KINGDOM OF SAUDI ARABIA

Ministry Of Health

General directorate of Health Affairs AL-Baha

Mayyara General Medical Complex

المملكة العربية السعودية

وزارة الصحة

المديرية العامة للشئون الصحية بمنطقة الباحة

مجمع ميارا الطبي العام

☐ ADMINISTRATE POLICY & PROCEDURE (APP)	☐ INSTITUTIONAL POLICY & PROCEDURE (IPP)
	☐ INTERDEPARTMENTAL ☐ INTERNAL
TITLE	POLICY NUMBER/V#
No Name Policy	MMC – POC – 10 (01)
INITIATED DATE	EFFECTIVE DATE	REVISED DATE
02/08/2025	01/09/2025	01/08/2028
REPLACES NUMBER	NO. OF PAGES
N/A	04
APPLIES TO	RESPONSIBILITY
All staff	All departments must adhere strictly to this policy.

1. Purpose

The purpose of this policy is to ensure that unidentified or unconscious patients who arrive without any form of identification are safely and consistently assigned a temporary unique identity, allowing immediate care while preventing patient misidentification and record duplication.

2. Scope

This policy applies to all healthcare staff involved in the admission, registration, treatment, and documentation of unidentified patients — including those in Emergency Departments, Critical Care, and Inpatient units.

3. Policy Statement

All unidentified patients must be assigned a unique temporary identifier at the time of admission to ensure proper documentation, continuity of care, and patient safety until a confirmed identity is established.

4. Procedure

4.1 Temporary Identification Creation

Upon arrival of an unidentified patient, registration staff shall create a temporary patient record in the hospital information system using the designation 'No Name' followed by a unique serial number (e.g., No Name 001, No Name 002). The system must automatically generate a unique Medical Record Number (MRN). Example: No Name – Male 001.

KINGDOM OF SAUDI ARABIA

Ministry Of Health

General directorate of Health Affairs AL-Baha

Mayyara General Medical Complex

المملكة العربية السعودية

وزارة الصحة

المديرية العامة للشئون الصحية بمنطقة الباحة

مجمع ميارا الطبي العام

4.2 Gender and Estimated Age

Record the gender and estimated age range (e.g., 'Adult Male ~35 years') based on medical assessment. These attributes assist in clinical decision-making until verified identity is confirmed.

4.3 Wristband / Identification Band

An identification wristband shall be immediately printed and affixed to the patient. The band must display: temporary name, MRN, estimated age, and date/time of admission. The wristband color and format must be consistent with hospital identification standards

4.4 Photograph and Physical Description

If possible, take a digital photograph (headshot only) and record brief distinguishing physical features (e.g., scars, tattoos, birthmarks) in the electronic health record, in accordance with privacy and legal standards

.

4.5 Update Upon Identification

Once the patient's identity is confirmed, the registration department shall verify supporting documents (e.g., Saudi ID, Iqama, family card), update the patient's demographic information, maintain a cross-reference log of temporary and permanent identifiers, and reissue a new wristband with the correct details

4.6 Documentation

All actions related to the 'No Name' patient — including admission, treatment, and identification verification — must be clearly documented in the patient record. Incident reports must be filed for any errors in identification.

4.7 Deceased Unidentified Patients

If a patient remains unidentified at the time of death, the case must be reported immediately to Security and the appropriate legal authority (Police, Forensic Medicine Department) per MOH regulations. All identification materials must remain in place until legally authorized removal.

5. Responsibilities

Role	Responsibility
Registration Staff	Create temporary 'No Name' record and ensure identifiers are correct and visible
Emergency Department Staff	Ensure wristband is applied and patient is continuously tracked
Nursing Staff	Verify identifiers before all procedures and documentation
Medical Records / Health Information Dept.	Manage identifier update and ensure data integrity when identity is confirmed.
Security Dept.	Support coordination with police or external authorities if needed.

KINGDOM OF SAUDI ARABIA

Ministry Of Health

General directorate of Health Affairs AL-Baha

Mayyara General Medical Complex

المملكة العربية السعودية
وزارة الصحة
المديرية العامة للشئون الصحية بمنطقة الباحة
مجمع ميارا الطبي العام

6. Compliance

All departments must adhere strictly to this policy. Quarterly audits of 'No Name' patient records will be conducted to ensure compliance. Any deviation or identification error must be reported immediately to the Quality & Patient Safety Department for investigation.

7. References:

7.1 Ministry of Health (MOH), Saudi Arabia. Patient Identification Policy and Procedures Manual.

7.2 Central Board for Accreditation of Healthcare Institutions (CBAHI). National Standards for Hospitals (2022–2024), IPSG.1 – Patient Identification.

7.3 Joint Commission International (JCI). International Patient Safety Goals (IPSG.1): Identify Patients Correctly.

7.4 World Health Organization (WHO). Patient Safety Solutions, Solution 2: Patient Identification.

8. Approved

APPROVALS & REVIEWS:			
Prepared By	Title	Date	Signature
Marwa Abdelmoneim Bagdadi	General Physician	02-08-2025	
Reviewed By			
Dr. Mostafa Mohammed Osman	Quality Director	02-08-2025	
Approved By			
Dr. Abdulmajeed Abdullah Saleh	Medical Director	02-08-2025	
Eng. Meshaal Hussein Alghamdi	Executive Director	02-08-2025	