

Standard Notation

WARD (WardID, WardName, Location, Capacity)

PATIENT (PatientID, LastName, FirstName, StreetAddress, Suburb, City, EmailAddress, PhoneNumber, InsuranceCode)

MEDICATION (MedicationID, MedicationName, MedicationCost)

PRESCRIPTION (AdmissionID\*, MedicationID\*, PrescriptionDate, PrescriptionAmount)

ADMISSION (AdmissionID, AdmissionDescription, AdmissionStatus, AdmissionDate, PatientID\*, WardID\*)

PAYMENT (PaymentCode, Amount, PaymentDate, AdmissionID\*)

ALLOCATION (DoctorID\*, AdmissionID\*, Fee, Role)

DOCTOR (DoctorID, LastName, FirstName, StreetAddress, Suburb, City, PhoneNumber, MedicalSpecialty, Salary)

RESEARCH PROJECT (DoctorID\*, ResearchTopicID\*, Outcome, Budget, EndDate)

RESEARCH TOPIC ( ResearchTopicID, ResearchTopicDescription, Level)

Data Dictionary

WARD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| WardID | Yes | Auto-Number | 2 | Primary Key |
| WardName | Yes | Short Text | 20 | - |
| Location | Yes | Number | 2 | 1, 2, 3 |
| Capacity | Yes | Number | 2 | 1 – 20 inclusive |

PATIENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| PatientID | Yes | Auto-Number | 8 | Primary Key |
| LastName | Yes | Short Text | 20 | - |
| FirstName | Yes | Short Text | 20 | - |
| StreetAddress | Yes | Short Text | 45 | - |
| Suburb | Yes | Short Text | 20 | - |
| City | Yes | Short Text | 15 | - |
| EmailAddress | Yes | Short Text | 50 | Must include @ and . |
| PhoneNumber | Yes | Short Text | 10 | - |
| InsuranceCode | Yes | Short Text | 7 | - |

MEDICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| MedicationID | Yes | Auto-Number | 4 | Primary Key |
| MedicationName | Yes | Short Text | 100 | - |
| MedicationCost | Yes | Currency | 6 | 0.50 – 300.00 inclusive |

PAYMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| PaymentCode | Yes | Auto-Number | 8 | Primary Key |
| PaymentAmount | Yes | Currency | 5 | 10.00 - 10,000 inclusive |
| PaymentDate | Yes | Date | 10 | DD/MM/YYYY |
| AdmissionID | Yes | Foreign Key (ADMISSION) | 8 | - |

DOCTOR

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| DoctorID | Yes | Auto-Number | 8 | Primary Key |
| LastName | Yes | Short Text | 20 | - |
| FirstName | Yes | Short Text | 20 | - |
| StreetAddress | Yes | Short Text | 45 | - |
| Suburb | Yes | Short Text | 20 | - |
| City | Yes | Short Text | 20 | - |
| PhoneNumber | Yes | Short Text | 10 | - |
| MedicalSpecialty | Yes | Short Text | 20 | - |
| Salary | Yes | Currency | 9 | 20000.00 - 200000.00 inclusive |

RESEARCH TOPIC

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| ResearchTopicID | Yes | Auto-Number | 3 | Primary Key |
| ResearchTopicDescription | Yes | Short Text | 50 | - |
| Level | Yes | Short Text | 2 | 1 – 10 inclusive |

RESEARCH PROJECT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| DoctorID | Yes | Foreign Key (DOCTOR) | 4 | Primary Key |
| ResearchTopicID | Yes | Foreign Key (RESEARCH TOPIC ID) | 3 |
| Outcome | Yes | Short Text | 20 | Journal article, conference paper, conference poster, book chapter, book. |
| Budget | Yes | Currency | 7 | 500.00 – 99,000,000.00 inclusive |
| EndDate | Yes | Date | 10 | DD/MM/YYYY |

ALLOCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| AdmissionID | Yes | Foreign Key (ADMISSION) | 8 | Primary Key |
| DoctorID | Yes | Foreign Key (DOCTOR) | 4 |
| DoctorFee | Yes | Currency | 5 | 10.00 – 500.00 inclusive |
| Role | Yes | Short Text | 9 | Primary, Secondary |

PRESCRIPTION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| AdmissionID | Yes | Foreign Key (ADMISSION) | 8 | Primary Key |
| MedicationID | Yes | Foreign Key (MEDICATION) | 4 |
| PrescriptionDate | Yes | Date | 10 | DD/MM/YYYY – Today’s date |
| PrescriptionAmount | Yes | Number | 10 | 1 – 150 inclusive |

ADMISSION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Required | Data Type | Maximum Length | Range/List/Format |
| AdmissionID | Yes | Auto-Number | 8 | Primary Key |
| AdmissionDescription | Yes | Short Text | 250 | - |
| AdmissionStatus | Yes | Short Text | 20 | Current, Complete, Closed, Billed |
| AdmissionDate | Yes | Date | 10 | DD/MM/YYYY |
| PatientID | Yes | Foreign Key (PATIENT) | 8 | - |
| WardID | Yes | Foreign Key (WARD) | 2 | - |

Addictions Pandemics Allergies Diabetes Pain and Pain Relief Cardiovascular