Animal health care service

NTQF Level - II

Learning Guide -01

Unit of Competence: - carry out basic veterinary reception

Module Title: carrying out basic veterinary reception

LG Code: AGRAHC2M13LO1-LG- 01

TTLM Code: AGRAHC2 TTLM 1019v1

LO1: Compile patient and client history

Instruction Sheet	Learning Guide #-

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics –

- Receiving client courteously
- Patient identification
- Identifying existing client and patient history
- Establishing new client and patient records
- Completing patient admission and discharge documentation

This guide will also assist you to attain the learning outcome stated in the cover page.

Specifically, upon completion of this Learning Guide, **you will be able to –**

- Receive client courteously
- Patient identification
- Identify existing client and patient history
- Establish new client and patient records
- Complete patient admission and discharge documentation

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described in number 2 to 17.
3. Read the information written in the "Information Sheets 1". Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them.
4. Accomplish the "Self-check 1 on page 5"
5. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 1).
6. If you earned a satisfactory evaluation proceed to "Information Sheet 2". However, if your rating is unsatisfactory, see your teacher for further instructions or go back to Learning Activity #1.
7. Submit your accomplished Self-check. This will form part of your training portfolio.
8. Read the information written in the "Information Sheets 2". Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them.
9. Accomplish the "Self-check 2 on page 10"

10. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 2).

11. Submit your accomplished Self-check. This will form part of your training portfolio.

12. Read the information written in the "Information Sheets 3". Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them

13. Accomplish the "Self-check 3 on page 12"

14. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 3).

15. Submit your accomplished Self-check. This will form part of your training portfolio.

16. Read the information written in the "Information Sheets 4". Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them

17. Accomplish the "Self-check 4 on page 14"

18. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 4).

19. Submit your accomplished Self-check. This will form part of your training portfolio.

20. Read the information written in the "Information Sheets 5". Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them

21. Accomplish the "Self-check 5 on page 19"

22. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check 5).

23. Submit your accomplished Self-check. This will form part of your training portfolio.

Information Sheet-1	Compile patient and client histories

1. Compile patient and client histories

1.1. Receiving client courteously

A receptionist is an employee taking an office/administrative support position. The work is usually performed in a waiting area such as a lobby or front office desk of an organization or business. The title "receptionist" is attributed to the person who is specifically employed by an organization to receive or greet any visitors, patients, or clients and answer telephone calls. A receptionist is usually expected to have a high school diploma or its equivalent, but a receptionist may also possess a vocational certificate/diploma in business and office administration. Although a post secondary degree is not normally required for this position, some receptionists may hold four-year university degrees in a variety of majors. Some receptionists may even hold advanced degrees.

Self-Check -1	Written Test

Directions:

Write short answer for the following questions (5pnt each)

1. What is receptionist?

2. What is the work of receptionist?

Note: **Satisfactory rating - 5 points   Unsatisfactory - below 5 points**

You can ask you teacher for the copy of the correct answers.

Name: _____ IDN0:_____

Score = _____
Rating: _____

Answer sheet:

Part two: Write short answer for the following questions (2.5pnt each)

1. …………………………………………………………………………………...

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2. …………………………………………………………………………………

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Information Sheet-2	2. Patient identification

2.1. Identifying patient

.2.1.1. Animal identification

Incorrect identification of a patient can lead to erroneous test results and possible harm to the patient. In an effort to provide quality patient care and assure accurate test results, the laboratory has adopted the following policy.

Policy

1. A patient identification band must be attached to the patient before collection of any specimen from that patient.

2. Identification bands attached to the patient's bed or to the wall above the patient's bed will not be used to identify the patient.

3. In circumstances which prevent the patient from being able to wear an identification band, the patient must be identified by a physician or nurse. The person identifying the patient must write on the laboratory request "patient identified by" and their initials.

