

Certification

<u>CertID</u>	Certification
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Nurse Cert

<u>NurseID</u>	<u>CertID</u>
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Nurse

<u>NurseID</u>	FirstName	LastName	Phone	Street	City	State	Zip	email	_SupervisorNo_
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Care

<u>CareID</u>	Event	Date	<u>PatientID</u>	<u>_NurseID_</u>
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Nurse Assignment

<u>NurseID</u>	<u>WardID</u>	Date	Hours
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Ward

<u>WardID</u>	Location	Phone	<u>ChargeNurse</u>
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Bed

<u>BedID</u>	Size	Type	<u>_WardID_</u>
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Patient

<u>PatientID</u>	FirstName	LastName	Gender	DOB	[Age]	Street	City	State	Zip	<u>BedNo</u>
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Item Charge

<u>ChargeID</u>	Date	Quantity	<u>PatientNo</u>	<u>_ItemNo_</u>
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Item

<u>ItemID</u>	ItemName	Charge
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Admit Discharge

<u>AdmitID</u>	AdmitDate	DischargeDate	<u>PatientNo</u>	<u>AdmitDoc</u>	<u>DischargeDoc</u>
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Physician

<u>DoctorID</u>	FirstName	LastName	Phone	Street	City	State	Zip	email
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Physician Specialty

<u>DoctorID</u>	<u>SpecialtyID</u>
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Specialty

<u>SpecialtyID</u>	Specialty
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Treatment Administration

<u>PatientNo</u>	<u>DoctorID</u>	<u>TreatmentID</u>	Date	Time	Results
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Treatment

<u>TreatmentID</u>	TreatName	Descrip	Charge
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NursePatient

<u>EventID</u>	EventType	Date	Time	<u>PatientID</u>	<u>_NurseID_</u>
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