

# BLOOD BANK USER MANUAL

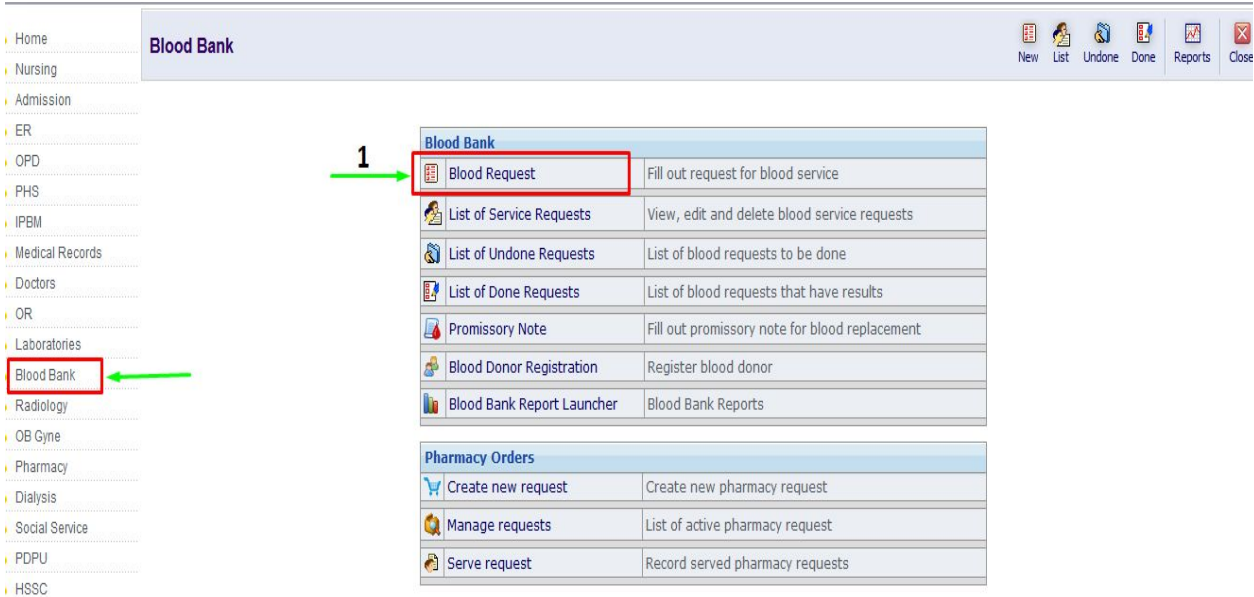
## TABLE OF CONTENTS



| DESCRIPTION                | PAGE |
|----------------------------|------|
| BLOOD BANK USER MANUAL     |      |
| BLOOD BANK                 |      |
| BLOOD REQUEST              | 2    |
| LIST OF SERVICE REQUEST    | 9    |
| LIST OF UNDONE REQUEST     | 10   |
| LIST OF DONE REQUEST       | 11   |
| BLOOD BANK REPORT LAUNCHER | 12   |
| PHARMACY ORDERS            |      |
| CREATE NEW REQUEST         | 14   |
| SERVE REQUEST              | 17   |

BLOOD BANK

BLOOD REQUEST

- 1. On the left pane, click ‘Blood Bank’. Then, click ‘Blood Request’ to create a new request.



- 2. Click ‘Clear’ button to clear the form.
- 3. Click  icon to search patient using HRN.
- 4. For **Cash** transactions, choose  beside Transaction Type.
- 5. **Request Date** will default to current date and time.
- 6. Under Priority, choose ‘**STAT**’ if the request is urgent and ‘**Routine**’ if not.
- 7. Click ‘**Add item**’ button to select items that will be added to the request list.

Request Details

Transaction type

☒ Cash ☐ Charge

HRN 3132094

3

Name

HOMOC, HAZL ANGELINA CACHELLE D.

2

Address

PRK. KINOKOL, DARONG, SANTA CRUZ 8001 DAVAO DEL SUR

HACT?

☐

From RDU?

☐

Patient Type

WALK-IN

Birth Date

2008-10-31

Location/Clinic

None

Medico Legal

NO

Diagnosis

Adm. Date

Program Partner:

-- Select --

Partner Name

Repeat Request

☐

PHIC no

None

Category

N/A

WV Manual Payment

☐

Blood Type

A neg

Walkin?

☐

Sex

Female

Age

10 years

Disc. Date

Batch No.

Request Date

March 7, 2019 9:03am

5

Discounts

Classification: None

☐ Senior citizen

Request Options

Priority

☒ Routine ☐ STAT

6

Comments

Borrowed?

☐

Quantity:

bag/s

Remarks:

Add items

Empty list

Request History

Transfusion History

Waiver of Deposit

Crossmatching Request

Submit

Close

Cnt : 0

Code

Service Description

Quantity

Received

Original Price

Discounted Price

Net Price

Request list is currently empty...

Sub-Total

0.00

8. Under **Request Option** in '**Borrowed?**' tick the checkbox if the item borrowed. Then, input a quantity and remarks.
9. In **Blood Type** select blood type in drop-down menu provided.

The screenshot shows the 'Request Details' form. On the left, there are fields for HRN Name, Address, HACT?, From RDU?, Patient Type (WALK-IN), Birth Date (1970-01-01), Location/Clinic (VIN), Medico Legal (NO), Diagnosis, Adm. Date, Program Partner (dropdown), Partner Name, Repeat Request, PHIC no (None), Category, and With Manual Payment. In the center, there are fields for Blood Type (dropdown, highlighted with a red box and arrow 9), Walkin?, Sex (unknown), and Age (unknown). On the right, there are fields for Batch No., Request Date (April 25, 2019 5:21pm), Discounts, Classification (None), Senior citizen checkbox, Priority (Routine selected), Comments, Borrowed? checkbox (highlighted with a red box and arrow 8), Quantity (2 bag/s), and Remarks.

10. Set a **Program Partner** in a drop-down menu provided.
11. Input a **Partner Name**.

This screenshot is similar to the previous one but highlights the 'Program Partner' dropdown (highlighted with a red box and arrow 10) and the 'Partner Name' text field (highlighted with a red box and arrow 11).

12. In **With Payment** tick the checkbox to choose type of payment. Set **Type** of payment in the drop-down menu provided (MAP, DSWD, LINGAP, CASH, PCSO).

This screenshot shows the 'With Manual Payment' checkbox checked. The 'Type' dropdown menu is open, showing options: MAP, DSWD, LINGAP, CASH, and PCSO. The 'Program Partner' is set to 'Blood Donor' and 'Partner Name' is 'Test'. At the bottom, there is a table with columns: Cnt, Code, Service Description, Quantity, Received, Original Price, Discounted Price, and Net Price. The table is currently empty. Below the table, there are buttons for 'Add items', 'Empty list', 'Rec PHIC', 'Fusion History', 'Waiver of Deposit', 'Crossmatching Request', 'Submit', and 'Close'. A summary section shows Sub-Total: 0.00, Discount: -0.00, and Net Total: 0.00.

a. Input the **Control Number**, **Approved by** and **Reason for Manual Payment**.

