| **Test Name** | | Add error to system | | | |
| --- | --- | --- | --- | --- | --- |
| **Use Case Tested:** | | Use Case 1 – Add Error to System (new patient – physician not notified) | | | |
| **Test Description:** | | User:   * Enters the date the error occurred * Enters the time the error occurred * Enters the patient MRN (hospital ID for patient) * Enters the patient’s name * Selects the error type * Enters a description/comment * Selects if person making error has been notified * Selects where error was detected * Selects if IIMS was completed * Enters name of medication * Selects medication type * Selects if physician was notified (No) * Selects Submit button | | | |
| **Pre-conditions** | | User has successfully logged in.  Enter an Error page is presented to user | | | |
| **Post-conditions** | | Database is successfully update with data | | | |
| **Notes:** | |  | | | |
| **Result (Pass/Fail/Warning/Incomplete)** | |  | | | |
|  | **TEST STEP** | | **EXPECTED TEST RESULTS** | P | F |
|  | Date is entered | | Date is accepted |  |  |
|  | Time is entered | | Time is accepted |  |  |
|  | Patient MRN is entered | | Patient MRN is not found in database and is accepted |  |  |
|  | Patient name is entered | | Patient name is accepted |  |  |
|  | Patient type is selected | | Selection accepted |  |  |
|  | Error type is selected | | Selection accepted |  |  |
|  | Error description/comment is entered | | Error description/comment is accepted |  |  |
|  | Person making error notified selected | | Selection accepted |  |  |
|  | Where error detected selected | | Selection accepted |  |  |
|  | IIMS completed selected | | Selection accepted |  |  |
|  | Medication entered | | Medication is accepted |  |  |
|  | Medication type selected | | Selection accepted |  |  |
|  | Physician notified – No is selected | | Selection accepted |  |  |
|  | User selects Submit button | | Database updated with data as entered above |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Test Data Table** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| Date: |  |  |  |  |  |
| Time: |  |  |  |  |  |
| Patient MRN: |  |  |  |  |  |
| Patient Type: |  |  |  |  |  |
| Error Type: |  |  |  |  |  |
| Error Description/Comment: |  |  |  |  |  |
| Person Making Error Notified: |  |  |  |  |  |
| Where Error was Detected: |  |  |  |  |  |
| IIMS Completed: |  |  |  |  |  |
| Medication: |  |  |  |  |  |
| Medication Type: |  |  |  |  |  |
| Physician Notified: | No | No | No | No | No |