


Q-Pulse Database	DIAIMA	
Document Number	EP-7	
Document Title	Patient Identification	

1. Objective

To ensure that each properly authorised radiation exposure is delivered by the operator to the intended patient

2. Responsibilities

- The referrer must provide sufficient information to allow the patient to be correctly identified and this information must be available to the operator.
- Immediately prior to a medical exposure, the operator physically carrying out the exposure shall verify the identity of the patient in accordance with this Procedure and shall complete an appropriate record to verify that the patient has been identified correctly.
- If there is any doubt about the patient's identity, the operator must not carry out the radiation exposure, except in exceptional circumstances which must be recorded in writing.
- A series of medical radiation exposures may be delivered to a patient during a single procedure using the same equipment. Staff handover may result in a change of operator taking place between exposures. In these circumstances, any operators initiating an exposure subsequent to the first exposure must take responsibility for patient identification by verifying and recording that patient identification has taken place in accordance with this Procedure.
- Staff undertaking other procedures involving the patient and associated with the exposure, e.g. administration of medicines, must follow NHSGGC policy on patient identification.
- When selecting a patient entry for a radiation exposure from an electronic list, e.g. DICOM worklist, it is the responsibility of the operator undertaking the procedure to ensure that the correct patient has been chosen.

3. Patient Identification

3.1 Practical Procedure

- To identify an individual patient a minimum of three of the following authorised patient identifiers are required: full name, date of birth, address, CHI number.
- All in-patients should be wearing a hospital name band and this must be checked in conjunction with process (a) or (b) below.
- Checks are made against original (or scanned in) referrals
- It may be helpful to add checks of the site / laterality requested to be imaged and clinical information, where appropriate.
- A patient may require an escort (e.g. if sedated, confused / disorientated). Further information available in policy documents e.g. NHSGGC Patient Escort Policy.

a) Patient is able to confirm his / her identity.

The operator must ask the patient to give three identifiers. The procedure must be positive and active e.g.

“What is your name?” or “Can you confirm your name?”


“What is your address?”

“What is your date of birth?”

Do not suggest any answer.

If the patient is deaf these questions can be asked using written cards.

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b) Patient is unable to confirm his / her identity:

If a patient, through age, illness, physical or mental disability, or language barrier is not able to confirm his/her identity, then the operator shall identify the patient through ward staff, an interpreter, escort or relative, as appropriate. The operator shall ask the accompanying person to provide three of the authorised patient identifiers. The procedure must be positive and active e.g.

“What is the patient’s name?” or “Can you confirm the patient’s name?”

“What is the patient’s address?”

“What is the patient’s date of birth?”

Do not suggest any answer.

If a suitable accompanying person is not available for a patient and there is any doubt about the responses given, the operator shall examine any personal identification that the patient may have with them e.g. passport or photocard driving licence.

c) Patient Identification in exceptional circumstances

i. Anaesthetised or unconscious patients without a hospital name band

For anaesthetised or unconscious patients without a hospital name band, it is the responsibility of the referrer to identify the patient for anaesthesia, operation, investigation or treatment.

Before exposing an anaesthetised or unconscious patient without a hospital name band to radiation the operator initiating the exposure must check the identity of the patient by checking the patient details on the referral with **TWO** attendant clinical staff members.

ii. Major Incidents

In the case of major incidents when there may be multiple unknown patients - use MAJOR INCIDENT PROCEDURE available in the Accident & Emergency Departments.

iii. Clinical Emergencies

In the case of emergencies where adherence to a rigid ID procedure would delay the timely clinical process possibly resulting in further patient deterioration or fatality, then the operator must ensure they have the intended patient based on information from clinical staff.


d) Selection of patient entry for a radiation exposure from an electronic list e.g. DICOM worklist.

The operator selecting the patient entry must ensure that the patient chosen is the correct one using a minimum of full name and CHI number (where allocated). If a CHI number has not been allocated, then other authorised patient identifiers are: date of birth, address.

3.2 Recording the identification

- For printed referrals (request card or letter), the operator shall verify the patient identification procedure by ticking the referral against each of the authorised identifiers used and adding their initials alongside (“patient identified by” space should be used where provided).
- For electronic referral, the operator shall verify the patient identification procedure using the “checked patient identity box” and their operator code (e.g. HCPC registration Number).

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- Where identification is through an interpreter, referrer, escort, relative or other appropriate person or document, this shall also be recorded.
- The operator undertaking procedures involving the patient and associated with the exposure (other than carrying out the exposure), e.g. administration of medicines, will be identified as the signature on an appropriate record.
- Dentists will record the patient identification in the dental notes.

3.3 Differences between Patient Identifiers

- If there are inconsistencies with the patient identifiers on the referral and
- information on patient documentation, or
- RIS, or
- RIS label, or
- information from the patient / interpreter / escort / relative

or any doubt remains, then the operator must delay the procedure until identification issues are resolved.

- The operator may use his / her professional judgement when there is only a minor discrepancy in any one element of the identification process e.g. one digit different in date of birth OR old address.
- If advice is required the operator should contact his or her line manager.
- If the discrepancies can be resolved the operator must change the relevant details on the referral and add their initials. The procedure can then continue as planned. However if there is still doubt the procedure must be postponed until resolution.
- Errors in patient identification should be reported as a clinical incident. This would include an incident that has occurred as a result of misidentification and also 'near miss' situations. Examples may include wrong information on a name band.
- If any patient information/documentation errors are discovered, those who discover them have a responsibility to inform the custodians of these systems in order to correct the information for future records. This includes HIS, PACS, case notes, name bands etc

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