


Name of Policy: <u>Labeling Criteria</u> Policy Number: 3364-136-CBGL-04 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: March 15, 2023 Initial Effective Date: 4/1/2003
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

The Blood Gas Lab will establish guidelines for appropriate information needed for labeling blood gas samples.

(B) Purpose of Policy

To describe how to label samples for proper identification and to provide appropriate information to describe patient conditions under which samples are drawn (collected).

(C) Procedure

1. The specimen must be labeled with a patient ID sticker, using 2 (two) patient identifiers, as according to Hospital policy 3364-100-01-16. To ensure proper labeling and identification, this sticker must be placed on the syringe, in the patient's room (not out of the room). The patient identification sticker must include the patient's name, identification number, the date, and collection time, and the inspired oxygen. For patients on mechanical ventilation, the mode of ventilation, and minute ventilation will also be included on another sticker. In order for the sticker to remain legible, it may also be placed on the outside of the same ice bag as the syringe. Reasonable efforts will be made to obtain all required information regarding ventilator settings and supplemental oxygen delivered.
2. The initials of the person that obtained the sample must also be included on the label.
3. The Laboratory must have electronic or written confirmation of all orders prior to testing.
4. If any of the above-described labeling procedures are not followed, the sample will not be analyzed. The person drawing the sample will be notified so that proper procedure may be followed for other samples.

<p>Approved by:</p> <p><u>/s/</u> <u>3/28/2023</u> Michael Taylor MSEd, RRT Director, Pulmonary Services Date</p> <p><u>/s/</u> <u>3/29/2023</u> Lauren Stanoszek, MD Medical Director Date</p> <p><u>/s/</u> <u>3/31/2023</u> Russell Smith B.S. Pharm D, MBA, BPS Senior Hospital Administrator Date</p> <p><i>Review/Revision Completed By: Director, Pulmonary Services</i></p>	<p>Review/Revision Date:</p> <p>12/15/2004 11/17/2005 12/06/2006 04/17/2007 02/25/2008 02/12/2009 04/28/2010 02/23/2011 04/11/2012 03/01/2014 03/01/2017 02/12/2019 03/01/2021 03/15/2023</p> <hr/> <p>Next Review Date: March 2025</p>
<p>Policies Superseded by This Policy:</p>	

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