

RCH Policy and Procedure Manual

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Unknown Patients - Identification and Blood Provision

1. Purpose	Policy number	9985
	Category	Continuum of Care
	Policy type	Policy
	Revision	0 (view history)
	Approved	15-Aug-2006
	Approved by	Clinical Leadership Team
	Next review	14-Aug-2009
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	Please remember to read the disclaimer.	
1.	To provide an emergency identification system for unknown patients in order to: <ul style="list-style-type: none"> · Provide robust and unique identification in the setting of unknown patients · Ensure laboratory specimens meet minimum labelling requirements in the setting of multiple unknown patients 	
2.	To provide a system for safe issue of urgent blood products to unknown patients whose identity may change (i. e. become identified during the blood provision process).	
3.	To ensure patients given an unknown identity do not have their identity updated until at least 24 hours post admission; and at a non critical time for the patient and with the approval of the hospital incident controller in the hospital incident management centre in the event of a code brown.	

2. Definition of Terms

ED - Emergency Department

PICU - Paediatric Intensive Care Unit

HIS - Health Information Services

Blood and blood products - red cell products, platelet products, fresh frozen plasma and cryoprecipitate.

Unknown patient record - a pre-prepared medical record with an assigned 'Emergency Identity' for unknown patients.

ED will provide the following number of unknown patient records:

- In PICU - 10 male and 10 female
- In ED - 100 male and 100 female

Non Critical Time - a time when the patient is not going to theatre/radiology, and has no immediate need for blood products.

3. Responsibility

3.1 Ward Clerks and HIS Staff

- to ensure unknown patient records are available in ED and PICU
- to register unknown patients under their "Emergency Identity" as soon as possible.
- to ensure that merging of Medical Records (in the setting of an unknown patient) takes place only under the circumstances detailed in this document.

3.2 Medical Officers and Division 1 Registered Nurses

- to ensure unknown patients admitted to RCH are assigned an 'Emergency Identity' and labelled with two 'Emergency Identity' wristbands.

3.3 Division of Laboratory Services Staff

- to issue blood products to the patient as identified by the crossmatch sample.

4 Identification Procedure

4.1 'Emergency Identity'

An emergency identity consists of

- Assigned first name - derived from the phonetic alphabet eg. BRAVO
- Assigned last name - a spelled out 'alpha' number from ONE to NINETY NINE (excluding THIRTEEN)
- Gender
- UR (non sequential)

Eg.
UNK TWENTYONE
BRAVO MALE
UR 1593357

UNK THREE
DIXIE FEMALE
UR 9545682

4.2 Alias Names (assigned first and last names)

There are twenty six 'first' names each beginning with a different letter and they will cycle in alphabetical order.

The combination of ninety-eight 'alpha last names and twenty six cycling first names provides 2548 first name/ last name alias combinations.

By using alias names that rarely recycle and UR numbers that are unique, patients can be 'identified' unambiguously, even in the absence of their true identity, and the use of problematic identification such as 'unknown male/female' can be avoided.

The twenty-six alias first names are:

Alpha	November
Bravo	Ochre
Corsa	Papa
Dixie	Quebec
Echo	Rift
Foxtrot	Sierra
Golf	Tango
Hotel	Uniform
Indigo	Vatu
Judo	Whiskey
Kilo	Xebec
Lima	Yard
Mondo	Zeta

4.3 Emergency Identity Wristbands

Two emergency identity wristbands should be attached to the patient and remain on the patient for at least 72 hours or until discharge. Wristbands removed to allow access for a procedure must be replaced

4.4 Patients given an unknown identity must not have their identity updated until at least 24 hours post admission and at a non critical time for the patient and with the approval of the hospital incident controller in the hospital incident management centre in the event of a code brown. When the patient's identity becomes known and the above criteria are met:

- The computer record is updated
- Labels with updated ID are printed
- 'Emergency Identity' labels are discarded
- Two regular wristbands with updated details are attached to the patient (in addition to the original identifying wristbands)

4.5 Laboratory results/reports

The laboratory computer system is programmed such that laboratory results/reports are issued with the patient details under which the specimen was collected.

5. Blood Provision Procedure

5.1 Issue of blood products to patients with an 'Emergency Identity'

Blood and blood products are issued to the patient details as specified on the crossmatch request form and blood specimen tube. When a crossmatch specimen labelled with an 'Emergency Identity' is processed by the laboratory, blood products will be issued to the 'Emergency Identity'.

To pick up blood products from the blood bank take a Blood Bank Release Order with emergency ID label attached.

5.2 Issue of blood products when the patient's identity has changed.

Once a patient's identity has changed, a new blood sample must be taken if the patient requires blood products. This ensures the blood bank release the 'right blood product to the right patient', preventing transfusion errors

6. Patients with a previous Medical Record

If the patient is found to have a previous Medical Record - the Medical Records and UR numbers may be merged at a non-critical time for the patient. This will be at least 24 hours after admission. The ward clerk may instigate merging of records (performed by HIS) during business hours after confirming with the patient's treating physician that timing is non-critical. In the event of a code brown the hospital incident controller must approve the update. The following HIS staff may be contacted to arrange merging of records:

- Sue Stubbings, Clerical Supervisor, Extension 6114
- Cameron Barnes, Manager, HIS, Extension 6106
- Kathy Cassin, Deputy Manager, HIS, Extension 6104
- Helen Moore, Health Information Manager, Extension 6134
- Fiona Brown, Clerk, Extension 4745.

If further blood products are required after merging, a new specimen will need to be collected and labelled with updated details and a new crossmatch performed.

7. Patients without a previous medical record

When the patient becomes identified and demographic details are updated, the UR assigned with the 'Emergency Identity' will be retained.

8 Companion Documents

Emergency Blood Release, Reference BB-P-025 (Blood Transfusion web site http://www.rch.org.au/bloodtrans/issue.cfm?doc_id=5845)

9. References

Topics in Transfusion Medicine, Australian and New Zealand Society of Blood Transfusion, November 2003, Vol 10, No 2. Protocols for 'identifying unidentified trauma patients who need emergency transfusion. Page 17-19.

Royal Melbourne Hospital - Emergency Department policy for 'Unidentified Persons'

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