4. In an emergency situation where the patient has no identification banand cannot be identified, a blood bank ID band may be attached to the patient. The blood bank ID number may then be used to identify the patient. Additionally, patients tagged emergently during an external disaster, may be identified utilizing tags assigned by disaster triage.

PREPARED BY: _____

APPROVED BY: _____DATE_____

(Medical Director)

APPROVED BY:_____DATE_____

(Clinical Director)

Since the beginning of animal domestication, the proper care and husbandry of the animal kingdom has been a noble and enduring profession. As scientific and medical knowledge evolved and progressed, veterinary medicine was born. Since the early stages of veterinary medicine, individual clinical assessment and individual therapy were the cornerstones of respected veterinary care. Given

the industrialization and consolidation of animal production over the last 50 years, individual animal assessment and individual care has evolved to herd and group veterinary management and production practices.

The advent of masses (entire geographic areas) of animals being free of certain infectious diseases has set up increasing risks for major disease epidemics. These epidemics are certain as larger and larger numbers of animals are grouped in food production environments. Protecting the "nation's herd" and applying scientific and technological knowledge in this protection mission will propel veterinary medicine towards a world of animal agriculture that is "data rich".

Growing terror initiatives and evolving export demands are accelerating the adoption of animal information technologies. This data rich environment will offer new ways to assess, manage, and market the business of animal production. Further, protecting the domestic food supply from interruptions and contamination is on the forefront of many political leaders' agendas. Concurrently, economic stability in affluent countries demands that food safety and availability be one of a nation's highest priorities. These trends and pressure points are pushing the meat industries in North America and elsewhere to better coordinate and data enrich their businesses. How does the Food Supply Veterinarian fit into this rapidly changing and evolving opportunity?

Producers, adjusting to these changing demands, will need local support and advice on compliance and adoption strategies for their animals and herds. This support and advice will focus on the producers need to understand technology and strategic options to comply with developing ID initiatives. Local food supply veterinary care is still one of the most trusted sources of information in production agriculture. Veterinarians must use this "call to action" as another way to assist animal agriculture to move forward into this new dimension of data enriched identification and coordination.

National Animal Identification

There are wide ranging opinions concerning the potential positive and negative impacts following implementation of an identification system. The implementation of a national system will undoubtedly result in changes in the way business is conducted in animal agriculture. These changes will result in opportunities for Veterinarians. As this initiative unfolds, the resultant data rich environment of animal agriculture will present many new management thoughts and actions. This expanding data environment in a traditionally "data poor" industry will introduce new animal management and market strategies. Here are a few of the ways Veterinarians may participate in this new marketplace.

Accredited Veterinarians

Federally accredited Veterinarians have served for years on the frontline of managing animal diseases. They have protected the national herd from foreign animal and zoonotic diseases through their participation in Federal eradication and surveillance programs. In the past, considerable time and effort have been devoted to paper based information systems. New technology is resulting in online federal forms and automated computer based data collection. This reduces the time required for paper work and data entry. A good example of this is the recently deployed Interstate Certificates of Veterinary.

Art of patient identifications:

Currently available systems do not specifically address the issue of a globally available patient identification, tracking, monitoring and rescue mechanism that be used to cover each and every patient on this planet, cross-reference patient recodes, be available for implementation globally, and be technology/platform independent. Medical data related to the patient must be available upon requirement in the emergency situations to save human life. For example, a particular patient's blood type shall reveal an important data that can be crucial to saving time for an immediate medical treatment. Also, prior knowledge about allergies can prevent a wrong drug from being administered. Complete medical data can be of vital importance, and should be available at all times globally for patient medical reference. Most of currently available systems are stand-alone databases confined to specific medical care providers, with limited or no interoperability.

