East London NHS
NHS Foundation Trust

Service User Identification Procedure

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Version Control Summary

Version	Date	Author (s)	Status	Comment
0.1	January 2008	Mathew Sam – Clinical Records Development Manager with input from Health Care Governance Committee, Clinical Risk Group and IG Steering Group	Draft	Taken to the Health Records Development Group, IG Steering Group and the Health Care Governance Committee for consultation
0.2	August 2008	do	Draft	Amendments made after consultation with the Clinical Risk Group
1.1	September 2008	do	Final Draft	Amendments made after receiving comments from the HCGC (September 2008)
1.2	October 2008	do	Final Draft	Minor amendments made following discussions with the Associate Medical Director and the Director of Information
1.3	November 2008	do	Final	Approved by the Health Care Governance Committee

1.4	May 2009	Chris Kitchener – Information Governance Manager	Final	Requirements on ethnic naming conventions required under Connecting for Health's Information Quality Assurance Programme added. Annex on standard naming conventions added. Approved by the IGSG May 2009
1.5	March 2010	Mathew Sam, Clinical Records Development Manager	Final	Additional guidance included following the introduction of Personal Demographic Service (PDS). Approved by the IGSG – March 2010.
1.6	March 2013	Mathew Sam, Clinical Records Development Manager	Final	Policy renewed as part of annual revision. Minor corrections made to reflect other policy names referred in the Procedure.

Contents

1.0 Background:

- Misidentification of service users is increasingly recognised as a widespread problem within healthcare organisations and the National Patient Safety Agency has recognized misidentification as a significant risk within the NHS (Safer Practice Notice 11, 22 November, 2005.). The extent to which it happens is widely underestimated by clinical staff, who may be unaware that a misidentification has occurred.

- **Patient misidentification can lead to various serious outcomes for patients including:**
  - Administration of the wrong drug to the wrong patient
  - Performance of the wrong procedure on a patient
  - Serious delays in commencing treatment on the correct patient, for example, mislabelling of an abnormal blood, or other sample
  - The patient being given the wrong diagnosis
  - The patient receiving inappropriate treatment.

- Correct patient identification poses a challenge because of the number of interventions that are carried out, ranging from drug administration and phlebotomy to procedures such as Electro Convulsive Therapy (ECT). Furthermore, interventions occur in a variety of locations and are provided by large teams of clinical staff, many of whom may work shifts. Patients, at the time of admission to an inpatient or residential unit, or on first contact with a community team, can be distressed, frightened or confused and struggle to make clear their personal details. People who have any kind of barrier to verbal communication may not be able to respond to questions in relation to their identity.

- Staff must also be aware that some people might, either deliberately, or inadvertently, mislead staff by giving a false identify, and staff must not rely on patient self-identification as the sole means of patient identification. It is the responsibility of all clinical staff to ensure that all interventions are carried out with care and caution and to ensure that they give the **Right Treatment** to the **Right Service User** at the **Right Time** and **On every Occasion**.

2.0 Purpose of this Procedure:

- This procedure sets out the protocol and best practice guidelines for staff to follow in order to ensure that all care delivered by them are of a safe and therapeutic nature and that all those who use the Trust's services are properly identified prior to any care, treatment or interventions taking place. This procedure should be read in conjunction with the Trust's Health Records Policy, Medicines Policy, Policy for the Management of Incidents and the Information Governance & IM & T Security Policy.

3.0 Responsibilities:

- Service Managers are responsible for ensuring that their teams and their staff are aware of this procedure and that they are implementing it fully and correctly. Service managers will also ensure that failures in compliance with this procedure are investigated and that remedial action is taken to minimise the likelihood of any re-occurrence.

- All ward and team managers will ensure that all staff are aware of, and comply with, this procedure and will ensure that failures to comply with the procedure are reported and that any agreed remedial local actions are implemented in practice.

- All clinical and administrative staff are responsible for using the procedure correctly to ensure patient and staff safety.

4.0 The Procedure:

Correct patient identification begins with the patient's first contact with the service. It is the responsibility of all staff, both clinical and administrative, involved in receiving the service user to ensure that correct details are obtained and recorded and that any queries are highlighted and addressed.