Birth Date : 1988-09-17

Age : 30 years

Location/Clinic : None

Medico Legal : NO

Diagnosis :

Adm. Date :

Disc. Date :

Program Partner: Blood Donor

Partner Name : Test

Repeat Request : ☐

PHIC no : None

Category : N/A

With Manual Payment : ☒

Type : Manual Payment

Control Number :

Approved by :

Reason for Manual Payment :

Borrowed? ☐

Quantity: bag/s

Remarks:

Add items

Empty list

Request History

Transfusion History

Waiver of Deposit

Crossmatching Request

Submit

Close

| Cnt : 0                            | Code | Service Description | Quantity | Received  | Original Price | Discounted Price | Net Price |
|------------------------------------|------|---------------------|----------|-----------|----------------|------------------|-----------|
| Request list is currently empty... |      |                     |          |           |                |                  |           |
|                                    |      |                     |          | Sub-Total | 0.00           |                  |           |
|                                    |      |                     |          | Discount  | -0.00          |                  |           |
|                                    |      |                     |          | Net Total | 0.00           |                  |           |

13. Click  to display the **Blood Sample Received** window and view the request details.

Add items

Empty list

Request History

Transfusion History

Waiver of Deposit

Crossmatching Request

Submit

Cancel

| Cnt : 2 | Code     | Service Description       | Quantity | Received  | Original Price | Discounted Price | Net Price |
|---------|----------|---------------------------|----------|-----------|----------------|------------------|-----------|
| X       | BT-ABO   | BLOOD TYPING (ABO only)   | 1        |           | 38.00          | 38.00            | 38.00     |
| X       | BT-ABORH | BLOOD TYPING (ABO AND Rh) | 1        |           | 75.00          | 75.00            | 75.00     |
|         |          |                           |          | Sub-Total | 111.00         |                  |           |
|         |          |                           |          | Discount  | -0.00          |                  |           |
|         |          |                           |          | Net Total | 111.00         |                  |           |

Print Claim Stub

a. **Column:**

- **Unit No.** - word count of tests
- **Serial No** - a unique characters (letters and numbers) for the identification of tests
- **Ward/Department** - a drop down list for wards
- **Component** - a drop down list for components
- **Blood Source** - a drop down list for blood source
- **Date Received** - date when the request was created
- **Date Started** - date when the test started
- **Date Done** - date when the test was done
- **Result** - set results in drop-down menu provided (Compatible, Incompatible, Re-typing, No Result yet) and provide date
- **Issuance Date** - date when item was issued
- **Returned** - date when item was returned and indicate reason on the pop-up window
- **Reissue** - date when item was reissued
- **Consumed** - date when item was consumed

Reference No. : 2019001210

Patient Name : ALBORES, MARY ANN Y.

Sex : Female

Test Name : BLOOD TYPING (ABO AND Rh)

Date Encoded : 04/25/2019 06:34PM


HRN : 1462736

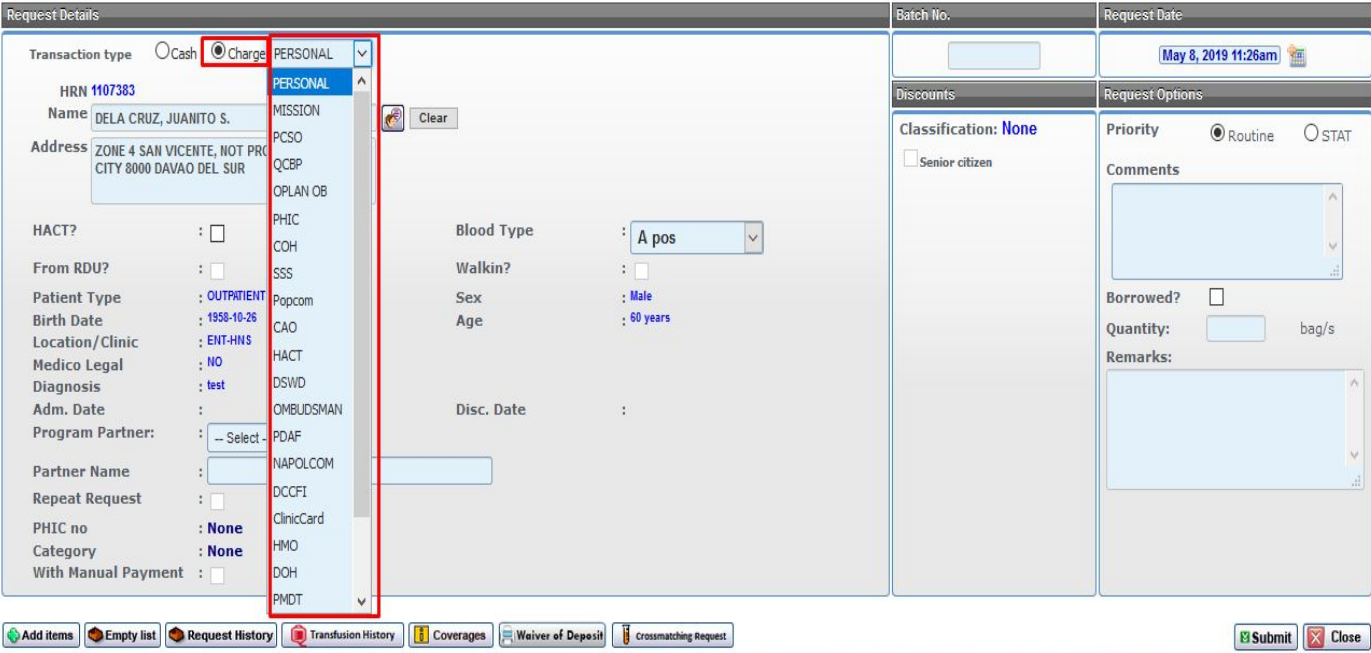
Blood Type : 36 years

Test Code : BT-ABORH

Quantity Requested : 2


| Cnt : 1                             | Unit No.   | Serial No.                               | Ward/Department | Components | Blood Source | Date Received | Date Started       | Date Done          | Result             | Issuance Date | Returned           | Reissue            | Consumed           |
|-------------------------------------|------------|--|-----------------|------------|--------------|---------------|--------------------|--------------------|--------------------|---------------|--------------------|--------------------|--------------------|
| <input checked="" type="checkbox"/> | First Test | Stat <input checked="" type="checkbox"/> | 21124           | ORTHO      | ALIQUOT      | DRMC          | 04/25/2019 06:4 PM | 04/25/2019 06:5 PM | 04/25/2019 06:5 PM | Compatible    | 04/25/2019 06:5 PM | 04/25/2019 06:5 PM | 04/25/2019 06:5 PM |