Among existing systems for local patient tracking, some are based on obsolete techniques that severely limit patient freedom and mobility. For instance, a weight-driven sensor attached to patient bed would alert medical staff whenever the patient is off the bed. A prior art system for providing feedback about an individual patient for automated remote patient care is disclosed in U.S. Pat. No. 6,852,080 (issued Feb. 8, 2005). A medical device having a sensor for monitoring physiological measures of an individual patient regularly records a set of measures. A remote client processes voice feedback into a set of quality of life measures relating to patient self-assessment indicators. A database collects the collected measures set, the identified collected device measures set and the quality of life measures set into a patient care record for the individual patient. A server periodically receives the identified collected device measures set and the quality of life measures set from the medical device, and analyzes the identified collected device measures set, the quality of life measures set, and the collected device measures sets in the patient care record relative to other collected device measures sets stored in the database to determine a patient status indicator.

The tag comprising an electronic circuit including an alarm circuit, having means for generating an alarm signal upon the capacitance measuring circuit detecting a level of capacitance corresponding to an alarm condition, whereby the outer surface of the housing is placed in contact with the patient, the capacitance measuring circuit detects an alarm condition when the patient is no longer in contact with the outer surface of the tag. A prior art system for providing interactive medical information display system and method for displaying user-definable patient events is disclosed in U.S. Pat. No.5,447,164. An interactive medical information display system and method for displaying user-definable patient events is provided. The system includes a mechanism for acquiring physiological parameters from a patient and a mechanism for storing the parameters in a real-time database. A prior art system for determining a reference baseline of individual patient status for use in an automated collection and analysis patient care system is disclosed in U.S. Pat. No. 6,221,011. A set of collected measures is retrieved from a medical device adapted to be implanted in a patient. The collected device measure set includes individual measures which each relate to patient information recorded by the medical device adapted to be implanted during an initial time period. The collected device measures set is received from the medical device adapted to be implanted over a communications link which is interfaced to a network server. The collected device measure set is stored into a patient care record for the individual patient within a database server organized to store one or more patient care records.

A prior art system for locating and communicating with a remote medical device implanted in an ambulatory patient is disclosed in U.S. Pat. No. 5,752,976. The system includes a telemetry transceiver for communicating data and operating instructions between the implanted device and an external patient communications device. The communications device includes a communication link to a remote medical support network, a global positioning satellite receiver, and a patient activated link for permitting patient initiated communication with the medical support network. All the above referenced inventions fulfill some need in overall patient care system. While each one of these systems is suitable to meet a specific, yet isolated objective, there is no comprehensive system that aids in global interoperation, linkage and cross-referencing of patient data. Most of the existing systems providing similar help require the patient to activate a communication channel and are confined to operate within the home. With UPITS, no human intervention would be required to generate alerts. The automatically received signal shall be immediately processed and rescue teams dispatched, as needed. This system (UPITS) can, in particular, benefit the patients suffering from Alzheimer's, infirm seniors, and all at-risk cases, including children.

There is a need for a system and method for providing a universal way for capture of patient data, and provide a linkage and mechanism to take advantage of several isolated patient data records and bring their value for the benefit of patients. UPITS is the system that fulfills this gap and integrates several

isolated and disparate patient data gathering procedures in a seamless manner. By virtue of its linkage to UIN as the Global Reference Identifier, UPITS system assures a continuous retrieval, transferral, and automated linkage of retrieved medical records, collected from any sources, relevant to a specific patient. This cross-referencing of medical records on a global basis aids in speeding up the diagnosis and treatment process. Also, grid computing can be effectively used to leverage UPITS system for building diagnostic patterns to help alleviate human suffering and disease.

Self-Check -2	**Written Test**

Directions:

Write "True" if the statement is correct and "False" if not (5point each)

_____ 1. Incorrect identification of a patient can lead to erroneous test results

_____ 2. In an effort to provide quality patient care and accurate test result patient identification band must be attached to the patient.

.

Note: **Satisfactory rating - 5 points   Unsatisfactory - below 5 points**

You can ask you teacher for the copy of the correct answers.