- The first and most important step is to check carefully the patient's identity with the person themselves, whenever possible, asking them their name, date of birth and

address, GP details etc. If the patient is unable to give this information, then the person accompanying the patient to the ward or the appointment can be asked to confirm these details, which must be recorded immediately. If the patient is not fluent in English an interpreter must be obtained as soon as possible to ensure that the correct details are gathered and that a clinical assessment can be undertaken. If there are problems with identification and communication due to disability or sensory impairment then assistance from an appropriate professional, carer, family member or friend must be sought. Staff must always check the electronic patient system to verify previous registrations of the service user if any or to update the details in the system if required.

- Staff must ensure that the full birth-registered name of the patient is recorded. If this is not the same as the name that the patient likes to be known by, then this must be recorded. Caution must be used if there are known to be two or more people using a service who have the same name – for example, two John Smiths. Caution must also be exercised with those who use a variation of the same name, for example, there might be two Elizabeth Smiths, but one prefers to be called Betty and the other Liz. Staff must take all necessary precautions to ensure that the name is written in full on the front of the case note – whilst ensuring that a preferred name is also identified which must also be written in the from cover of the case note in the "Aliases" box. Staff must also ensure that the electronic system they use reflect names entered in the case notes. In this way staff can ensure the correct entry is being made about the correct person, in the correct set of notes and electronic systems used.

- Staff must ensure Connecting for Health's guidance on ethnic naming conventions is followed. Caution must be exercised in obtaining as much information as possible to support effective NHS number tracing whilst still considering the service user's sensitivity. For example a devout Sikh woman may be reluctant to use her last name, a Muslim woman may be reluctant to use her husband's name and younger Sikhs may use the Kaur and Singh religious names rather than the family name. Some naming conventions do not prescribe the order in which names are to be given. The service user should agree the order in which names should appear. Staff must ask the service user if the information given is the same provided to the GP practice, if they have been known by another name, how the name is spelt and whether it is a shortened version e.g. 'Bal' instead of 'Balbir'.

- All new patients should have their NHS number verified using the Patient Demographic Service (PDS) which is incorporated with the RiO system. Follow guidance from the PDS Policy and Procedure. Other non-Rio system users should use the Summary Care Record (SCR) to verify NHS number. Click the link to view the guidance to use SCR http://elftintranet/it_support_and_services/summary_care_records_scr.asp Details such as their date of birth can be confirmed at this point. If, at the point of admission, staff were unsure of the date of birth, but knew the patient's age, for example, 25 years and so recorded 01/01/1982 in the patient's notes and on the appropriate

electronic patient administration system, they must ensure that the correct date of birth is updated on to all records (electronic and paper) as soon as possible.

4.1 **The following steps can be taken to help to verify patient identity. All clinical services should be able to demonstrate that these measures are carried out to ensure services follow expected/safe practice.**

- When a patient has capacity, clinicians must request verbal confirmation of identity from the patient.

- It is not good practice to simply read the patient's details to them and allow them to passively agree with you. It is better to ask the patient to give their full details. If the patient does not have the capacity to identify him or herself, or is not fluent in English, the identification must be confirmed by another member of staff, family member or an appropriate person.

- In cases of children and young people, verification of the information provided must be verified by a parent, carer or social worker if they are looked after.

- **If the patient is not well known to the clinicians, patient identification must be confirmed prior to conducting the following procedures:**

  - Administration of medication
  - Obtaining blood samples or other specimens
  - Undertaking of any assessment, diagnostic test or physical examination
  - Undertaking of any interview
  - Undertaking of any clinical or other therapeutic interventions
  - Prior to the transfer of a patient to another ward, department or other hospital or care facility

- When two patients in the service or setting have the same name - or a similar name, for example Mr. Reed and Mr. Reid - an alert must be clearly marked on the medicine chart and on their case notes. Bright sticky labels must be used with an inscription **"Caution: service user with a same/similar name"** This label must be stuck in front of all medicine charts and case notes where necessary.

- The patient's date of birth must be recorded on all medication charts

- When taking blood or other samples from a patient, check verbally that the details of the patient matches the details on a fully completed pathology request form, especially if another member of the healthcare team has

completed the form. Label the samples taken from the patient straight away. The safest way is to label the bottles immediately after the sample has been taken and before leaving the patient.

