Database Tables

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| **Table name: Patient** | | | |
| **Field** | **Unique** | **Datatype** | **Description** |
| Lab No | ? | Varchar(64) | What is this? Is it lab number specific to a patient? Is it unique?  Yes Lab number is unique. Specific to the sample therefore to the patient every sample gets one it is how the samples are found etc… |
| OCS no | ? | Varchar(64) | What is this? Is it unique?  This is the electronic order number is also unique. The number is generated on the Hospital ordering system (ICE) when they are making the order for a patient, a label is printed and placed on the sample tube. The OCS No (ICE no) is on as a barcode on the label when it reaches the lab. An electronic order is sent to the LIS application also. Sample receives a lab number this is entered in LIS along with scanning OCS No and the patient and order details are populated |
| MRN | Yes | Varchar(64) | Medical Record Number |
| Forename | No | Varchar(64) | Person first name |
| Surname | No | Varchar(64) | Person sur name |
| DOB | No | Date | Person date of birth |
| Address1 | No | Varchar(256) | Person address first line |
| Address2 | No | Varchar(256) | Person address second line |
| Address3 | No | Varchar(256) | Person address third line |
| Clinician Code | ? | Varchar(64) | What is this? Is this information specific to person? Is it unique? Do we have any other clinician record?  Each Clinician has a short code. This is unique to the clinician. Further details of the code are held in LIS e.g. full name speciality for a GP they will have a practice code associated with it. Every clinician should have one unique code on the system. Every sample should have a clinician code against it in case we need to contact with urgent results. Sometimes we may not get one and we use an unspecified code UNSP if GP and UNCO if consultant |
| Clinician Class | ? | Varchar(64) | What is this? Is this information specific to person? Is it unique?  Each clinician must have a classification. It is done when code is set up. There is a table that is set up that covers this an example of this would be a GP classification. Generally only consultants are set up not SPRs or NCHDs apart from GPs of course so we might use there speciality for classification e.g. endocrinology, gynae etc.. very useful for analysis orders and workload |
| Source Code | ? | Varchar(64) | What is this? Is this information specific to person? Is it unique?  Source code is associated with the patient, e.g. where the patient is currently located e.g. may be name of a ward, OPD or GP practice address. This is where we contact with urgent results. There is a table behind this that will have phone numbers associated with location that are available. Location of inpatients is managed by IPMS I patient manager. This sends a feed to ICE and LIS with locations. The ICE label will contain all these details but if we get a form with a hand labelled sample when we enter request a default location for patient may appear. Dependent on systems being up to date  Some clinicians e.g. ED clinicians only work in a given location. Patients in ED may not be admitted so will not have a location, consultant code will have a default location (source code) |
| Source class | ? | Varchar(64) | What is this? Is this information specific to person? Is it unique?  Each location will have a classification e.g. if a ward named is used the classification will be ward WD, if it is a GP practice it will have GP, |
| Date of Request | No | Date | Date test is requestd.  Who requests this test?  Clinicians request the tests. If this is a sample labelled with ICE label this will have a time and date on label that will automatically populate the LIS request screen  GP requests use forms, there should be a date on the form when sample was collected, this is generally completed by the phlebotomist indicating date and time of sample collection. This is important information as decisions on sample suitability are made on these details. If there is no information provided on handwritten forms the time defaults to date/time entry on LIS |
| Time of request | No | Date | Time test is requestd.  Who requests this test?  As above |
| Date received | No | Date | Date test request is received  Who requests this test?  This is entered on LIS application and defaults auto populates when details are entered on LIS application. This occurs for both date and time field. This information is used for turn-around time assessment etc.. |
| Time Received | No | Date | Time test request is received  Who requests this test?  As above |
| Tests- @alltests | No | Varchar(64) | How do we present this information? Do they have a separate entry for each test type, such as Na, K, Urea?  OK I need to just think about this, I would like to able to analyse this information in terms of ordering patterns etc… |
| Fasting? | Yes | Boolean |  |
| Phoning details? | No | Varchar(64) | Is it patient or clinician phone number?  We never give results directly to patient. With inpatients this would be a ward number, we phone directly to ward. With AOPD we would phone to the consultant or a member of the consultant team. With GP we have the practice number and that is where we would phone |

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| **Table name: Test** | | | |
| **Field** | **Unique** | **Datatype** | **Description** |
| TLC | ? | Varchar(16) | What is TLC stand for? What is purpose of it in the database?  TLC is the Test Library Code, this may contain more than one tests and is used in Request screen an example would be RP which is a renal profile containing Sodium-NA, Potassium – K, Urea and Creatinine- CREA  TLC are used in request entry |
| TFC Included | ? | Varchar(16) | What is TFC stand for? What is purpose of it in the database?  This is Test Format Code used in Result entry. Each code represents one test. Each code if an essential code should have a result of some form against it. In the example above for RP requested in Request entry, there would be four lines in result entry screen where there would be results againstt |
| test names | ? | Varchar(128) | Patients blood Tests that is being taken |
| Units | No | Varchar(32) | The amount of |
| Age related reference range? | No | INT | Age of the patient |
| Reference Ranges | No | DECIMAL | What is the reference range?  A reference range is used to determine if a result is potentially abnormal or not, each test generally will have a reference interval associated. Reference intervals are calculated from a healthy population and generally 95% of population (Healthy) will fit within this range |
| Flag Limit Low | No | DECIMAL | Patient’s results are ok not to worry much for while |
| Flag Limit High | No | DECIMAL | Patient’s result health is in critical need to report to doc soon |
| Alert Limit Low | No | DECIMAL | Patient’s results are ok not to worry much for while |
| Alert Limit High | NO | DECIMAL | Patient’s result health is in critical need to report to doc soon |