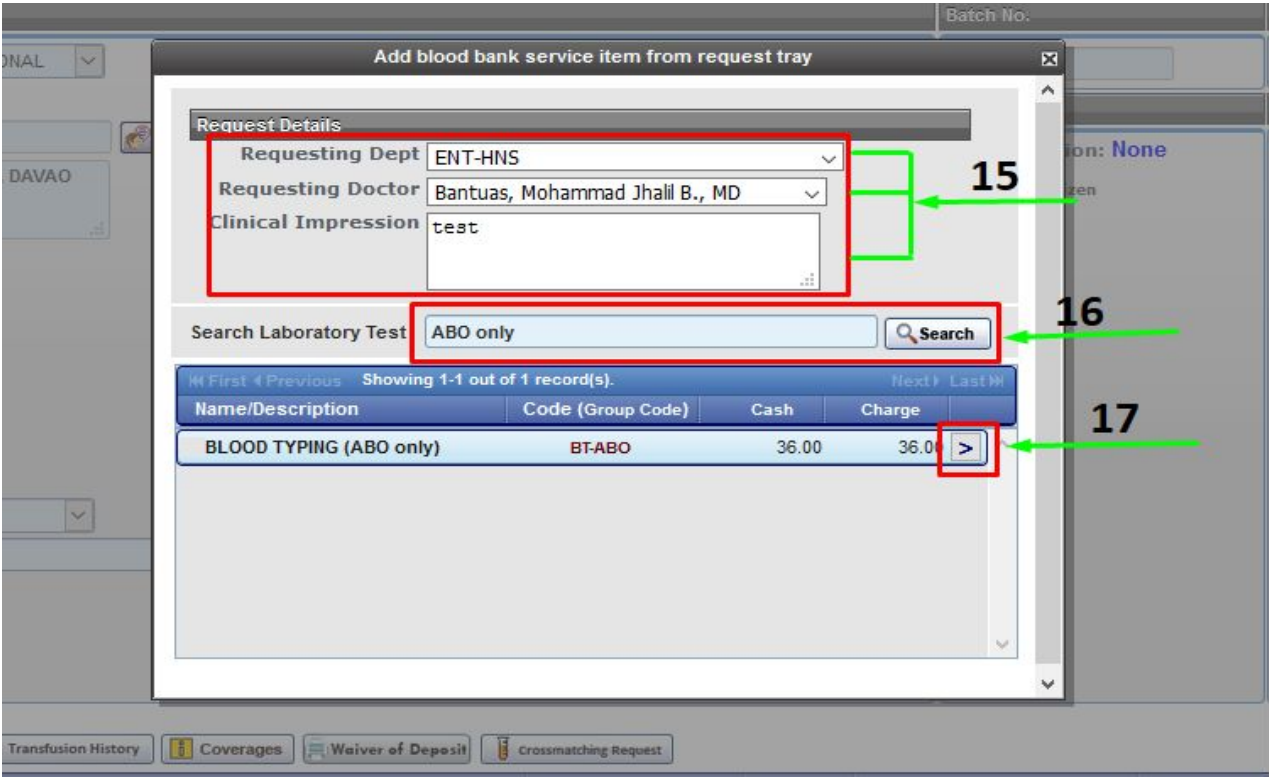
14. For **Charge** transactions, beside  set type of charge from the drop-down menu provided. Choose type of **Charge** where to deduct the request.



15. On **Add items**, choose the drop-down menu provided in **Requesting Dept**, **Requesting Doctor** and **Clinical Impression** will default to a patient’s diagnosis upon admit. If blank, input on the text area provided.

16. Enter item code and click ‘**Search**’ button or hit enter key to search.

17. Click  icon to add the item to request tray.







Sample PDF Output of Patient Blood Transfusion History (No. 21)

1

Automatic Zoom

REPUBLIC OF THE PHILIPPINES

DEPARTMENT OF HEALTH

SOUTHERN PHILIPPINES MEDICAL CENTER

J.P. LAUREL BAJADA, DAVAO CITY

PATIENT BLOOD TRANSFUSION HISTORY

HOSP # :1107283

Name :JUANITO SALBUDA DELA CRUZ

AGE :50 years

GENDER :MALE

ADDRESS :ZONE 4 SAN VICENTE, DAVAO CITY, DAVAO DEL SUR

CASE NO :201650254875

PHIC # :Not a Member

BLOOD TYPE :A pos

CIVIL STATUS :MARRIED

| Issuance Date  | Serial No | Component | Source | Result     | Consumed/Returned Date |
|----------------|-----------|-----------|--------|------------|------------------------|
|                | 1224      | PC        | DBC    | No Result  |                        |
| March 06, 2019 | 5678      | ALIQUOT   | DBC    | Compatible |                        |

22. For click ‘Coverages’ to view the deductions under the selected charge transaction only.

23. Click ‘Waiver of Deposit’ button to view details of waiver of deposit.

24. Click ‘Crossmatching Request’ button to view the crossmatching request form in printable PDF form.

25. Click ‘Submit’ button to save the request. Before processing the request, the system will prompt a confirmation.

Add Items

Empty list

Request History

Transfusion History

Coverages

Waiver of Deposit

Crossmatching Request

Submit

Close

| Cnt : 1 | Code     | Service Description       | Quantity | Received                            | Original Price | Discounted Price | net price |
|---------|----------|---------------------------|----------|-------------------------------------|----------------|------------------|-----------|
| X       | BT-ABORH | BLOOD TYPING (ABO AND Rh) | 2        | <input checked="" type="checkbox"/> | 75.00          | 75.00            | 150.00    |

Sub-Total

Discount

Net Total

150.00

-0.00

150.00

26. Click ‘OK’ to confirm else click ‘Cancel’.

Process this request?

OK

Cancel

Sample PDF Output of Waiver of Deposit (No. 23)

1 of 1

Automatic Zoom

Republic of the Philippines

Department of Health

Center for Health Development

SOUTHERN PHILIPPINES MEDICAL CENTER

J.P. Laurel Avenue, Davao City

PHIC

LINGAP

OR ISSUED

OR #

HRN

OTHERS

DEP-PNRC

DD

CMAP

Ako, si \_\_\_\_\_ pasyente/ asawa/ anak/ igsoon/ ginikanan/ bayaw/ tiya/ tiyo/ pinsan ni \_\_\_\_\_ HOMOC, HAZL ANGELINA CACHELLE D. / 10 years / Female / HRN: 3132094 \_\_\_\_\_ (pangalan sa pasyente) na admit sa \_\_\_\_\_ (Ward) ug nag puyo sa \_\_\_\_\_ PRK. KINOKOL, DARONG, SANTA CRUZ 8001 DAVAO DEL SUR. Nagdeposito ug \_\_\_\_\_ ka bags para sa akong operasyon/ gamit sa akong pasyente.