4.2 The following measures must be considered within inpatient and residential units:

- At the commencement of every shift, the incoming nurse in charge and the outgoing nurse in charge must, whenever practicable, check all patients and introduce any newly admitted patients to the incoming nurse, stating their name and other key details. It is then the responsibility of the nurse in charge for the shift to ensure that all staff are aware of the identity of all patients and that, in particular, any bank or agency staff are introduced to each patient at the start of the shift.

- On an inpatient unit there should, ideally, always be one regular member of staff on duty who knows the patients. Where this is not possible due to sudden sickness the bleep holder or line manager must be informed.

- Consideration should be given to the need for an escort if a patient needs to attend for examination or treatment in another Trust department or with another care provider.

4.3 There may be occasions when it is deemed necessary for the patient to wear a wristband as a means of identification. For example, this may be considered appropriate if a patient is very confused, or if there are two patients with the same, or very similar, names. If a very confused or mute patient is undergoing serious medical treatment such as ECT and being administered an anaesthetic it might be judged necessary to use a wristband to ensure correct identification. If a wristband is used then the patients name must be printed in full together with their date of birth, RiO/hospital number and their NHS number.

4.4 Staff have a duty of care to ensure correct patient identification at all times.

5.0 Ongoing Identification of service users:

- Patient identification is an ongoing process and not something that happens only on admission or at first contact. At each contact staff must always take every effort to check the details of patients including name, address and key contacts including the GP to be sure they are treating the right person.

- Once the identity of the service user has been established with the treating team, ongoing checks must be carried out only when procedures and physical treatments listed above (see 4.1 above) are carried out.

- Where confirmation of identity is required, a judgment to verify service user identity will be taken by practitioners before proceeding as part of the engagement process i.e. comparing presenting information against the information known to the practitioner to confirm their identity. Any doubt about a service user's identity will result in further evidence being required before treatment can proceed.

- From time to time it will be the responsibility of managers of services to undertake spot checks of service user identity during periods of caseload management to ascertain that identity confirmation is taking place.

6.0 Mistaken identity – errors, incidents and near misses:

- If an error, incident or near miss due to mistaken identity occurs, this must be reported immediately to the person in charge of the service and an incident form completed and reported according to the Trust's Incident reporting system (Datix).

- Any error of identity must also be documented in the patient's notes accurately describing the error and detailing the action that was taken as a consequence.

- Any actual error must be explained to the patient involved and to relatives or carers, when appropriate and if the patient consents to this.

- The patient must be kept fully appraised of the action the staff have taken and any necessary future action.

- The ward or team manager must investigate the error, and consider, in consultation with appropriate senior clinicians and managers if necessary, what further actions and reporting steps need to be undertaken, commensurate with the nature of the error and the seriousness of the outcome.

- If there is an error, or near miss, in the administration of medication then the Medicines Policy of the Trust must be followed and the details of the error or near miss and the actions taken recorded in the patient's notes. This must also be reported as an incident via the Trust's incident reporting system (Datix). Please see the Trust intranet link for further details http://elftintranet/our_library/medicine_policies.asp

- Ward and team managers, in conjunction with their line managers, are responsible for the local audit of patient misidentification errors. All incidents must be discussed with the team involved and the relevant Modern matron. The Modern Matron or the Medicines Safety Group representative for the locality/directorate will present the action plan/out come at the Medicines Safety Group.

- In all case where service users identity has been mistaken and inappropriate treatment given, they must be informed and examined by a doctor (preferably one familiar with the service user) immediately to ensure their continuing health and well being.

7.0 Quality Monitoring:

- In addition to the regular audit of clinical records co-ordinated by the Trust's audit department, it will be the responsibility of local managers to randomly check service users records during periods of practitioner supervision to ensure that the standards identified are being adhered to where appropriate.

- The Information Governance Steering Group of the Trust will monitor all the audit and incident reports in connection with the service user misidentification on a quarterly basis. Monitoring reports and recommendations will be forwarded to relevant managers for local actions to improve service user identification process.

8.0 Relationship with other Policies:

- This policy should be read in conjunction with other related Trust policies i.e. Health Records Policy, Policy for the Management of Incidents, Information Governance & IM & T Security Policy, Medicines Policy, Personal Demographic Service (PDS) Policy and Procedure and is subject to the provisions of the Human Rights Act, Mental Health Act, Data Protection Act and other related national guidance and legislation which protects the rights of service users.

