Name of Policy: Patient Identification Verification-Order Verification
Policy Number: 3364-136-01-11
Department: Respiratory Care
Approving Officer: Vice President Clinical Services
Responsible Agent: Director, Respiratory Care
Scope: The University of Toledo Medical Center
Respiratory Care Department

(A) Policy Statement
Prior to the initiation of any respiratory care procedure, the Respiratory Care Practitioner is responsible for verifying the physician order in the patient’s chart (written or electronic) and that it is complete and correct. The Respiratory Care Practitioner will also verify the patient’s identity by utilizing two patient identifiers: patient name and patient medical record number. Patient Identification will be in accordance with Hospital Policy #3364-100-01-16.

(B) Purpose of Policy
To assure the safe administration of respiratory care procedures, as written per physician order, to the appropriate patient for whom the therapy is ordered.

(C) Procedure
Prior to the initiation of any respiratory care procedure, the Respiratory Care Practitioner will perform the following patient identification and medication verification procedures:

1. Respiratory care treatment orders: Every therapist must verify the physician’s written order in the patient’s chart or in the EMR before delivering care. Authentication and cross referencing of physician orders is accomplished through the appropriate and combined use of the EMR and Accudose. If paper charting is to be used, the complete order must be written on the flow sheet.

2. Prior to the administration of tests, treatments, service, procedure, medications and blood draws, and prior to documentation of any of the above, the therapist providing the care is responsible for verifying the patient’s identity by utilizing two patient identifiers listed on the identification bracelet: patient’s full name and patient medical record number. Staff will ask the patient to verbally state their name (if able) and compare the patient’s name and medical record number on their ID bracelet to the order/chart/blood draw/specimen.

Approved by:

Michael Taylor
Director, Respiratory Care

Daniel Harber
Vice President Clinical Services

Review/Revision Date:

10/04/1999 3/9/2011
2/17/2004
8/20/2012

Next Review Date: 3/1/2019

Policies Superseded by This Policy: