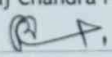
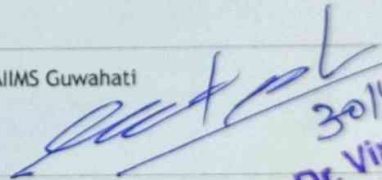



AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/AAC05/COP06/ 22
POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS	Issue No.	01
	Rev. No.	00
	Date	29/04/2026

POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,
GUWAHATI**



Document Name:	POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS	
Document No.:	E/NABH /AIIMSGHY/AAC05/COP06/ 22	
No. of Pages:	09	
Date Created:	29/04/2026	
Date of Implementation:	29/04/2026	
Prepared By:	Designation: Assistant Professor, Hospital Administration	
	Name: Dr. Biraj Chandra Paul Signature: 	
Approved By:	Designation: Medical Superintendent, AIIMS Guwahati	
	Name: Prof. Vineet Mahajan Signature: 	
Responsibility of Updating:	Designation: Assistant Professor, Hospital Administration	
	Name: Dr. Biraj Chandra Paul Signature: 	

30/4/26
Dr. Vineet Mahajan
Medical Superintendent
All India Institute of Medical Sciences
Guwahati-781101

Dr. Biraj Chandra Paul
Assistant Professor
Department of Hospital Administration

AIIMSGHY Hospital POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS	Doc No.	E/NABH /AIIMSGHY/AAC05/COP06/ 22
	Issue No.	01
	Rev. No.	00
	Date	29/04/2026

Control of the Manual

1. The holder of the copy of this manual is responsible for maintaining it in good and safe condition and in a readily identifiable and retrievable.
2. The holder of the copy of this Manual shall maintain it in current status by inserting latest amendments as and when the amended versions are received.
3. Administrative Manager is responsible for issuing the amended copies to the copyholders, the copyholder should acknowledge the same and he /she should return the obsolete copies to the Administrative Manager.
4. The amendment sheet, to be updated (as and when amendments received) and referred for details of amendments issued.
5. The manual is reviewed once a year and is updated as relevant to the hospital policies and procedures. Review and amendment can happen also as corrective actions to the non-conformities raised during the self-assessment or assessment audits by NABH.

The authority over control of this manual is as follows:

Preparation	Approval	Issue

The procedure manual with original signatures of the above on the title page is considered as 'Master Copy', and the photocopies of the master copy for the distribution are considered as 'Controlled Copy'.

Distribution List of the Manual

Sr. No.	Designation
1.	Executive Director
2.	Medical Superintendent, Principal College of Nursing
3.	All HODs for departmental Distribution

AIIMSGHY Hospital POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS	Doc No.	E/NABH /AIIMSGHY/AAC05/COP06/ 22
	Issue No.	01
	Rev. No.	00
	Date	29/04/2026

Contents

Sr. No.	Topics
1.0	Purpose
3.0	Policy
4.0 - 8.0	Procedure
9.0	Record Generated
10.0	Reference

1. POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS

1.0: PURPOSE

To provide guidelines for the hospital to correctly identify patient during hospitalization

2. SCOPE:

Hospital Wide

3. POLICY:

- 3.1 To correctly identify patients to prevent medication errors, transfusion errors, testing errors, wrong person procedures, and the discharge of infants to the wrong families.
- 3.2 To ensure that patients are properly identified prior to any care, treatment or services taking place in the hospital e.g., correctly identify patients during inter-departmental transfer, during change in care level of patients and during any procedures.

4. EXCEPTIONS:

- 4.1 Patients unable to provide identifying information e.g., hemodynamically unstable, comatose, unconscious, psychiatric disorders and unknown patients.

AIIMSGHY Hospital POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS	Doc No.	E/NABH /AIIMSGHY/AAC05/COP06/ 22
	Issue No.	01
	Rev. No.	00
	Date	29/04/2026

4.2 Small infants and patients with a disease process, injury, or treatment that prevents safe placement of Identification (ID) band on any extremity

4.3 Due to non-availability of supply of patient ID band from Hospital Stores due to any reason.

5. PROCEDURES:

4.1 Identifying a Patient with ID Band

- The hospital staff must ensure that all inpatients must wear an ID band at all times during the stay in the hospital.
- The patient's ID must be confirmed by the staff before administering any medication or carrying out any intervention or procedure.
- At least two identifiers (e.g., patient's full name and UHID number/ CR number) must be used to verify patient's ID.
- If the patient is found to have no ID band, neither medication should be administered, nor should any procedure or intervention be performed without any confirmation from the Head of the Department.
- In cases in which patient's ID band is torn or rubbed or has been removed, for any reason, it is the responsibility of the staff to ensure that it should be replaced without any delay.
- Procedures Requiring Correct Identification of Patients:

The list below is not exclusive, patient should be identified before:

- I. Blood Sampling
- II. Blood Transfusion
- III. Collecting of patient body fluid samples
- IV. Confirmation before declaration of death
- V. Administration of any Medications
- VI. Surgical intervention and any invasive procedure
- VII. Transport/ transfer of patient
- VIII. X-ray and other imaging procedures
- IX. Transferring baby to family

Placement of Patient's ID Band:

AIIMSGHY Hospital POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS	Doc No.	E/NABH /AIIMSGHY/AAC05/COP06/ 22
	Issue No.	01
	Rev. No.	00
	Date	29/04/2026

The ID band shall be put as follows:

- i. First choice right wrist
- ii. Second choice left wrist
- iii. Third choice ankles, right or left
- iv. Patients who are at risk of or likely to remove their ID band should ideally have two ID bands in place, one on the wrist and the second on the ankle. The ID band shall only be removed when the discharge procedure is complete.