Ako nasayod sa balaod sa ospital nga ang dugo na dili magamit sa **pasyente dili puedeng ihatag, ibaligya, o ipahulam sa laing pasyente**, ug sa higayon nga dili ni magamit nako/sa akong pasyente ang dugo nga napundo, mahimo na nga **DONASYON** sa **SPMC Blood Pool**.

Nasayod usab ako nga naay **First In First Out (FIFO) policy** sa hospital : nga ang "I-crossmatch" nga dugo sa ako / akong pasyente mao kadtung bag / bags nga ang expiry date **mauna** sa expiry date sa akong gideposito.

| DONOR UNIT NUMBER | BLOOD GROUP | EXPIRY               | COMPONENT | SOURCE |
|-------------------|-------------|----------------------|-----------|--------|
| sample            | A neg       | Mar 7, 2019 04:18 pm | ALIQUOT   | DBC    |
|                   |             |                      |           |        |
|                   |             |                      |           |        |
|                   |             |                      |           |        |


Nasabtan nako ang waiver.

Pasyente/Bantay (PRINT) \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_

Received by Bld Bank Staff/ Intern \_\_\_\_\_ Segworks Personnel \_\_\_\_\_ Date Mar-07-2019 Time 04:17 PM

SPMC-F-BTS-22A Effectivity: 23 September 2015 Rev: 1 Page 1 of 1


Sample PDF Output for the Crossmatching Request (No. 24)



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH  
Center for Health Development  
**SOUTHERN PHILIPPINES MEDICAL CENTER**  
J.P. Laurel Avenue, Bajada, Davao City

Department of Pathology and Laboratories  
Blood Transfusion Services

**REQUEST FOR CROSSMATCHING**  
**ADULT-GREEN**



**CALL 4504**  
**for PHLEBO**

**SERVED:** \_\_\_\_\_  
Blood Group: \_\_\_\_\_  
No. of Units: \_\_\_\_\_  
Bld. Product: \_\_\_\_\_  
Date & Time: \_\_\_\_\_  
Issued by: \_\_\_\_\_

NOTE: ACCOMPLISH LEGIBLY AND CORRECTLY. TAMPERED & INCOMPLETE DATA WILL BE **REJECTED**.

Request Form Accomplished by: \_\_\_\_\_  
Signature Over Printed Name \_\_\_\_\_ Designation \_\_\_\_\_

Name of Patient: DELA CRUZ JUANITO S Date of Birth: Oct 26, 1958 HRN: 1107383  
Surname First Name MI

Physician: \_\_\_\_\_ Ward: \_\_\_\_\_ Rm. No: \_\_\_\_\_ Age/Sex: 60 years / M Blood Type: \_\_\_\_\_

Clinical Diagnosis: TEST Blood Needed on Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

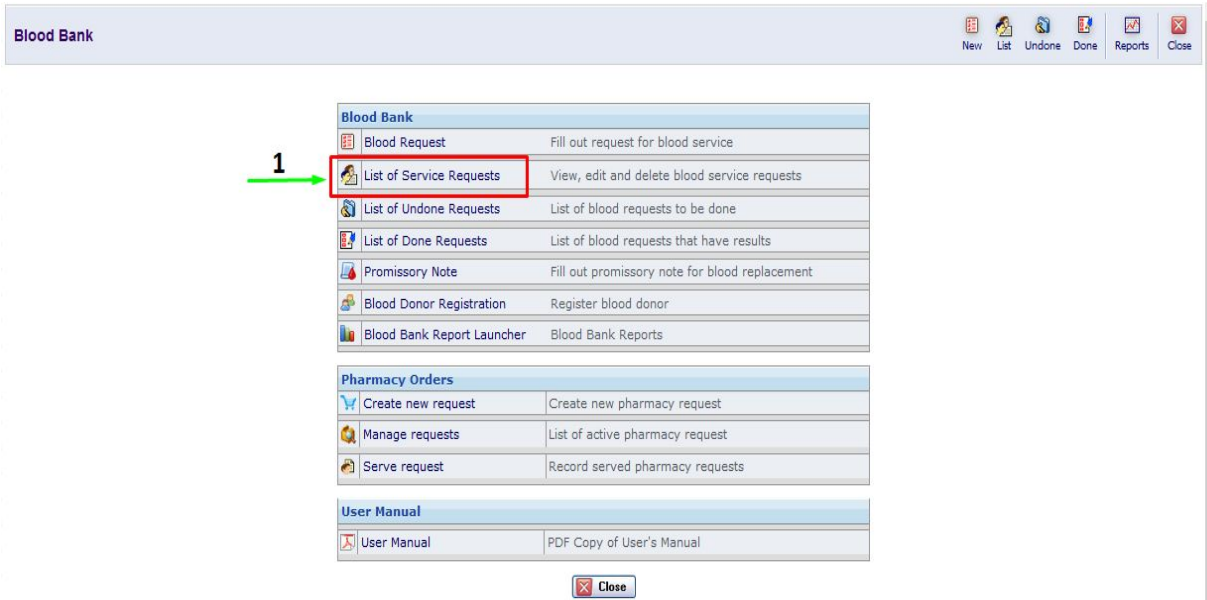
History of Previous Transfusion: Where \_\_\_\_\_ When \_\_\_\_\_ Type of Request: ( ) Routine ( ) STAT



