Name of Policy: Patient Identification Verification-Order Verification

Policy Number: 3364-136-01-11

Department: Respiratory Care

Appointing Officer: Chief Nursing Officer

Responsible Agent: Director, Respiratory Care

Scope: The University of Toledo Medical Center Respiratory Care Department

Effective Date: April 2, 2019

Initial Effective Date: April 10, 1981

(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:

/s/ Michael J. Taylor
Director, Respiratory Care

Date

/s/ Monecca Smith
Chief Nursing Officer

Date

Next Review Date: 4/2/2022

Policies Superseded by This Policy: