

## FAQs about Color-coded Alert Wristbands

**Q#1.** In the past, we never used wristbands. Why should we consider it now?

**A.** While there is much discussion regarding the issue of “to band or not to band,” a literature review to date has not identified a better intervention conclusively. One may say, “In the good old days, we just looked at the chart and didn’t band patients at all.” However, those days consisted of a workforce base that was largely core staff employed by the hospital. Now, an increasing number of healthcare providers are not hospital-based staff, so it is imperative that current processes take this into consideration.

**Q#2.** We don’t use wristbands for DNRs at this hospital. Why should we consider adopting this?

**A.** Wristbands are used in many hospitals to communicate an alert. Registry staff, travelers, non-clinical staff, etc. may be unaware of where to look in the medical record if they are new to your hospital. By having a wristband on the patient, a quick warning is communicated so anyone can know about this alert. It is also a means to communicate to the family that we are clear about their end-of-life wishes. By not having a band on the patient, errors of omission could potentially result.

**Q#3.** Why not use Blue for DNR?

**A.** The workgroup considered the work in Pennsylvania, where blue is used to standardize DNR, and Arizona and the 11 additional states that have subsequently adopted purple to standardize DNR, and the rationale behind their decisions. It also took into consideration that the standardized hospital emergency codes, which were first recommended for use in Florida in 2003, utilize a call of “Code Blue” to summon the resuscitation team. By also having the DNR wristband as “no code,” there was potential for confusion. “Does blue mean we code or do not code?” To avoid creating any second-guessing in this situation, the decision was made to adopt the same guideline as in the majority of states – purple to designate DNR.

**Q#4.** Why didn’t you select Green for DNR?

**A.** Again, we considered this color as well; however, due to color-blindness concerns, it was decided to avoid it altogether. Also, in other industries, the color green often has a “Go Ahead” connotation, such as traffic lights. We again want to avoid any possibility of sending “mixed messages” in a critical moment.

**Q#5.** So, if we adopt the purple DNR wristband, then do we still need to look in the chart?

**A.** Yes. Code status can change throughout a hospitalization. It is important to know the current status so the patient’s and family’s wishes can be honored. Always validate that there is an order by a physician for the DNR designation.

**Q#6.** Why did you select red for Allergies?

**A.** Red was selected because the October 2007 survey indicated that 56% of hospitals that use a wristband to signify allergies have selected red. Red also is the color selected in all 12 states that have already adopted standardized colors. It makes sense to continue with a color that is already established in Florida and well on its way to becoming a national standard.

**Q#7.** Besides that, are there any other reasons for using red for Allergies?

**A.** Yes, there are. Research of other industries tells us that red has an association that implies extreme concern. The American National Standards Institute (ANSI) has designated certain colors with very specific warnings. ANSI uses red to communicate “Stop!” or “Danger!” We think that message should hold true for communicating an allergy status. When a caregiver sees a red allergy alert band, he/she is prompted to “STOP!” and double check if the patient is allergic to the medication, food, or treatment he/she is about to receive.

## FAQs about Color-coded Alert Wristbands continued

**Q#8.** Do we write the allergies on the wristband, too?

**A.** No - it is our recommendation that allergies be written in the medical record according to your hospital's policy and procedure. We suggest allergies not be written on the wristband for several reasons:

1. Legibility may hinder the correct interpretation of the allergy written on the wristband.
2. By writing allergies on the wristband, someone may assume the list is comprehensive. However, space is limited on a wristband. The risk is that some allergies would be inadvertently omitted – leading to confusion or missing an allergy.
3. Throughout a hospitalization, allergies may be discovered by other caregivers, such as dietitians, radiologists, pharmacists, etc. This information is typically added to the medical record and not always a wristband. By having one source of information to refer to, such as the medical record, staff of all disciplines will know where to add newly discovered allergies.

**Q#9.** Why is a separate standardized color to designate latex allergy not part of the recommendation?

**A.** There was concern that, if too many standardized colors were used, staff would have difficulty remembering all of them. With red used to alert staff to the patient having an allergy, it will prompt them to confirm the allergy with the patient and/or check the medical record regardless of the specific type of allergy the wristband is used to designate.

**Q#10.** Does this mean we can no longer use red or "R" on bands to designate blood bank information?

**A.** No, although it is important to thoroughly educate staff about the difference between your current blood bank bands and any newly implemented red bands to designate allergies. This is another reason text is recommended to be placed on the red bands to designate "Allergy Alert" or "Allergy" as another way to differentiate these two bands. The product decision made by your hospital should consider the style and hue of red used for current blood bank wristbands and make sure new products implemented to designate allergy are easily differentiated from blood bank bands.

**Q#11.** Why did you select yellow for Fall Risk?

**A.** Our research of other industries tells us that yellow has an association that implies "Caution!" Think of the traffic lights; proceed with caution or stop altogether is the message. The American National Standards Institute (ANSI) has designated certain colors with very specific warnings. ANSI uses yellow to communicate "tripping or falling hazards." It fits well in healthcare, too, when associated with a Fall Risk. Caregivers want to be alert to and use caution with a person who has a history of previous falls, dizziness or balance problems, fatigability, or confusion about his/her current surroundings.

**Q#12.** Why even use an alert band for Fall Risk?

**A.** According to the Centers for Disease Control and Prevention (CDC), falls are an area of great concern in the aging population.

1. More than a third of adults aged 65 years or older fall each year.
2. Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes.
3. Of those who fall, 20% to 30% suffer moderate to severe injuries that reduce mobility and independence, and increase the risk of premature death.
4. The total cost of all fall injuries for people age 65 or older in 1994 was \$27.3 billion (in current dollars).
5. By 2020, the cost of fall injuries is expected to reach \$43.8 billion (in current dollars).
6. Hospital admissions for hip fractures among people over age 65 have steadily increased, from 230,000 admissions in 1988 to 338,000 admissions in 1999. The number of hip fractures is expected to exceed 500,000 by the year 2040.
7. As the aging population enters the acute care environment, consideration must be given to the risk that is present and do everything possible to communicate that to hospital staff.

*"Patient safety is sound clinical practice"*

## FAQs about Color-coded Alert Wristbands continued

**Q#13.** What is an organization to do if it uses the Broselow color-coding system for pediatrics?

**A.** If your facility uses wristbands for pediatric patients that relate to the Broselow color-coding system for pediatric resuscitation carts, consider the potential for confusion between the Broselow bands (which are most likely used in the Emergency Department, Pediatrics, and Neonatal Intensive Care) and the other color wristbands your facility uses.

We don't believe this system conflicts with the recommendations of this project. The colors and bands used for the Broselow-Luten system are clearly identified and used for broadly-defined conditions for pediatric emergency treatment that should be easily differentiated from bands used for Allergy, Fall, or DNR as part of this project. As recommended when any other color-coded processes are used in a healthcare setting, staff and patient education is imperative and a discussion about any color-coded products or systems used should be included in any education provided related to this initiative as well.

**Q#14.** Who decided on these colors?

**A.** The Florida project is modeled after the original work by Arizona, which has subsequently been adopted in a series of other states. By adhering to this model, we hope eventually to see standardized colors across all states.

For questions or comments regarding this project, please direct to:

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