8

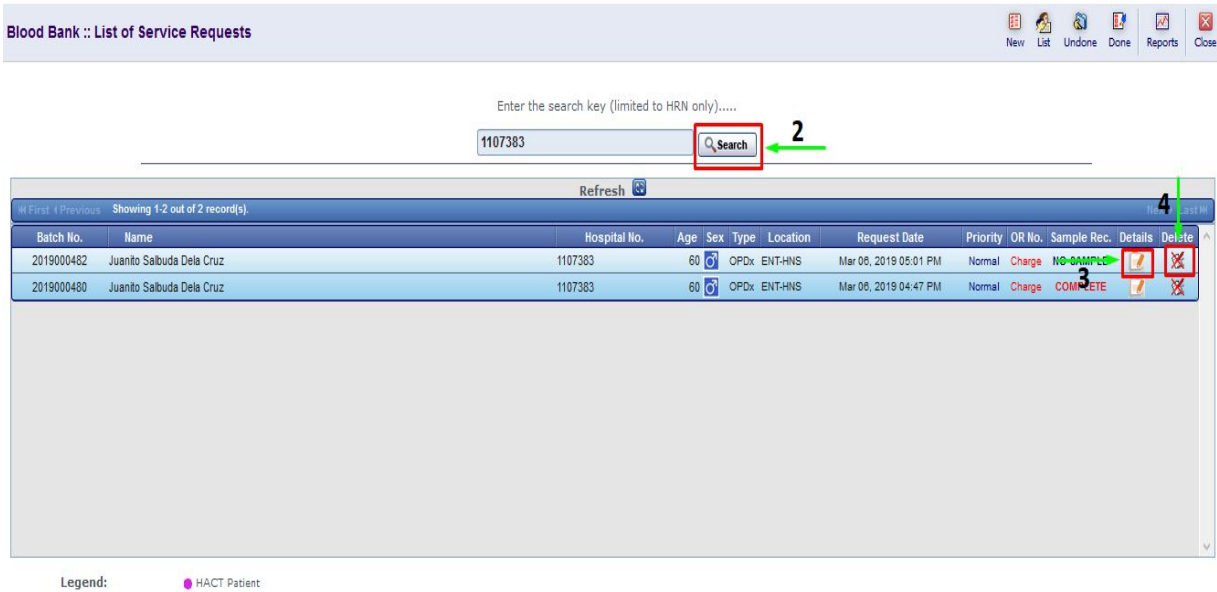


LIST OF SERVICE REQUEST

- 1. Under **Blood Bank** menu, click '**List of Service Requests**' button to view, edit and delete blood service request.



- 2. Enter **HRN** and click '**Search**' button or hit enter key to search.
- 3. Click  icon to view and/or update the request's details.
- 4. Click  icon to delete the service request.



LIST OF UNDONE REQUEST

- 1. Under Blood Bank, click ‘List of Undone Requests’ to view the list of blood request to be done.

Blood Bank

New

List

Undone

Done

Reports

Close

Blood Bank

Blood Request

Fill out request for blood service

List of Service Requests

View, edit and delete blood service requests

1

List of Undone Requests

List of blood requests to be done

List of Done Requests

List of blood requests that have results

Promissory Note

Fill out promissory note for blood replacement

Blood Donor Registration

Register blood donor

Blood Bank Report Launcher

Blood Bank Reports

Pharmacy Orders

Create new request

Create new pharmacy request

Manage requests

List of active pharmacy request

Serve request

Record served pharmacy requests

User Manual

User Manual

PDF Copy of User's Manual

- 2. Enter patient **HRN** and click ‘Search’ button or hit enter key to search.

- 3. Click  icon to view and update the process request.

Enter the search key (limited to HRN only).....

1107383

Search

Refresh

Showing 1-2 out of 2 record(s).

Batch No.

Name

Hospital No.

Age

Sex

Type

Location

Service Requested

Request Date

Priority

OR No.

Results

2019000482

Juanito Salbuda Dela Cruz

1107383

60

OPDx

ENT-HNS

BLOOD TYPING (ABO only)

Mar 06, 2019 08:01 PM

Normal

Change

3

2019000482

Juanito Salbuda Dela Cruz

1107383

60

OPDx

ENT-HNS

CROSSMATCHING

Mar 06, 2019 05:01 PM

Normal

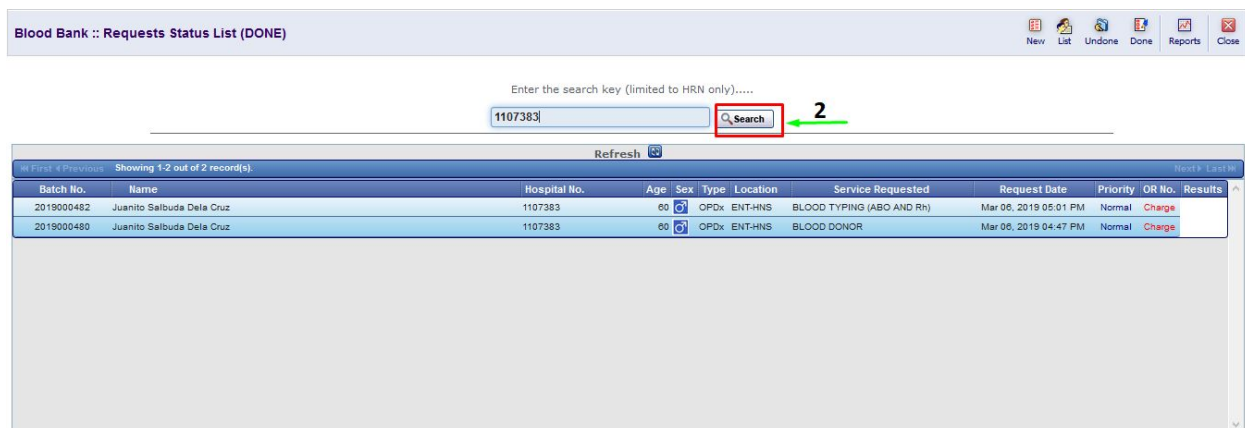
Change

LIST OF DONE REQUEST

- 1. Under the **Blood Bank** menu, click '**List of Done Request**' button to view the list of blood request with results.

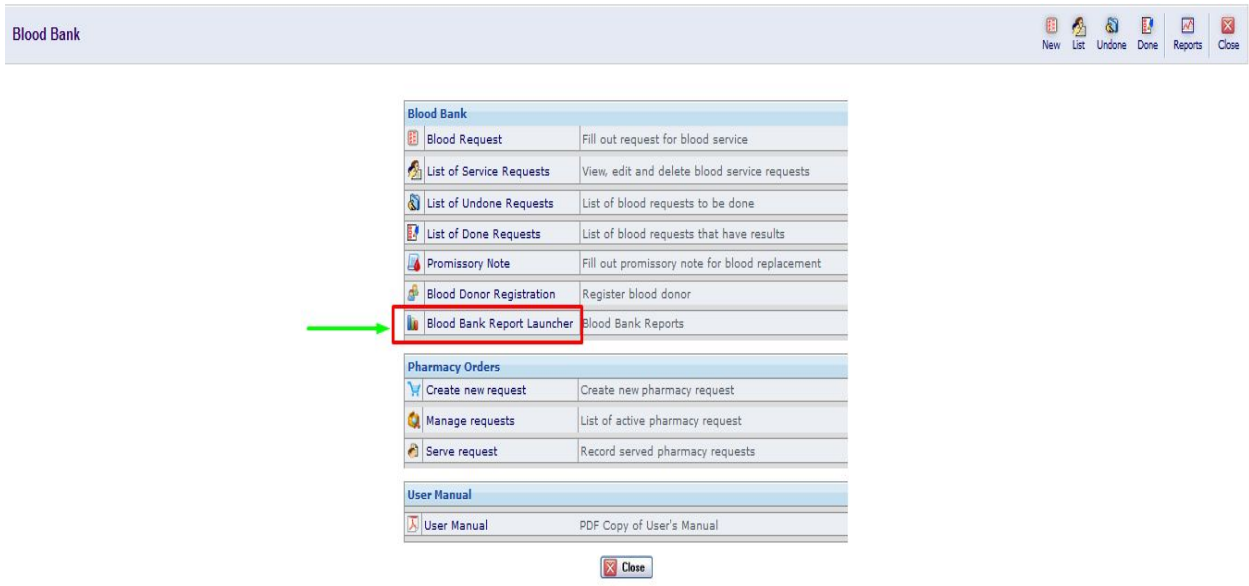




- 2. Enter **HRN** and click '**Search**' button or hit enter key to search.

