**User Oriented Data Dictionary**

Address: Supplier's postal address.

Charge Nurse Signature: Signature of the Charge Nurse who initiated the order on the requisition form.

Cost per Unit: Cost of each unit of surgical, nonsurgical, or pharmaceutical supplies.

Description: Description of a surgical supply or pharmaceutical drug.

Dosage: Recommended dosage of a pharmaceutical drug.

Drug Name: Name of a pharmaceutical drug (e.g., antibiotics, painkillers).

Drug Number: Unique identifier for each pharmaceutical supply.

Email: Supplier's email address.

Fax Number: Supplier's fax number.

Finish Date: Date when the medication for a patient is finished.

Item Description: Description of a surgical or nonsurgical supply item.

Item Name: Name of a surgical or nonsurgical supply item.

Item Number: Unique identifier for each surgical or nonsurgical supply item.

Location: Physical location of a ward (e.g., E Block).

Method of Administration: How a pharmaceutical drug or patient medication is administered (e.g., oral, intravenous (IV)).

Patient Name: Name of a patient receiving medication.

Patient Number: Unique identifier for a patient.

Quantity in Stock: Current quantity of surgical, nonsurgical, or pharmaceutical supplies in stock.

Quantity Required: Quantity of a surgical, nonsurgical, or pharmaceutical supply requested in a ward requisition.

Reorder Level: Minimum quantity threshold to trigger a reorder of surgical, nonsurgical, or pharmaceutical supplies.

Start Date: Date when the medication for a patient is started.

Staff Name: Name of the staff member placing a requisition for supplies.

Supplier Name: Name of a supplier of surgical, nonsurgical, or pharmaceutical items.

Supplier Number: Unique identifier for each supplier.

Telephone Extension Number: Extension number to contact a ward (e.g., Extn. 7711).

Telephone Number: Supplier's telephone number.

Total Beds: Total number of beds available in a ward.

Units per Day: Number of units of a pharmaceutical drug to be administered daily.

Ward Name: Name of a ward (e.g., Orthopedic).

Ward Number: Unique identifier for each ward (e.g., Ward 11).

Ward Requisitions: Process of placing and fulfilling requisitions for surgical, nonsurgical, or pharmaceutical supplies in a ward.

Wards: Hospital sections providing care for elderly patients, including 17 wards and an outpatient clinic.

**List of Assumptions:**

1. All data items (e.g., patient names, drug names, item names) are assumed to be unique.

2.Requisition forms are only used to request surgical, nonsurgical, and pharmaceutical supplies.

3.The ward requisition form is signed and dated by the Charge Nurse upon receiving the ordered supplies.

4.There is a process in place to handle changes in item/drug details, supplier details, and ward details as needed.

5.Patient medication details are regularly updated to reflect any changes in prescriptions or dosages.

6.The hospital maintains a proper record of staff members' qualifications and work experience to facilitate easy searching.

7.The stock quantity of surgical, nonsurgical, and pharmaceutical supplies is updated upon receiving new deliveries or dispensing items to wards.

8.The hospital follows proper security protocols to ensure data privacy and restrict access to sensitive information.

**Cross Reference Table**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Data Item | Requisition Form | Medication Record | Surgical/Non-Surgical Supplies Record | Suppliers Record | Pharmaceutical Supplies Record | Ward Report |
| Address |  |  |  | ✔ |  |  |
| Cost per Unit | ✔ |  | ✔ |  | ✔ |  |
| Date Ordered | ✔ |  |  |  |  |  |
| Description | ✔ |  | ✔ |  | ✔ |  |
| Dosage | ✔ |  |  |  | ✔ |  |
| Drug Name | ✔ | ✔ |  |  | ✔ |  |
| Drug Number | ✔ | ✔ |  |  | ✔ |  |
| Email |  |  |  | ✔ |  |  |
| Fax Number |  |  |  | ✔ |  |  |
| Finish Date |  | ✔ |  |  |  |  |
| Item Description |  |  | ✔ |  | ✔ |  |
| Item Name |  |  | ✔ |  | ✔ |  |
| Item Number |  |  | ✔ |  | ✔ |  |
| Location |  |  |  |  |  | ✔ |
| Method of Administration | ✔ | ✔ |  |  |  |  |
| Name of Staff | ✔ |  |  |  |  |  |
| Number of Beds |  |  |  |  |  | ✔ |
| Number of Ward | ✔ |  |  |  |  | ✔ |
| Patient Name |  | ✔ |  |  |  |  |
| Patient Number |  | ✔ |  |  |  |  |
| Quantity in Stock |  |  | ✔ |  | ✔ |  |
| Quantity Required | ✔ |  | ✔ |  | ✔ |  |
| Reorder Level | ✔ |  | ✔ |  | ✔ |  |
| Requisition Number | ✔ |  |  |  |  |  |
| Start Date |  | ✔ |  |  |  |  |
| Supplier Name |  |  |  | ✔ |  |  |
| Supplier Number |  |  |  | ✔ |  |  |
| Telephone Extension Number |  |  |  | ✔ |  |  |
| Telephone Number |  |  |  | ✔ |  |  |
| Ward Name |  |  |  |  |  | ✔ |
| Ward Number |  |  |  |  |  | ✔ |