Annex I. Ethnic naming conventions

1. Hindu naming conventions

1. This is not a definitive list of names belonging to each religion and several names maybe used by multiple religious groups

2. This is not an exhaustive list.

3. There are exceptions to the basic system shown here.

4. The complementary name may be used together with the first name, often as a mark of respect or on formal occasions.

5. When the first and complementary names are used together, they may be written as one word (Arimadevi) or as two (Arima Devi).

6. New complementary names may be adopted at adulthood or marriage.

7. The Hindu subcaste name most often heard in Britain is Patel, a Gujarati Hindu name.

8. Some Hindus who disapprove of the caste system have dropped their last (sub caste) names, and may use their complementary names as surnames. For example, Naresh Lal Chopra may drop his subcaste (Chopra) and become Mr Lal.

First Name – Personal **MALE**	First Name – Personal **FEMALE**	Subcaste Name **Common in Britain**	Complementary Name **MALE**	Complementary Name **FEMALE**
(usually different male and female names – used by family and friends)		(Used like a British surname: adopted by female on marriage and shared by the whole family)		(Used with the first name)
Aditya	Anurada	Advani	Lal	Devi
Ajay	Arima			Agarwal
Amul	Aroti			Aiyar
Anand	Aruna			Amin
Anil	Asha			Anim
Anoop	Anita			Ashar
Arima	Anjula			Badheka
Arun	Ansuya			Basra
Ashok	Bakula			Bhanderia
Atma	Bimla			Bhatia
Bhasker	Bindoo			Bhutt

First Name – Personal **MALE**	First Name – Personal **FEMALE**	Subcaste Name **Common in Britain**	Complementary Name **MALE**	Complementary Name **FEMALE**
(usually different male and female names – used by family and friends)		(Used like a British surname: adopted by female on marriage and shared by the whole family)		(Used with the first name)
Bimal		Charulata		Chada
Binay		Daksha		Chinoi
Binoy		Ela		Chopra
Damodar		Gayatri		Chaudhury
Davinder		Geeta		Dasani
Devendra		Hansa		Desai
Dharamvir		Indira		Desphande
Dinesh		Jayashree		Dhokia
Ganesh		Jeyshri		Dholakia
Gopal		Jyoti		Gaikwad
Gopaal		Jyotsna		Ghosh
Govind		Kamla		Gohil
Gutam		Kanta		Gopal
Haree		Kiran		Gupta
Haresh		Kerti		Halai
Harmesh		Krishna		Heera
Jagdish		Lakshmi		Hirani
Jagil		Lalita		Jain
Jayant		Lata		Joshi
Jayanti		Latika		Kainth
Jayesh		Laxmi		Kapoor
Jayendra		Leela		Kazi
Jaynati		Leena		Kerai
Jitendar		Lopa		Khanna
Kanti		Madhavi		Koteja
Kapil		Mani		Kothari
Karam		Manjula		Kulkarni
Kiran		Meena		Kumar
Kishore		Mira		Lad
Kulwant		Mohini		Lakhani

First Name – Personal **MALE**	First Name – Personal **FEMALE**	Subcaste Name **Common in Britain**	Complementary Name **MALE**	Complementary Name **FEMALE**
(usually different male and female names – used by family and friends)		(Used like a British surname: adopted by female on marriage and shared by the whole family)		(Used with the first name)
Madav		Mukta		Lalwani
Magan		Nirmala		Lyer
Mani		Nimala		Malhotra
Naresh		Nirupa		Mashreuwala
Narinder		Nivediua		Mehta
Niranjan		Pushpa		Mistry
Nirmal		Rama		Mital
Prashant		Ranjana		Modi
Prem		Rohini		Munshi
Pritam		Rupa		Naidoo
Raj		Sadana		Natvani
Rajendra		Sandya		Nayyar
Rajeev		Saria		Patani
Rajesh		Saroj		Patel
Rakesh		Savita		Parekh
Ram		Shanta		Paul
Raman		Sharda		Patni
Ramesh		Shreeleka		Pradhan
Ravi		Sumitra		Rao
Satish		Tara		Raabadi
Satesh		Tripta		Roy
Shanti		Tripita		Sethi
Shiva		Urmila		Shah
Sobash		Usha		Sharma
Subash		Vanita		Solanki
Suman		Vasundara		Shenoy
Sunil			Vasani	
Surendra				
Surinder				
Suresh				

