

PATIENT SAFETY PROTOCOLS

1. Patient Identification

Two patient identifiers must be used before any procedure, medication administration, or specimen collection. Acceptable identifiers include full name, date of birth, medical record number, or photograph. Room number is never an acceptable identifier. Identification bands must be verified at every encounter.

2. Fall Prevention Program

All patients must be assessed for fall risk upon admission and with any change in condition. High-risk patients require bed alarms, non-slip footwear, and frequent monitoring. Call lights must be within reach at all times. Environmental hazards must be identified and corrected immediately. Fall incidents must be reported within 24 hours.

3. Infection Control Standards

Hand hygiene must be performed before and after every patient contact. Standard precautions apply to all patients regardless of diagnosis. Contact, droplet, and airborne precautions must be implemented as indicated. Healthcare workers with communicable illnesses must not provide direct patient care.

4. Medication Safety

The five rights of medication administration must be followed: right patient, right drug, right dose, right route, right time. High-alert medications require independent double verification. Look-alike sound-alike medications must be stored separately. Medication errors must be reported immediately through the incident reporting system.

5. Surgical Safety Checklist

Time-out procedures must be performed before every surgical procedure. Verification includes correct patient, correct procedure, correct site, and correct position. Site marking must be performed by the operating surgeon. All team members must participate in the safety checklist.

6. Pressure Injury Prevention

Skin assessments must be performed on admission and daily thereafter. Patients at risk require repositioning every two hours. Pressure-relieving devices must be used for high-risk patients. Nutrition and hydration status must be optimized. All pressure injuries must be staged and documented.

7. Restraint and Seclusion

Restraints are used only as a last resort when less restrictive measures have failed. A physician's order is required within one hour of application. Continuous monitoring is required for all restrained patients. Restraints must be removed at the earliest possible time. Documentation must include justification and patient response.