

Background

“Throughout the health-care industry, the failure to correctly identify patients continues to result in medication errors, transfusion errors, testing errors, wrong person procedures, and the discharge of infants to the wrong families. Between November 2003 and July 2005, the United Kingdom National Patient Safety Agency reported 236 incidents and near misses related to missing wristbands or wristbands with incorrect information. Patient misidentification was cited in more than 100 individual root cause analyses by the United States Department of Veterans Affairs (VA) National Centre for Patient Safety from January 2000 to March 2003.” (WHO: *Patient Identification*. May 2007)

Due to: the inability to communicate; similarities in surnames, physical appearance and medical record numbers; frequent presence of twins/triplets, increased number of procedures and medication prescriptions and increased length of stay, newborns (particularly sick and small/preterm) are at particular risk for misidentification errors - higher than any other patient population. In a yearlong study (Gray 2006) involving 1,260 babies in one neonatal unit not a single day was free of misidentification risk arising from similar names or IP numbers. On average, 50.9% of patients were at risk on any given calendar day. The most common misidentification errors include amongst others: breast milk; medication; and diagnostic errors.

Policy

The identify of every newborn must be confirmed immediately after birth (after skin-to-skin care and when measuring vital statistics) and recorded on two separate identity bands which must be attached to the baby. These bands should remain in situ until the baby is discharged from the hospital.

Protocol

1. Prepare two identification bands for each baby. See Appendix A below for description of type of band to be used.
2. Record the following details on each band:
 - Mother's name & IP number
 - Baby's birthdate and gender
3. Confirm that the recorded details are correct and confirm the identity of the baby with the mother or if she is indisposed (anaesthetised or unconscious) then with her birthing partner or two members of staff.
4. Attach both ID bands to baby – one on a wrist and one on an ankle.
5. Check that 2 legible ID bands are in situ and the recorded information is correct and correlates with other medical records in the following circumstances:
 - When mother or baby is admitted/transferred to another unit eg Postnatal or Neonatal units. Receiving nurse must confirm with mother that the ID bands are in situ and correct.
 - Twice daily: with the mother, against the neonatal/clinical record and against the cot/incubator label.
 - Before medication administration: against the clinical record and against the cot/incubator label.
 - Before any procedure/surgery: against the clinical record and against the cot/incubator label.
 - On discharge: with the mother/caregiver, against the neonatal/clinical record and against the cot/incubator label.

Troubleshooting

1. If the ID band falls off or needs to be removed due to e.g. oedema/insertion of peripheral intravenous therapy, it must be replaced immediately on another limb. Confirm the gender of the baby and mother's name and birth date with the mother and against previous tag or clinical record and incubator/cot label.
2. If all ID bands are missing the identities of all the babies in the unit should be confirmed before confirming and replacing the missing ID bands.
3. If more than one baby is missing ID bands or a mother / nurse is questioning the identity of the baby inform the regional matron and unit doctor. A negative incident should be documented.

References:

1. Gray, et al. Patient Misidentification in the Neonatal Intensive Care Unit: Quantification of Risk. Jan 2006
2. Trindade de Souza Gomes et al. The importance of newborn identification to the delivery of safe patient care. 2017
3. Quadrado et al. Evaluation of the identification protocol for newborns in a private hospital. July 2012
4. Newborn Identification and Labelling Clinical Guideline. Royal Cornwall Hospitals NHS Trust. July 2020.
5. Distinct newborn identification requirement. The Joint Commission 2018
6. Patient identification. WHO. May 2007

Appendix A:

The band must be designed for newborns and comply with the following:

- Be soft (atraumatic) and water proof;
- Be able to be written on without smudging;
- Be able to adjust size in order to snugly fit both term and extremely preterm babies without excess band length;
- Be permanently secured and not adjustable.



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