Score = _____

Rating: _____

Name: _____**IDN0:**_____

Answer sheet:

part one: **Write "True" if the statement is correct and "False" if not (2.5pnt each)**

_____1.

_____2

Information Sheet-3	Identifying existing client and patient history

3.1. Identifying existing client and patient history

Successful history-taking involves many veterinarian-client relationships, which must be learned by experience. Some suggestions are presented here as guidelines that may prove useful to the clinician. The veterinarian should introduce himself or herself to the owner, and the usual greetings of the day will help to establish a veterinarian-client relationship. Asking the owner 'how can I help you today?' is an effective opening question, which provides the owner the opporhmity to relate his or her concerns about the animals.

The owner or attendant must be handled with diplomacy and tact. The use of nontechnical terms is essential, since livestock owners are likely to be confused by technical expressions or reluctant to express themselves when confronted with terms they do not understand. Statements, particularly those concerned with time, should be tested for accuracy. Owners, and more especially herdsmen and agents, may attempt to disguise their neglect by condensing time or varying the chronology of events. If a detailed cross-examination of the owner seems likely to arouse some antagonism, it is advisable for the veterinarian to forego further questioning and be content with his or her own estimate of the dependability of the history. The clinician must try to separate owners' observations from their interpretations. A statement that the horse had a bout of bladder trouble may, on closer examination, mean that the horse had an attack of abdominal pain in which it assumed a posture usually associated with urination. Often, how-ever, it is impossible to avoid the use of leading questions - 'Did the pigs scour?', 'Was there any vomiting?' - but it is necessary to weigh the answers in accord-ance with the general veracity of the owner. Absence of a sign can only be deter-mined by inquiring whether or not it occurred. Simply to ask for a complete history of what has happened almost invariably results in an incomplete history. The clinician must, of course, know the right questions to ask; this knowledge comes with experience and familiarity with disease. Owners seldom describe clinical signs in their correct time sequence; part of the clinician's task is to establish the chronology of events. For completeness and accuracy in history-taking the clinician should con-form to a set routine. The system outlined below includes patient data, disease history and management history. The order in which these parts of the history are taken will vary. In general it is best to take the disease history first. The psycho-logical effect is good: the owner appreciates the desire to get down to the facts about his or her animal's illness.

Self-Check -3	Written Test

Directions:

Write "True" if the statement is correct and "False" if not (5point each)

_____ 1. Successful history-taking involves many veterinarian-client relationships.

_____ 2. The owner or attendant must be handled with diplomacy and tact.
.

Note: **Satisfactory rating - 5 points   Unsatisfactory - below 5 points**

You can ask you teacher for the copy of the correct answers.

Score = _____

Rating: _____

Name: _____**IDN0:**_____

Answer sheet:

part one: **Write "True" if the statement is correct and "False" if not (2.5pnt each)**

_____1.

_____2

Information Sheet-4	Establishing new client and patient records

4.1. Establish new client and patient records

If records are to be kept at all, even if only for financial purposes, accurate identifi-cation of the patient is essential. An animal's previous history can be referred to, the disease status of a herd can be examined, specimens for laboratory, examination can be dispatched with the knowledge that the results can be related to the correct patient.

Accurate records are also necessary for the submission of accounts for veterinary services rendered and the details of the owner's address and of the animals examined and treated must be accurate. These points may have no importance in establishing the diagnosis but they are of primary importance in the maintenance of a successful practice the relevant data include:

- Owner's name and initials
- Postal address and telephone number
- Species, type, breed (or estimate of parentage in a crossbred)
- Sex, age, name or number, body weight
- If necessary, a description, including color markings, polledness and other identifying marks, of the patient.

