Name of Policy:	Patient Identification Verification- Order Verification	THE UNIVERSITY OF TOLEDO
Policy Number:	3364-136-01-11	MEDICAL CENTER
Department:	Pulmonary Services	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Director, Pulmonary Services	
Scope:	The University of Toledo Medical Center Pulmonary Services Department	Effective Date: 08/14/2023 Initial Effective Date: April 10, 1982
New policy proposal Minor/technical revision of existing policy Major revision of existing policy x Reaffirmation of existing policy		

(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. 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.

Policy 3364-136-01-11 Patient Identification Verification- Order Verification Page 2

Approved by:		Review/Revision Date: 03/30/1993
/s/ Michael Taylor Director, Pulmonary Services	8/11/2023 Date	06/11/1996 07/30/1998 10/04/1999 06/23/2001 02/17/2004
/s/	8/15/2023	08/28/2006
Shahnaz Rehman, M.D. Medical Director	Date	- 01/08/2008 04/13/2009 03/09/2011 08/20/2012
/s/	8/14/2023	03/01/2016 04/02/2019
Russell Smith Senior Hospital Administrator	Date	08/14/2023
Review/Revision Completed By: Director, Pulmonary Services		Next Review Date: 08/14/2026
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.