Types of Identification Bands

- There are different colours of bands as per the category under which the patient falls. The different colours of bands are:
 - White Band – Universal band, mandatory to be worn by all patients admitted to the hospital.
 - Yellow Band – For patients who have allergies or any history of allergy
 - Orange Band – For patients who need extra attention or care and/or patients who are above 65 or below 14 years of age and have potential to fall (vulnerable patients).
 - Pink and Blue band – Identification for new-born babies, pink is for girls and blue is for boys.

Process of patient identification using name and UHID/ CR No.:

Verify patient to their ID band



Confirm stated patient's first and last name are an exact match to the patient's name on the ID band



Check UHID Number/ CR Number on the patient's ID band.



Confirm the UHID/ CR. No. is an exact match to the UHID/ CR No. on the patient's file

Verifying patient ID is defined as matching the patient to the ID band. Confirmation of patient ID required the use of two available patient identifiers (i.e., name both first and last name, UHID/ CR No. number). Matching the patient to the ID band could only be done by asking the patient his or her name and matching the UHID/ CR No from the file to the ID band attached to the patient's wrist. Various other parameters to be identified, such as

- Method of patient verification

AIIMSGHY Hospital POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS	Doc No.	E/NABH /AIIMSGHY/AAC05/COP06/ 22
	Issue No.	01
	Rev. No.	00
	Date	29/04/2026

- Colour of ID band used
- Identification details on the band
- Legibility of identification details
- Presence of core identifiers on the band
- Verbal confirmation of patient's name
- Identification checks before transfer to procedure room
- Type of procedure
- Double identification before medication
- Double identification before procedure

The identification band must include the following:

1. Patient's full name
2. UHID/ CR No./ IP No.
3. Age/ Sex
4. Ward
5. Blood Group
6. Consultant's name

In rare events of the patient being unknown, the identification band should state:

1. Emergency No.
2. UHID/ CR No./ IP No.
3. Gender
4. Approximate Age
5. Ward or Location

As more information becomes available the identification band must be updated.

Unknown/ unconscious patients:

For unknown and unconscious patients (such as trauma patients), identification is made by resuscitation or emergency staff until a unique identification has been made.

Theatre/ Sedated Patients:

Patient identification is confirmed by theatre staff prior to being anaesthetized. A member of this team identifies the patient prior to the medical/ surgical exposure.

AllMSGHY Hospital POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS	Doc No.	E/NABH /AllMSGHY/AAC05/COP06/ 22
	Issue No.	01
	Rev. No.	00
	Date	29/04/2026

Identification of patient in the OPD:

Patient who visits OPD are identified by full name and age/date of birth verbally. No ID band in OPD

Transfer between patient care areas like wards, ICU etc.:

Patient who are transferred from one patient care area to another should have their ID band checked as part of their admission/ transfer process. If details are incorrect/ missing they must be given a new ID band with the correct details and the old one must be removed, an incident form must be completed. Do not write over the old ID band.

Blood Transfusion:

The bedside check is vital to prevent transfusion error.

Two practitioners are responsible for correct identification of patient

- a) Check verbally
- b) Check ID band

If it is not sure-DO NOT give blood until patient has an accurate ID band

Maternity:

Mother's ID band must include all details as per policy

Baby's ID band:

Two ID band should be applied to two separate baby limbs and checked daily. Information to be read:

First ID band:

Mother's name of the baby

UHID No. of mother

Date & mode of Delivery

Second ID band:

Baby's gender followed by mother's full name

Baby's UHID number

Date & Time of Birth

The mother confirms the details with the nursing officer. Following delivery, the ID band is applied to the baby's ankle.

AIIMSGHY Hospital POLICY & PROCEDURE FOR IDENTIFICATION OF PATIENTS	Doc No.	E/NABH /AIIMSGHY/AAC05/COP06/ 22
	Issue No.	01
	Rev. No.	00
	Date	29/04/2026

On discharge the nurse removes the First ID band and the details checked with the mother. The second ID band is left with the baby to be removed by mother at home.

No baby is found without wearing an ID band even at discharge.

Patient who does not wear ID band:

There are some situations where a patient may not wear ID band:

- The patient refuses to wear the ID band
- The patient is allergic/having skin irritation
- The patient removes the ID band

The patient **MUST** be informed of the potential risk of not wearing the ID band. This discussion and the reason for not wearing the ID band **MUST** be documented in the patient record.