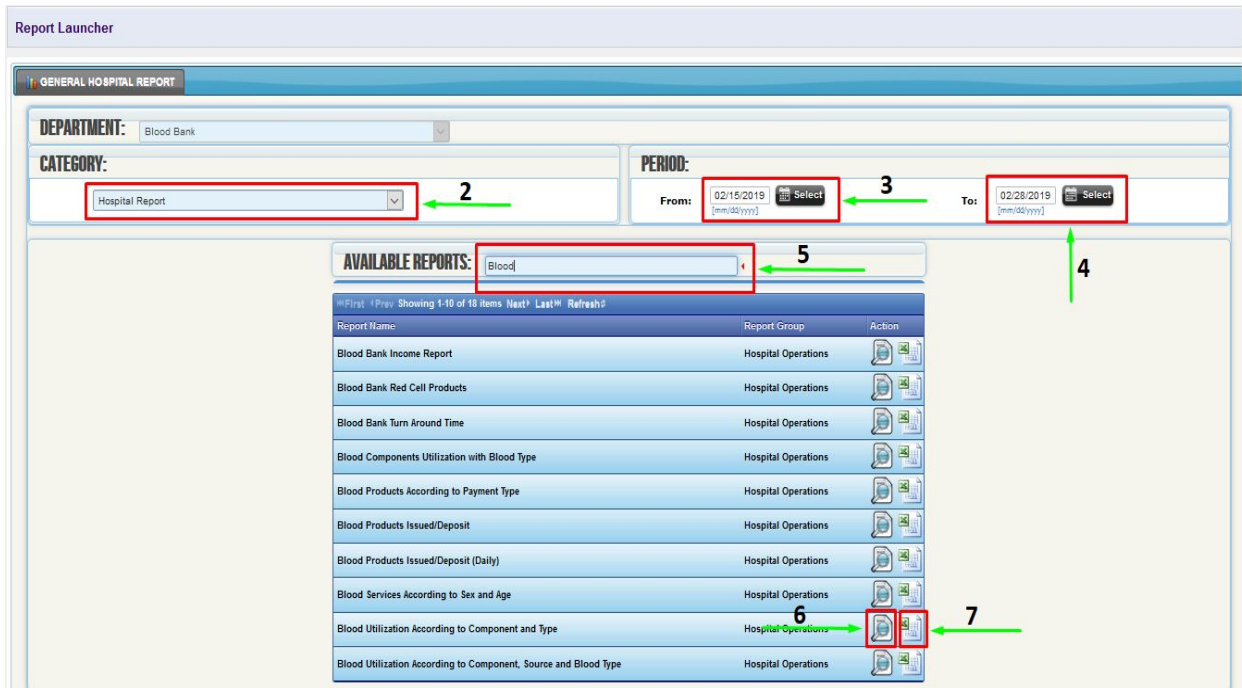


BLOOD BANK REPORT LAUNCHER

- 1. Under **Blood Bank** menu, click '**Blood Bank Report Launcher**' button to view the list of a blood bank report



- 2. Set '**Category**' the drop-down menu provided.
- 3. Under **Period**, enter or set the date on the textbox beside **FROM** to indicate the period date.
- 4. Under **Period**, enter or set the date on the textbox beside **TO** to indicate the period date.
- 5. Enter the name of the report to search.
- 6. Click  icon to view the report in PDF format. (See the sample below.)
- 7. Click  icon to view the report in Excel format. (See the sample below.)



Sample PDF Format Output of Hospital Report (No. 6)

| SOUTHERN PHILIPPINES MEDICAL CENTER  |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
|--|---------------------|--------------|------------|---------|--------------|------------|---------|--------------|------------|---------|--------------|------------|---------|--------------|------------|---------------|------------------|-----------------|
| HOSPITAL OPERATIONS  |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
| TOTAL NUMBER OF UNITS ACCORDING TO COMPONENT AND BLOOD TYPE                          |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
| Blood Bank   |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
| Period: February 15, 2019 to February 28, 2019                                       |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
| Blood Component  | A                   |              |            | AB      |              |            | B       |              |            | O       |              |            | Others  |              |            | Total Deposit | Total Crossmatch | Total Transfuse |
|  | Deposit             | Crossmatched | Transfused | Deposit | Crossmatched | Transfused | Deposit | Crossmatched | Transfused | Deposit | Crossmatched | Transfused | Deposit | Crossmatched | Transfused |               |                  |                 |
| PLASMA PRODUCT   | Cryoprecipitate     | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|  | Fresh Frozen Plasma | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|  | Platelet Cells      | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|  | Sub Total           | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
| RED CELL PRODUCT   | ALIQUOT             | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 4          | 0             | 4                | 0               |
|  | Packed Blood Cells  | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|  | WB and PRBC         | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|  | Whole Blood         | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|  | Sub Total           | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 4            | 0          | 0             | 4                | 0               |
| GRAND TOTAL  |                     | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 4       | 0            | 0          | 4             | 0                | 0               |
| DATE GENERATED :Fri Mar 08 11:05:27 PHT 2019 by Segworks Hospital Information System |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
| Page 1 of 1  |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |

Sample Excel Format Output of Hospital Report (No. 7)

| HOSPITAL OPERATIONS   |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
|---|---------------------|--------------|------------|---------|--------------|------------|---------|--------------|------------|---------|--------------|------------|---------|--------------|------------|---------------|------------------|-----------------|
| TOTAL NUMBER OF UNITS ACCORDING TO COMPONENT AND BLOOD TYPE |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
| Blood Bank  |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
| Period: February 15, 2019 to February 28, 2019              |                     |              |            |         |              |            |         |              |            |         |              |            |         |              |            |               |                  |                 |
| Blood Component   | A                   |              |            | AB      |              |            | B       |              |            | O       |              |            | Others  |              |            | Total Deposit | Total Crossmatch | Total Transfuse |
|   | Deposit             | Crossmatched | Transfused | Deposit | Crossmatched | Transfused | Deposit | Crossmatched | Transfused | Deposit | Crossmatched | Transfused | Deposit | Crossmatched | Transfused |               |                  |                 |
| PLASMA PRODUCT  | Cryoprecipitate     | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|   | Fresh Frozen Plasma | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|   | Platelet Cells      | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|   | Sub Total           | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
| RED CELL PRODUCT  | ALIQUOT             | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 4       | 0            | 0          | 4             | 0                | 0               |
|   | Packed Blood Cells  | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|   | WB and PRBC         | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|   | Whole Blood         | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0             | 0                | 0               |
|   | Sub Total           | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 4       | 0            | 0          | 4             | 0                | 0               |
| GRAND TOTAL   |                     | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 0       | 0            | 0          | 4       | 0            | 0          | 4             | 0                | 0               |



CREATE NEW REQUEST

- 1. Under Pharmacy Orders, click 'Create new request' button to create new pharmacy request.

