



Moreover, after weighing advantages and drawbacks, labeling blood collection tubes before and not after venipuncture may be considered a safer practice for safeguarding patient safety and optimizing phlebotomist’s activity” Lippi et al (2017).

Abstract:

Identification errors have emerged as a critical issue in health care, as testified by the ample scientific literature on this argument. Despite available evidence suggesting that the frequency of misidentification in vitro laboratory diagnostic testing may be relatively low compared to that of other laboratory errors (i.e., usually comprised between 0.01 and 0.1% of all specimens received), the potential adverse consequences remain particularly worrying, wherein 10-20% of these errors not only would translate into serious harm for the patient, but may also erode considerable human and economic resources, so that the entire healthcare system should be re-engineered to act proactively and limiting the burden of this important problem. The most important paradigms for reducing the chance of misidentification in healthcare entail the widespread use of more than two unique patient identifiers, the accurate education and training of healthcare personnel, the delivery of more resources for patient safety (i.e., implementation of safer technological tools), and the use of customized solutions according to local organization and resources. Moreover, after weighing advantages and drawbacks, labeling blood collection tubes before and not after venipuncture may be considered a safer practice for safeguarding patient safety and optimizing phlebotomist’s

activity.

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Reference:

Lippi, G., Mattiuzzi, C., Bovo, C. and Favaloro, E.J. (2017) Managing the patient identification crisis in healthcare and laboratory medicine. *Clinical Biochemistry*. February 5th. .

doi: 10.1016/j.clinbiochem.2017.02.004.

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