

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 most OR 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, a quick warning is communicated so anyone could know about this alert. Additionally, 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, errors of omission could potentially be created.

Q#3. Why not use Blue for DNR?

A. At first we considered blue as an option. However, a survey of OR hospitals indicated some hospitals call a code by announcing “Code Blue.” By also having the DNR wristband as “no code” there was the potential to create confusion. “Does blue mean we code or do not code?” To avoid creating any second guesses in this critical moment, we opted to not use blue.

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. 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. Green is currently being used to indicate a trauma patient in some hospitals.

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 families 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 due to the results of a Nov. 2006 survey conducted with Oregon hospitals that indicated one out of three hospitals already use the color red. It just made sense to continue with an established color.

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

A. Yes there are. Our 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 they are prompted to “STOP!” and double check if the patient is allergic to the medication, food, or treatment they are about to receive.

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 make hinder the correct interpretation of the allergy listed;
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

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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 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 with yellow lights. 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 would want to know to be on alert and use caution with a person who has history of previous falls, dizziness or balance problems, fatigability, or confusion about their current surroundings.

Q#10. 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. According to the CDC,

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) 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.
6. The number of hip fractures is expected to exceed 500,000 by the year 2040.

As the aging population enters the acute care environment, one must consider the risk that is present and do all possible to communicate that to hospital staff. For more information about falls and related statistics, go to: <http://www.cdc.gov/ncipc/factsheets/fallcost.htm>

Q#11. Who decided on these colors?

A. The Oregon project is modeled after the original work by Arizona and the experience of the WRAPS group. The consensus of Oregon hospitals was to add a pink wristband to indicate restricted extremity. A total of four colors for patient wristbands will be standardized throughout the state for those hospitals using color-coded wristbands.

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