Blood Bank

New

List

Undo

Done

Reports

Close

|                 |                            |  |
|-----------------|----------------------------|--|
| Blood Bank      |                            |  |
|                 | Blood Request              | Fill out request for blood service             |
|                 | List of Service Requests   | View, edit and delete blood service requests   |
|                 | List of Undone Requests    | List of blood requests to be done              |
|                 | List of Done Requests      | List of blood requests that have results       |
|                 | Promissory Note            | Fill out promissory note for blood replacement |
|                 | Blood Donor Registration   | Register blood donor                           |
|                 | Blood Bank Report Launcher | Blood Bank Reports                             |
| Pharmacy Orders |                            |  |
|                 | Create new request         | Create new pharmacy request                    |
|                 | Manage requests            | List of active pharmacy request                |
|                 | Serve request              | Record served pharmacy requests                |
| User Manual     |                            |  |
|                 | User Manual                | PDF Copy of User's Manual                      |

- 2. Click icon to search patient using HRN.

Pharmacy area

BLOOD TRANSFUSION SERVICE

Request Details

Type: ☒ Cash ☐ Charge

Name:

Address:

Patient type: WALK-IN

HRN:

Location: WALK-IN

PHIC no: None

Category:

Reference No.

2019223578

Reset

Request Date

April 5, 2019 9:19am

Discounts

Classification: None

☐ Senior citizen

Request options

Priority ☒ Routine ☐ Stat

Notes:

Add items

Empty list

Coverages

Submit

Cancel

| Item No.                         | Item Description | Consigned | Quantity | Price(Orig) | Price(Adj) | Total  |
|----------------------------------|------------------|-----------|----------|-------------|------------|--------|
| Order list is currently empty... |                  |           |          |             |            |        |
| Sub-Total                        |                  |           |          |             |            | 0.00   |
| Discount                         |                  |           |          |             |            | (0.00) |
| Net Total                        |                  |           |          |             |            | 0.00   |

- a. Enter HRN or Case No. and click 'Search' button or hit enter key to search patient.
- b. Click the 'Case #' to display the searched patient in mainframe.

Select a Person

Search Person

HRN 1107383

Case # Case Number

Search

Displaying 1-1 of 1 result.

| Pid     | Full Name             | Case #       | Case Date         | Confinement Type | Sex | options |
|---------|-----------------------|--------------|-------------------|------------------|-----|---------|
| 1107383 | DELA CRUZ, JUANITO S. | 201650254875 | September 5, 2016 | OPD              |     |         |

3. Choose **Transaction type**:
- For **Cash** transactions, choose ☐ Cash beside Transaction Type.
- For **Charge** transactions, choose ☒ Charge type where to deduct the request.
4. Click **'Add item'** button to select items that will be added to the request list.

Pharmacy area BLOOD TRANSFUSION SERVICE

| Request Details  |                  | Reference No.  | Request Date         |             |            |        |
|--|------------------|--|----------------------|-------------|------------|--------|
| Type: <input type="radio"/> Cash <input checked="" type="radio"/> Charge TPL   |                  | 2019223576 <input type="button" value="Reset"/>  | April 5, 2019 9:19am |             |            |        |
| Name: DELA CRUZ, JUANITO S.  |                  |  |                      |             |            |        |
| Address: ZONE 4 SAN VICENTE, NOT PROVIDED, DAVAO CITY 8000   |                  |  |                      |             |            |        |
| Patient type: OPD<br>HRN: 1107383<br>Location: ENT-HNS<br>PHIC no: None<br>Category: N/A   |                  |  |                      |             |            |        |
| Classification: LINGAP<br><input type="checkbox"/> Senior citizen  |                  | Request options<br>Priority <input checked="" type="radio"/> Routine <input type="radio"/> Stat<br>Notes |                      |             |            |        |
| <input checked="" type="button" value="Add items"/> <input type="button" value="Empty list"/> <input type="button" value="Coverages"/> |                  | <input checked="" type="button" value="Submit"/> <input type="button" value="Cancel"/>                   |                      |             |            |        |
| Item No.   | Item Description | Consigned  | Quantity             | Price(Orig) | Price(Adj) | Total  |
| Order list is currently empty...   |                  |  |                      |             |            |        |
| Sub-Total  |                  |  |                      |             |            | 0.00   |
| Discount   |                  |  |                      |             |            | (0.00) |
| Net Total  |                  |  |                      |             |            | 0.00   |

5. Click **'Submit'** button to save the request. Before processing the request, the system will prompt a confirmation. Else click **'Cancel'** button the request.

Pharmacy area BLOOD TRANSFUSION SERVICE

| Request Details  |                  | Reference No.  | Request Date         |             |            |        |
|--|------------------|--|----------------------|-------------|------------|--------|
| Type: <input type="radio"/> Cash <input checked="" type="radio"/> Charge TPL   |                  | 2019223578 <input type="button" value="Reset"/>  | April 5, 2019 9:19am |             |            |        |
| Name: DELA CRUZ, JUANITO S.  |                  |  |                      |             |            |        |
| Address: ZONE 4 SAN VICENTE, NOT PROVIDED, DAVAO CITY 8000   |                  |  |                      |             |            |        |
| Patient type: OPD<br>HRN: 1107383<br>Location: ENT-HNS<br>PHIC no: None<br>Category: N/A   |                  |  |                      |             |            |        |
| Classification: LINGAP<br><input type="checkbox"/> Senior citizen  |                  | Request options<br>Priority <input checked="" type="radio"/> Routine <input type="radio"/> Stat<br>Notes |                      |             |            |        |
| <input checked="" type="button" value="Add items"/> <input type="button" value="Empty list"/> <input type="button" value="Coverages"/> |                  | <input checked="" type="button" value="Submit"/> <input type="button" value="Cancel"/>                   |                      |             |            |        |
| Item No.   | Item Description | Consigned  | Quantity             | Price(Orig) | Price(Adj) | Total  |
| Order list is currently empty...   |                  |  |                      |             |            |        |
| Sub-Total  |                  |  |                      |             |            | 0.00   |
| Discount   |                  |  |                      |             |            | (0.00) |
| Net Total  |                  |  |                      |             |            | 0.00   |

- a. If **Submit** Click **'OK'** button to confirm.
- b. Click **'OK'** to confirm else click **'Cancel'**.

Process this request?

6. In Search Option, choose and click appropriate boxes to search. Search patient using a correct search key. Then, click **‘Search’** button.

