



## GUIDELINE

# Identification of the Infant

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

## Aim

To ensure each infant admitted to the neonatal units at PCH and KEMH have two correctly labelled identibands checked, verified, and secured.

## Risk

Inadequate labelling and verification procedures increases the risk of an infant being incorrectly identified. Each infant at KEMH and PCH should have two identibands (ID Bands) attached from admission to the unit.

## Procedure on admission

On admission the accepting nurse with the transfer nurse is to verify that there are 2 infant ID bands attached to the infant with the 3 approved patient identifiers:

- Unique Medical Record Number (UMRN)
- Surname (first name not used routinely in newborn period)
- Date of birth (DOB)

**Note:** If an infant is not able to be given its own **white labels with 3 identifiers** before going to the neonatal unit from labour and birth suite, then the Mother's label with **'infant of'** is written on the Mother's label and placed in a clear band. This alerts the accepting staff that the infant needs its own UMRN and the ID band changed as soon as registered.

Extra care should be taken with preterm infants where it may be more difficult to apply labels due to multiple lines or fragile skin.

On Ward 3B for NETS WA retrievals and emergency admissions via ED it may also be necessary to hand write labels with 3 patient identifiers until printed ID labels are available.

## Procedure Matching

Patient identification is to be checked and verified with the three identifiers prior to the following:

- All care/therapy including administration of formula and breast milk/PDHM
- All investigations including collection of pathology specimens and radiological investigations
- Medication administration
- Blood product administration
- Transfer and discharge

## Clinical Handover

Patient identification is to be checked and verified with the three identifiers at clinical handover.

At shift-to-shift nursing clinical handover also check that 2x ID bands are secured

Refer to [Clinical Handover \(Neonatology\)](#) and [Patient/Client Identification \(CAHS Policy Manual\)](#)

## Missing or Incorrect Identibands

- If at any time an infant is found to be without any ID bands or incorrect identification, the identity of all infants present in the area must be verified.
- The shift coordinator is to be notified immediately.
- The identity of all the infants in the area (nursery) must be checked and verified.
- Only when the identification of the infant has been confirmed, may a replacement ID band that has been checked by 2 nurses be placed on the baby.

## Similar Names

- Where there are two or more infants with the same or similar names, in the same area, use "Caution Patient with Same Name" stickers on patient lists, and ALL request forms.
- Extra caution is needed with same sex multiple births especially prior to first names being given.

## Name changes after initial registration

It may be necessary to repeat certain laboratory investigations in the event of a change to surname or admission of first name. For example cross-match for TMU.

## Neonatal Identification while creating photographic memories

A camera is available in each nursery for staff to take photos of infants for parents. If a photo is not to be immediately printed by the staff member taking the photo the following process must take place: The infant's cot card is to be placed next to the infant and included with the photo. This ensures when loading photos onto a disc or USB for parents the correct series of photos are uploaded.

### Related CAHS internal policies, procedures and guidelines

[Patient/Client Identification \(CAHS Policy Manual\)](#)

[Clinical Incident Management \(CAHS Policy Manual\)](#)

[Clinical Handover \(Neonatology Clinical Guidelines\)](#)


[Blood and Blood Products: Administration \(Neonatology Guidelines\)](#)

### References and related external legislation, policies, and guidelines

[Patient Identification](#) (WNHS Policy)

Australian Commission on Safety and Quality in Health Care – [Patient Identification](#)

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatology Coordinating Group		
Date First Issued:	October 2013	Last Reviewed:	July 2023
Amendment Dates:	March 2025 procedure expanded and hyperlinks updated	Next Review Date:	July 2026
Approved by:	Neonatology Coordinating Group	Date:	25 <sup>th</sup> July 2023
Endorsed by:	Neonatology Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1,10		

Printed or personally saved electronic copies of this document are considered uncontrolled



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital