During a two-week old newborn’s surgical admission process, the baby’s mother asked to wear an identification bracelet with her baby’s name, similar to that which she had been given during her maternity stay. The locked maternity unit, so recently experienced by the new mother, has all the security advantages needed to protect vulnerable newborns. Our open, bustling, pre-op unit, crowded with staff, patients and visitors, offers none of the same safety measures.

Because of the mother’s request, I promised to find a more secure way to identify pediatric patients with their caregivers. Thus began my pursuit of a double-banding identification process to connect pediatric patients to their parents/caregivers/guardians. A review of literature revealed two sources. Further investigation consisted of conducting a national survey of hospitals’ pediatric identification practices utilizing ASPAN’s “Ask an Expert” link, attending an ASPAN pediatric conference and consulting a pediatric surgeon.

My research validated the benefits of double-banding. Parents/caregivers/guardians feel an increased sense of security as they are purposefully identified and linked to their children. Matching armbands are confirmed in each perianesthesia unit. When multiple visitors accompany a patient, identification bracelets allow staff to identify the adult(s) who should receive teaching.

Implementing a policy for double-banding pediatric patients under the age of seven has resulted in increased patient satisfaction as parents/caregivers/guardians feel that security is enhanced. The double-banding policy has been a positive safety initiative for our department.