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| **Project: New Haven Urgent Care Team# 1** | |
|  | **Test Date: 12/8/2019** |
| **Test Case ID#: 15** | **Name(s) of Tester(s): Kun Ki Lee, Eric Hwang, Kyeongtak Han, Dongha Kang** |
| **Test Description (What are you testing? – you must be specific): Are we able to review the vitals as defined on the writeup of the patient through queries for a given visit?** |  |
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**NOTE: The following information must be provided to be given credit for any test.**

**Test Data (Provide the file name of the script used to insert data, provide a screen capture to reflect data, or provide script here):**

**Initial Assessment for certain session of the same patientA screenshot of a social media post

Description automatically generated**

**SQL Query(s) used for testing:**

**SELECT \* FROM Patient;**

**SELECT \* FROM Service\_Provider;**

**SELECT \* FROM Employee;**

**SELECT \* FROM Department;**

**SELECT \* FROM Seen;**

**SELECT \* FROM Nurses;**

**SELECT \* FROM Initial\_Assessment;**

**INSERT INTO Department (Dno)**

**VALUES (123);**

**INSERT INTO Employee (E\_ID, Fname, Lname, Dno)**

**VALUES (4, "Viole", "Grace", 123);**

**INSERT INTO Service\_Provider (E\_ID, SP\_ID)**

**VALUES (4, 2);**

**INSERT INTO Initial\_Assessment(P\_ID, Initial\_Assessment\_Code, Medical\_Condition, Temperature, height, weight, blood\_pressure, Initial\_Nurse\_E\_ID, Initial\_Nurse\_ID)**

**VALUES (1230, 94, "Osgood Schlatter Disease", 34.0, 180, 70, 100, 2 , 1);**

**INSERT INTO Initial\_Assessment(P\_ID, Initial\_Assessment\_Code, Medical\_Condition, Temperature, height, weight, blood\_pressure, Initial\_Nurse\_E\_ID, Initial\_Nurse\_ID)**

**VALUES (1230, 95, "Osgood Schlatter Disease", 35.0, 180, 70, 102, 3 , 2);**

**INSERT INTO Initial\_Assessment(P\_ID, Initial\_Assessment\_Code, Medical\_Condition, Temperature, height, weight, blood\_pressure, Initial\_Nurse\_E\_ID, Initial\_Nurse\_ID)**

**VALUES (1230, 96, "Osgood Schlatter Disease", 37.0, 180, 70, 103, 2 , 1);**

**INSERT INTO Seen (P\_ID, SP\_E\_ID, SP\_ID, Time\_In, Time\_Out)**

**VALUES (1230, 4, 2, '1:00', '2:00');**

**INSERT INTO Seen (P\_ID, SP\_E\_ID, SP\_ID, Time\_In, Time\_Out)**

**VALUES (1230, 4, 2, '12:00', '13:00');**

**INSERT INTO Seen (P\_ID, SP\_E\_ID, SP\_ID, Time\_In, Time\_Out)**

**VALUES (1230, 4, 2, '15:00', '16:00');**

**SELECT Initial\_Assessment.P\_ID, Initial\_Assessment.Temperature, Initial\_Assessment.height, Initial\_Assessment.weight, Initial\_Assessment.blood\_pressure, Initial\_Assessment.Initial\_Nurse\_E\_ID, Initial\_Assessment.Initial\_Nurse\_ID, Seen.Time\_In, Seen.Time\_Out**

**FROM (Patient NATURAL JOIN Initial\_Assessment) NATURAL JOIN Seen**

**WHERE Time\_In = '12:00' AND Time\_Out = '13:00';**

Explanation:

The Initial Assessment was unable to extract a certain vital report of a session with a Patient. This would be because the Patient’s ID can be found multiple of times as a patient can see the doctor multiple of times, thus cannot be used as a factor when joining to find a specific session’s vital report. A probable solution would be to add an ID for each seen, this would make the joining between Initial Assessment and Seen possible as this gives a unique ID for each visits the Patient makes with the Doctor. This join has to possible to view the vital report from the initial assessment for a given time.