Search options

☐ Select payor

Payor Name

☐ Select date

Today

☐ Select area

BLOOD TRANSFUSION SERVICE

Search

Order Search Result:

First Prev Showing 1-10 of 128 item(s) Next Last Refresh

| Date               | Ref No.    | Name               | Items  | Location            | Priority       | Area                     | Details |
|--------------------|------------|--------------------|--|---------------------|----------------|--------------------------|---------|
| 2019-04-04 02:02pm | 2019223577 | MELGAR, REGEL B.   | SURGICAL BLADE 10, SURGICAL GLOVES 7, STERILE GAUZE (OS) (5pcs per pack) Regular, OXYGEN MASK (ADULT / PEDIA), SUCTION CATH FR. 8 (fs), SURGICAL GLOVES 6 1/2, SURGICAL GLOVES 7 1/2, SYRINGE W/ NEEDLE 5cc DISP, ADULT DIAPER (L), CORD CLAMP       | MED1 Rm # :2        | Charge/ Normal | In-Pt-Pharma-Cons-Retail | SERVED  |
| 2019-04-04 09:09am | 2019223576 | ZOLDYCK, KILLUA M. | HYDROCORTISONE 500MG (DM164), DEXAMETHASONE 4MG/ML 2ML (91), PHYTOMENADION 10MG/ML (266), PLAIN NSS 1L (DM322), PIPERACILLIN + TAZOBACTAM 2.25MG (DM269), ILOCEF 1G (FS), MERVEX 1GM (FS), HYDROCORTISONE 250MG (DM163), CIROK 200MG/100ML VIAL (FS) | ER - Main Triage () | Charge/ Normal | IN-PATIENT PHARMACY      | SERVED  |
| 2019-04-04 09:04am | 2019223575 | FRICS, GON M.      | DEXAMETHASONE 4MG/ML 2ML (91)  | ADULTONCO Rm # :2   | Cash/ Normal   | IN-PATIENT PHARMACY      | SERVED  |
|                    |            |                    | DEXAMETHASONE 4MG/ML 2ML (91), PIPERACILLIN  |                     |                |                          |         |

SERVE REQUEST

- 1. Click 'Serve request' button to view the records served pharmacy request.

ER

OPD

PHS

IPBM

Medical Records

Doctors

OR

Laboratories

Blood Bank

Radiology

OB Gyne

Pharmacy

Dialysis

Social Service

PDPU

HSSC

Blood Bank

Blood Request

Fill out request for blood service

List of Service Requests

View, edit and delete blood service requests

List of Undone Requests

List of blood requests to be done

List of Done Requests

List of blood requests that have results

Promissory Note

Fill out promissory note for blood replacement

Blood Donor Registration

Register blood donor

Blood Bank Report Launcher

Blood Bank Reports

Pharmacy Orders

Create new request

Create new pharmacy request

Manage requests

List of active pharmacy request

Serve request

Record served pharmacy requests

- 2. In Search Option, choose and click appropriate boxes to search. Search patient using a correct search key. Then, click 'Search' button.

Search options

Reference #

Select payor

Payor Name

Select date

Today

Select status


- Select one -

Search

Search result:

Showing 1-10 out of 10 record(s)

| Date               | Ref No.    | Name               | Items  | Location            | Status | Priority | Area                | Details                           |
|--------------------|------------|--------------------|--|---------------------|--------|----------|---------------------|-----------------------------------|
| 2019-04-04 09:09am | 2019223576 | ZOLDYCK, KILLUA M. | HYDROCORTISONE 500MG (DM164), DEXAMETHASONE 4MG/ML 2ML (91), PHYTOMENADION 10MG/ML (266), PLAIN NSS 1L (DM322), PIPERACILLIN + TAZOBACTAM 2.25MG (DM269), ILOCEF 1G (FS), MERVEX 1GM (FS), HYDROCORTISONE 250MG (DM163), CIROK 200MG/100ML VIAL (FS) | ER - Main Triage () | SERVED | CHARGE   | IN-PATIENT PHARMACY | <div><div></div><div></div></div> |

- 3. Click  icon to update the request and the Served Order Form will display.

Search result:

Showing 1-10 out of 10 record(s)

| Date               | Ref No.    | Name               | Items  | Location            | Status | Priority | Area                | Details                                      |
|--------------------|------------|--------------------|--|---------------------|--------|----------|---------------------|--|
| 2019-04-04 09:09am | 2019223576 | ZOLDYCK, KILLUA M. | HYDROCORTISONE 500MG (DM164), DEXAMETHASONE 4MG/ML 2ML (91), PHYTOMENADION 10MG/ML (266), PLAIN NSS 1L (DM322), PIPERACILLIN + TAZOBACTAM 2.25MG (DM269), ILOCEF 1G (FS), MERVEX 1GM (FS), HYDROCORTISONE 250MG (DM163), CIROK 200MG/100ML VIAL (FS) | ER - Main Triage () | SERVED | CHARGE   | IN-PATIENT PHARMACY | <div><div><div></div></div><div></div></div> |
| 2019-04-04 09:04am | 2019223575 | FRICS, GON M.      | DEXAMETHASONE 4MG/ML 2ML (91)  | ADULTONCO Rm # -2   | SERVED | PAID     | IN-PATIENT PHARMACY | <div><div><div></div></div><div></div></div> |

- 4. Choose 'Served' to serve the request order
- 5. Put or Mark check to 'Served' all the request order.

Serve order

Order Details

Transaction type

Cash

Charge

TPL

Name

ZOLDYCK, KILLUA M.

Address

NOT PROVIDED, DAVAO CITY 8000

Reference No.

2019223576

Reset

Order Date

April 4, 2019 9:09am

Discounts

Classification: None

Order options

Priority

Normal

Urgent

Notes

4

| Item No. | Item Description                         | Qty | Price  | Total    | Status | Served? | Used? | Write note |
|----------|--|-----|--------|----------|--------|---------|-------|------------|
| 1066     | HYDROCORTISONE 500MG (DM164)             | 5   | 117.00 | 585.00   | CHARGE | Served  | Used  |            |
| 1810     | DEXAMETHASONE 4MG/ML 2ML (91)            | 5   | 39.00  | 195.00   | CHARGE | Served  | Used  |            |
| 2379     | PHYTOMENADION 10MG/ML (266)              | 5   | 22.00  | 110.00   | CHARGE | Served  | Used  |            |
| 2460     | PLAIN NSS 1L (DM322)                     | 5   | 110.00 | 550.00   | CHARGE | Served  | Used  |            |
| 3268     | PIPERACILLIN + TAZOBACTAM 2.25MG (DM269) | 5   | 104.00 | 520.00   | CHARGE | Served  | Used  |            |
| 3452     | ILOCEF 1G (FS)                           | 5   | 260.00 | 1,300.00 | CHARGE | Served  | Used  |            |