First Name – Personal **MALE**	First Name – Personal **FEMALE**	Subcaste Name **Common in Britain**	Complementary Name **MALE**	Complementary Name **FEMALE**
(usually different male and female names – used by family and friends)		(Used like a British surname: adopted by female on marriage and shared by the whole family)		(Used with the first name)
Tarun				
Tushar				
Vasant				
Vijay				
Vipan				
Virendra				

Muslim Naming Convention

1. This is not a definitive list of names belonging to each religion and several names maybe used by multiple religious groups

2. This is not an exhaustive list.

3. The essential point to understand about Muslim names is that the order of the names is not necessarily fixed or significant.

4. The full name is usually in two or three parts.

5. It is also important to note that the naming convention for Muslim names can vary slightly depending on the country of origin for the patient.

6. Although part of the female name is known as “title”, this is not like the UK title like “Mrs” and should be part of the patients’ name if they provide it.

7. Ali may also be a religious name, in which case it should never be used on its own

Entering the names of a Muslim family in records

Family 1	**Husband:**	Mohammed Habibur Rahman
Wife:	Jameela Katoon	
Son:	Shafiur Mia	
Daughter:	Shameema Bibi	
Surname	**Other names**	

RAHMAN	(Mohammed) Habibur
RAHMAN	Jameela Katoon w/o Mohammed Habibur Rahman
RAHMAN	Shafiur Mia s/o Mohammed Habibur Rahman
RAHMAN	Shameema Bibi d/o Mohammed Habibur Rahman

Family 2	**Husband:**	Khaliq Chaudry
Wife:	Mahmuda Bibi	
Son:	Mohammed Hashim Chaudry	
Daughter:	Aziza Bibi	
Surname	**Other names**	
CHAUDRY	Khaliq	
CHAUDRY	Mahmuda Bibi w/o Khaliq Chaudry	
CHAUDRY	(Mohammed) Hashin s/o Khaliq Chaudry	
CHAUDRY	Aziza Bibi d/o Khaliq Chaudry	
Family 3	**Husband:**	Mohammed Arif
Wife:	Razia Begum	
Son:	Amjad Iqbal	
Daughter:	Zeenat Bibi	
Surname	**Other names**	
ARIF	(Mohammed) Arif	
ARIF	Razia Begum w/o Mohammed Arif	
ARIF	Amjad Iqbal s/o Mohammed Arif	
ARIF	Zeenat Bibi d/o Mohammed Arif	

Personal Name **MALE**	Personal Name **FEMALE**	2nd Personal Name **FEMALE**	Family Name **MALE**	Title **FEMALE**
Abbas	Amina	Akhtar	Addaasi	Baano
Afzal	Asia	Jaan	Alavi	Begum
Ahmed	Asmat	Kausar	Alighar	Bibi
Akbar	Ayesha	Nissa	Arif	Khaatoon
Akram	Azara	Bhatti	Sultaana	
Allah	Aziza			Bukhari
Ali*	Fatma			Butt
Alam	Hamida			Chaudry
Amin	Ismat			Cheema
Amjad	Jameela			Chisty

Anwar	Kudeja	Faarooqi
Araf	Kulsum	Faizi
Arif	Mahmuda	Hashmi
Ahraf	Najma	Jeelaani
Aslam	Naseema	Khatana
Azam	Nasrat	Khan
Aziz	Nasreen	Lune
Badar	Parveen	Malik
Badhur	Rabia	Mirza
Badr	Razia	Mufti
Bashir	Razwana	Naqvi

Personal Name **MALE**	Personal Name **FEMALE**	2nd Personal Name **FEMALE**	Family Name **MALE**	Title **FEMALE**
Daud	Rokeya			Qadri
Farrukh	Roushan			Qazi
Chafar	Sabera			Rajay
Ghulam	Sadaqat			Rana
Gulab	Salma			Rizvi
Habib	Shamima			Siddeeqi
Hafeez	Sughra			Saleemi
Halim	Surriya			Tiwana
Hanif	Yasmin			Usmaani
Haq	Zainab			
Hasan				
Hashim				
Hussain				
Hussein				
Ibrahim				
Ifthikhar				
Iqbal				
Ishmael				
Ismael				
Jafar				
Jamal				
Kasen				
Khaliq				
Latif				
Mahmood				
Mahoud				
Malik				
Mansur				
Massur				
Masud				
Mia				
Mir				
Miraj				
Mohammed				