Such a list may appear formidable but many of the points, such as age, sex, breed, type (use made of animal, e.g. Beef, dairy, mutton, wool), are often of importance in the diagnosis. A case history of a parti-cular animal may suggest that further treatment is likely to be uneconomic because of age, or that a particular disease is assuming sufficient importance in a herd for different control measures to be warranted. Computers are now being used extensively in veterinary practices for recording the details of farm calls, the animals examined and treated, the amounts charged for travel and professional services, the costs of laboratory services, the drugs used and dispensed, and the diseases that occur on a particular farm on an ongoing basis. It is now possible for veterinary practices to provide regular and annual health reports to herd owners so that planned health management programs can be assessed and evaluated. The ability to retrieve and summarize this infor-mation on an individual farm basis is a major step forward in providing optimal veterinary service to livestock herds regardless of their size and complexity.

Self-Check -4	Written Test

Directions:

Write "True" if the statement is correct and "False" if not (5point each)

_____ 1. Records are to be kept at all in patient history

_____ 2. Computers are now being used extensively in veterinary practices for recording.

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Note: **Satisfactory rating - 5 points   Unsatisfactory - below 5 points**

You can ask you teacher for the copy of the correct answers.

Score = _____

Rating: _____

Name: _____IDN0:_____

Answer sheet:

part one: **Write "True" if the statement is correct and "False" if not (2.5pnt each)**

_____1.

_____2

Information Sheet-5	Completing patient admission and discharge documentation

5.1. Completing patient admission and discharge documentation

Patient admission and discharge

History taking of client and patient animals

A system and method for uniquely identifying each patient, monitoring, tracking and rescue, when admitted to any hospital, nursing home or health care providing facility. The patient identification is done by issue of a Unique Patient Identification Number (PIN). Patient monitoring is done by collection of critical parameters and comparison with a reference scale. Patient tracking is achieved by integration of the software with a suitable transmission/reception system and patient-wearable tracking device. Patient rescue is achieved by dispatch of rescue teams, as and when needed, upon notification by the system. This shall be done in a manner that protects the confidentiality and privacy of the patient. This system would help in saving the lives of at-risk and other patients, and improve patient safety. The system shall result in advance preparedness at hospitals to deal with an emergency, by providing access to patient data, speeding up diagnostics and treatment. The data collected at hospitals can be stored in a database for access. The unique PIN (Patient Identification Number) can be linked to UIN (Universal Identification Number) system for persistent patient data access over the global network. The data can only be accessed by "authorized" health care providers on a "need to know" basis.

1. UPITS (Unique Patient Identification and Tracking System) is a system and method that uniquely identifies a patient and makes a provision to capture, store, and share critical medical/bioinformatics data related to the patient to the authorized users in a secure manner. The overall system is technology/platform independent, and can operate either by itself when ported on a suitable computer system or in combination with a sensing and/or tracking mechanism. When used with a sensing and/or tracking mechanism, depending on the technology used, the patients can be monitored, tracked, and rescued by suitable alert triggers built into the system.

2. The method in accordance with claim 1, wherein the patient is uniquely identified by issue of PIN (Patient Identification Number) and this number is used as an identifier to capture, store, and retrieve patient data or records. The PIN consists of various fields that clearly and unambiguously identify the medical/care providing facility, its location, the date of patient registration, and patient specific identification serial number. The PIN comprises of two major parts: FIN (Facility Identification Number) and PRN (Patient Registration Number). The FIN, followed by PRN makes the PIN.

3. The method in accordance with claim 2, wherein the patient is registered at a medical care providing facility, and that facility is uniquely identified by issue of a FIN (Facility Identification Number). The FIN distinguishes the type of facility: e.g, governement hospital, private hospital, nursing homes, etc. The Facility Identification Number (FIN) comprises of the fields: Country Code, State Code, County Code, Facility Type, and Facility Identifier. \

4. The method in accordance with claim 2, wherein PRN (Patient Registration Number) is issued at the time of registration at a hospital, nursing home, or any other medical care providing facility. The PRN internally maps to the date of registration and SNR (Serial Number of Registration). The PRN (Patient Registration Number) is activated during the stay of patient at the medical care providing facility.

