communication involves 3 components: verbal, non-verbal, and listening.

There will always be the chance for error when a phlebotomist fails to communicate properly with his or her patient.

When a phlebotomist goes to a patient's room the first thing that he must do is to identify himself, stating his name and that he is from the laboratory and is there to draw blood per doctor's orders. He is informing the patient and obtaining permission from the patient to move forward. Patients are covered by the AHA Patient Bill of Rights. The patient has the right of refusal for any procedure. If a phlebotomist does not look at or listen to their patient, and ignores either a verbal or nonverbal refusal, he is guilty of assault. If the patient has the perception that the phlebotomist is ignoring her refusal and intends to move forward to perform the procedure; this is assault. Should the phlebotomist lay a hand on the patient; this is battery even though no harm has been done to the patient.

If possible, speak with the patient during the process. The patient who is at ease will be less focused on the procedure. Always thank the patient and excuse yourself courteously when finished.

If the patient is asleep at any time of day or night, the phlebotomist must awaken him/her. If the phlebotomist attempts to draw blood from a sleeping patient, identification errors or physical injury to the patient could occur. This would also bypass the patient's right to informed consent and could result in a legal action of assault and battery.

Assault may be defined as the unjustifiable attempt to touch another person or the threat to do so, causing the other person to believe that this will take place.

Battery is the intentional touching of another person without their consent. Battery includes assault so the 2 words are combined into assault and battery.
Patient Identification

In order to prevent errors that affect specimen quality, the phlebotomist must pay close attention to detail during the entire venipuncture process.

All steps of the phlebotomy procedure must be included for every venipuncture. This will help to maintain specimen integrity during the collection, transport, and handling of blood specimens. Properly identify the patient every time.

The phlebotomist is responsible for correctly identifying the patient using two unique patient identifiers that include the patient's complete first and last name, medical record or hospital number, and/or date of birth.

The patient location or room number, bed tag and chart are not reliable forms of identification and should not be used for patient identification.

Every patient must verbalize his/her name to the phlebotomist, if able to do so.

It is unacceptable for the phlebotomist to ask the patient to confirm his/her name that was verbalized by the phlebotomist.

For example, the phlebotomist should say, "Would you please tell me (or spell) your name and birthdate." The phlebotomist should NOT say, "Are you Sally Brown, and is your birthdate June 1, 1925?" If this is a hospital inpatient, check the information on the patient's wristband and confirm that the name and hospital number or medical record number matches the patient information on the test order.

Never rely on identification attached to a bed, chart or door.

NEVER draw a patient whose identity is not established or is in conflict.

If there is a discrepancy, the phlebotomist must STOP and seek assistance to have the discrepancy resolved before proceeding with the venipuncture.

If this is an outpatient that does not have a wristband, ask the patient (or guardian/caregiver) to state the patient's date of birth.

A picture ID, such as a driver's license, can also be used for positive patient identification.
More on Patient Identification:

Patient identification is a critical aspect of total quality of care. It is mandatory that the phlebotomist who collects the blood specimen from the patient correctly identify the patient, regardless of the clinical setting.

Patients must be POSITIVELY identified at the time the sample is drawn. Sample must be labeled at the bedside or other collection site in the presence of the patient.

**Patient who is conscious:**

- Ask the patient "What is your name?"
- Check the patient's wristband for verification.
- If the patient is able to give full name and the wristband agrees with the patient's statement, check the requisition and/or preprinted label to be sure all information agrees. This includes i.e. hospital number, medical record number, room number, correct spelling of first and last name, sex, middle initial, and date of birth.
- If all information agrees, perform the venipuncture and label tubes according to established criteria. Patients to be drawn for cross match must verify date of birth. That reformation should not be taken from the computer alone.
- Report any discrepancy no matter how minor.
- If there is a discrepancy between information on the requisition, preprinted label, and wristband, DO NOT perform the venipuncture until the situation has been resolved. Have a nurse familiar with the patient provide positive identification and/or check to be sure patient has correct wristband. If changes are necessary (i.e. in computer, or addressograph plates), the phlebotomist should notify appropriate personnel to make these changes.

***Be sure ALL information is the same. The requisition (preprinted or handwritten), wristband, and verbal information from the patient or person identifying the patient must agree.

**Patient who is unconscious, too young, mentally incompetent, or does not speak the language of the phlebotomist:**

- If the patient is unable to state his or her name, the wristband must be relied upon totally for information and/or a nurse familiar with the patient must be consulted to verify identification of the patient.
- Have the identifying person initial the tube(s). If this is not possible, phlebotomist should get name of person and document that as part of computer workload entry.
A friend or relative may identify a patient. Verify full name and birth date. Be sure all information agrees with information on request form or preprinted computer label.

If the patient can be positively identified (verbal statement, wristband, or nurse ID), perform the venipuncture and label the tube(s) according to established criteria.

Specimens must be labeled at the time of collection in the presence of the patient.

Tubes should be initialed by the phlebotomist to provide a mechanism for identifying the person who drew the blood.

Patient who has no wristband:

If patient can state full name or can be identified by a nurse, friend or relative, but has no wristband, notify the nursing station or patient nurse and request that the wristband be put on the patient. Once the band is in place, perform the venipuncture and label the tubes according to established criteria.

Patients for cross match CANNOT be drawn without ID band.

Patient who is ambulatory:

Outpatients, or surgical patients and employee hospital physical patients should be called into the drawing room using first and last names. No exceptions to this no matter how well you know the patient. Using first names only for some and not others gives the appearance that some patients get special treatment. Verify patient identification again before drawing blood. Patients may respond to the wrong name or to a similar name. Verify identity of repeat patients (i.e. glucose tolerance) each time they are drawn. During a 3, 4, or 5 hour stay, it is possible a different phlebotomist could obtain the blood sample each time.

Check the computer routing slip and the Sunquest computer label to be sure all information agrees. If information on the preprinted computer label is incorrect the phlebotomist is responsible for changing that information or notifying lab registrars to do so. This should be done at the time of draw. For significant errors (i.e. first and last names reversed), labels should be reprinted and the new set of labels with corrected information used.

Patients drawn outside the medical center by laboratory personnel

House call patients (from nursing homes, private homes, businesses, health fairs, clinics, other hospitals, etc.) must be identified according to established policy. If other facilities have a policy that their patients are not banded, a staff member should accompany the phlebotomist to make positive identification if the patient cannot or will not do so.
Specimens must be labeled at the site of collection before delivery to the laboratory for processing.

Labeling must meet established criteria or specimens will be rejected.

**If blood is obtained from the wrong person:**
If at any time a mix-up occurs and blood is drawn from the wrong patient, it is the responsibility of the phlebotomist to generate an occurrence report (if this has not already been done) and to provide an explanation of circumstances involved.

All incidents must be reported to assistant laboratory operations director and/or operations director.

Appropriate disciplinary action will occur upon repeated violations of policy.