Mubashir
Mikhtar
Muzzammil
Nasim
Nasir
Nurul
Omar
Isman
Quasim
Rafiq

Personal Name **MALE**	Personal Name **FEMALE**	2nd Personal Name **FEMALE**	Family Name **MALE**	Title **FEMALE**
Rahman				
Rashid				
Sadiq				
Salim				
Samsur				
Shaif				
Sharif				
Sulaiman				
Sultan				
Tariq				
Ubdaidullah				
Uddin				
Umar				
Walid				
Yaqub				
Yusaf				
Yusif				
Yusuf				
Zahid				
Zubaida				

Sikh Naming Convention

The Sikh naming system is based on the Hindu, but with several important differences. In the early days of Sikhism, all Sikhs were commanded to drop their sub caste names. All Sikh men adopted the name Singh as a complementary name, and all Sikh women adopted the name Kaur.

The sub caste name is rarely used by Sikhs in rural India, though most Sikhs in Britain now use it to fit the British system.

1. This is not a definitive list of names belonging to each religion and several names maybe used by multiple religious groups

2. This is not an exhaustive list.

3. There are exceptions to the basic system shown here.

4. First names often end in –want, -inder, or –jit.

5. Some Sikhs will not use a sub caste name.

6. Singh and Kaur are not family names and are not used like British surnames. A Sikh man from the subcontinent may give his surname as Singh, but his wife will not be Mrs Singh, and his daughter will not be Miss Singh. They may, however, give their surnames as Mrs or Miss Kaur. Some East African Sikh families use Singh as a family name.

First name – Personal	Complementary religious name		Subcaste name
	MALE		**FEMALE**
(Usually the same male or female names, used by family and friends)	(Used with the first names as a polite form of address, however some Sikhs chose to use this as a surname)		(Used like a British surname; adopted by the wife on marriage and shared by the whole family)
Ajit	Singh (Lion)	Kaur (Princess)	Assi
Amarjit			Atwal
Amrik			Bains
Amrit			Bassi
Avtar			Bhumbra
Balbir			Birdi
Balwant			Brar
Balwinder			Chahal
Daljit			Chana

Davinder	Deol
Dilbag	Dhaliwal

MALE		FEMALE
(Usually the same male or female names, used by family and friends)	(Used with the first names as a polite form of address, however some Sikhs chose to use this as a surname)	(Used like a British surname; adopted by the wife on marriage and shared by the whole family)
Gurdas		Dhariwal
Gurmeet		Dhesi
Gurprit		Dhillon
Gurwant		Gill
Harbajan		Grewal
Harbans		Johal
Harbinder		Kalsi
Hardip		Kandola
Inderjit		Kohli
Jaswant		Mangat
Jaswinder		Manku
Jasbir		Mann
Joginder		Matharu
Kamaljit		Nizar
Kuldip		Pannesar
Kulwant		Rai
Kushwant		Randhawa
Malkiat		Rayar
Manjit		Rattu
Mohan		Samra
Mohinder		Sandhu
Paramjeet		Sahota
Piara		Sidhu
Pritam		Sohal
Rajinder		Sondhi
Ramindar		Takkar
Ranjit		Thandi
Ravinder		Uppal
Sewa (males ony)		Virdi
Sohan		
Surjit		
Sukhwinder		
Swaran		

Chinese Naming Conventions

Personal names in Chinese culture follow a number of conventions different from those of personal names in UK cultures. Most noticeably, a Chinese name is written with the family name first and the given name next, therefore "John Smith" as a Chinese name would be "Smith John".

1. Given names are not gender specific

2. Normally a Chinese individual will only have two names; the majority of surnames are a single syllable though sometimes there will be two words (characters in Chinese written language). Should this be the case, it should NOT be translated to be a middle name but should be treated as if a double barrelled surname

3. Immigrants may choose to have an “English” name by which they are know in the UK

4. Wives keep their maiden name

5. Females born before 1949 (when Chairman Mao came to power) may not have a legal name, but instead use their husbands

6. All children take the fathers’ surname

7. Should a man not have a son, a nephew or other close male relative may choose to take his surname so it does not die out.