5. The method in relation to claim 1, wherein data related to the patient is captured in a database, in accordance with a database schema. The database schema details the unique fields of records that need to be captured in relation to the patient medical/bioinformatics data.

6. The method in relation to claim 1, wherein the identification and medical data related to the patient can be linked to UIN (Universal Identification Number) that is a unique identifier for the biological humans. The UIN is used in this context as a GRI (Global Reference Indicator).

7. The method in relation to claim 2, wherein the unique data pertaining to specific patient records identified by PIN can be cross-referenced globally by linking each patient record to UIN for aiding in diagnosis and treatment.

8. The method in relation to claim 1, wherein the UPITS system can be linked to a sensing and tracking mechanism, the patients can be identified, tracked, monitored, and rescued, when the inbuilt alerts warn about an alarming patient situation: an abnormal body condition, wandering to an out-of-bound area, life threatening emergency etc.

9. The method in relation to claim 8, wherein the UPITS software architecture shall be platform/technology independent, any suitable technology like (but not limited to) RFID (Radio Frequency Identification), Wireless LAN (Local Area Network) based on IEEE 802.11 standard, Metropolitan Area Network (MAN), Power Line LAN, Cellular Radio Networks, Low Earth Orbit (LEO) Satellites, Geo-Stationary Satellites, Tera-Hertz Magnetism, or a combination of these technologies with each-other or other techniques, can be used for enabling the patient tracking mechanism.

10. The method in relation to claim 8, wherein the UPITS system can be leveraged to operate in a manner that enables the detection of bio-sensed signals from patient-wearable devices, and the transmission of these signals to detection center through an underlying transmission technique, the bio-sensed signals can be monitored for appropriate range and alerts can be issued to rescue the patient when an abnormality is detected.

11. The method in relation to claim 8, wherein the bio-sensing shall be performed by patient wearable devices, and when an abnormal condition is detected, the alarm signal with detail of abnormality shall be transmitted in the form of a data packet that also contains the patient identification and location data.

12. The method in relation to claim 11, wherein the location data can be either calculated on-board the patient wearable device by receiving global positioning signal through GPS satellites, or can be calculated at a central location by calculation of the Doppler Shift or any other suitable location technology or reverse triangulation techniques, in a manner that such arrangements would be effective in overall operation and performance of the system.

13. The method in relation to claim 1, wherein the patient records residing in any database globally, including the legacy databases, can be cross-referenced by relating each record to UIN as the GRI, and using XML (extensible Markup Language) or a suitable open standard technology for accessing and relating these records.

14. The method in relation to claim 1, wherein the patient records from any database can be accessed by using XML or open standard technology and UIN as the GRI, a suitable provision can be made in the UIN database to link pointers to all the records pertaining to a specific patient, for ease of searching and cross-referencing.

15. The method in relation to claim 14, wherein the cross-referenced global patient data can be correlated and processed on grids for aiding research in diagnosis of specific ailments, in a manner that ensures the privacy and confidentiality of the individual patients, to help in finding solutions to alleviate human suffering.

Description:

Unique Patient Identification and Tracking System (UPITS) is a system and method to identify, monitor, track, and rescue patients globally. The purpose is to build a patient data capturing mechanism, link that to a tracking system, monitor patient movements, raise alert when the patient has drifted to 'out-of-bound' areas or suffers from an abnormality, rescue the patient, and help in speeding diagnosis and treatment by providing access to patient records to the authorized hospitals/doctors/paramedics or health care providers. These records, individually related to a specific PIN (Patient Identification Number), irrespective of where collected, can be linked on a global basis by referencing with UIN (Universal Identification Number). The UIN acts as a GRI (Global Reference Indicator) for inter linkage of these patient records. This inter linkage shall help in cross-referencing patient records across nations on a global basis, thus helping in speeding up the diagnosis and treatment process.

This inter linkage is provided by linking PIN (Patient Identification Number) with UIN. PIN is issued to the patient for each hospital visit and is a non-persistent (in other words, PIN is active only during stay/admission to hospital and is issued upon a patient visit to the hospital). Though all patient diagnosis, tests, observations, and lab records are linked to PIN when a patient visits a hospital, and PIN is active during visit/stay at hospital, the PIN and its associated records are archived when the patient is discharged from the hospital. These archived records and all active PIN records are referenced to UIN. When a physician needs to perform a diagnosis and requires access to the relevant current and previous records and medical history of the patient, that is instantaneously provided with this system by retrieving records from globally interlinked medical databases by UIN cross-reference. Reference to UIN from all PIN records ensures global interoperability, retrieval, transfer, and access to patient data to help speed up the diagnostic and treatment process.

PIN (Patient Identification Number) is an essential part of the UPITS and is the key identifier for capturing, storing, accessing and retrieving patient medical records. PIN comprises of various fields that help to uniquely identify a facility, its location, date and the order of record capture. The method is so designed that it eliminates the scope for an anomaly while capturing the patient data and records. The format of the PIN record comprises of the fields that uniquely relate the patient to facility and sequence of data capture at the facility. The PIN consists of two major portions: FIN and PRN. Facility Identifier: nnnn (It identifies a particular facility, e.g., a county has 500 nursing homes in it. A facility identifier identifies a particular nursing home's identity, e.g., its name and location within the county. The data captured with reference to Facility Identification is: Facility Name (e.g. XYZ Nursing Home or ABC Clinic), Address, Tel Number (Country Code, Area Code, Exchange Code, Telephone Number), Administrative Contact (Name, Tel No., e-mail address), Web site Address (URL), Specialty Area, and any other relevant information in an open data capture format.

Serial Number of Registration (SNR): nnnnn (This SNR is issued to a patient when the patient visits a specific facility for any type of treatment, diagnosis or tests.) The serial number is in order of the patient visiting the facility on a specific date. Even if a patient visits a facility several times during the same day, several serial numbers can be issued, since a specific serial number is related to a specific visit and is inactivated after discharge of patient from the facility. Each serial number is valid only until the discharge with reference to the current visit.

Self-Check -5	Written Test

Directions:

Write short answer for the following questions (5point each)

    1. Define Unique Patient Identification and Tracking System?

    2. What is the abbreviation of PIN?

Note: **Satisfactory rating - 5 points   Unsatisfactory - below 5 points**

You can ask you teacher for the copy of the correct answers.

Name: _____ **IDN0:**_____

Score = _____

Rating: _____

Part one: Write short answer for the following questions (5point each)

    1. ……………………………………………………………………………………...

       ……………………………………………………………………………………...

       ……………………………………………………………………………………...

    2. …………………………………………………………………………………………

       …………………………………………………………………………………………

       ………………………………………………………………………………………

Operation Sheet 1	Completing patient admission and discharge documentation

Equipment, Tools and Materials:

- ✓ PPE
- ✓ safety posters
- ✓ Waste disposal
- ✓ Patient card (Paper)
- ✓ Record book
- ✓ pen

Conditions: use PPE properly to take patient history

Techniques for taking patient history

Step 1- Well coming the client

Step 2- Writing name and address of the clinic

Step 3- Write name and address of the owner

Step 4- Write Name, species, breed, Age and Sex of the animal

Step 5- Short History of the animal including past, present and general condition of the animal

Step 6- Physical and systemic examination of the animal (in the presence of supervisor)

Step 7- Treatment of the animal (in the presence of supervisor)

Step 8- Control and prevention (in the presence of supervisor).

LAP Test	Practical Demonstration

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following task within 3hour.

Task 1. Take patient history

1- **WWW.Vsb. Qld.gov.au**

2- **Veterinary medicine 10th edition**