

UPPER GI REFERRAL USER GUIDE

To begin, click the 'Referrals' tab from across the top menu. Select 'St. James's Hospital' and referral type 'Oesophageal and Gastric Cancer Referral'.

The screenshot shows the 'Referrals' application interface in a Windows Internet Explorer browser. The address bar displays the URL: <https://84.203.243.41/healthlinkonlinev3test/PIDSearchNeurology.aspx>. The top navigation menu includes: Support, View New Messages, View Unprocessed Messages, Search, Lab Order, Referrals (selected), Report an Issue, and Profile. The main content area displays a 'Welcome: PMS Test' message. Below this, there are two dropdown menus: 'Please select hospital:' with 'St. James's Hospital' selected, and 'Please select referral type:' with 'Oesophageal and Gastric Cancer Referral' selected. At the bottom of the page, there is a footer with contact information: 'The National Healthlink Project | Ph: 353-1-8825606 | Email: info@healthlink.doh.ie' and a 'Log Out' button.

Next you will be presented with the Patient Search page where you can select your patient details from a pre-populated list. **NOTE: Only patients who have previously had results sent back via Healthlink will be available in the Search list.**

The screenshot shows the 'Patient Search' page in the 'Referrals' application. The browser address bar is the same as in the previous screenshot. The top navigation menu is identical. The main content area displays a 'Welcome: PMS Test' message. Below this, there are three input fields: 'Patient Family Name:', 'Patient First Name:', and 'Patient DOB:'. There are 'Search' and 'Reset' buttons below the input fields. A link 'Click to create new patient >>' is located below the 'Reset' button. At the bottom of the page, there is a footer with contact information: 'The National Healthlink Project | Ph: 353-1-8825606 | Email: info@healthlink.doh.ie' and a 'Log Out' button.

To search for the patient:

- Type the full or partial patient surname in the **'Patient Family Name'** field and click **'Search'**. For example if you enter 'qui', all names in the database such as Quinn, Quirke are returned.
- Choose the correct name from the returned list and click **'Select'**.

The screenshot shows a web browser window titled 'Referrals - Windows Internet Explorer'. The address bar shows the URL: https://84.203.243.41/healthlinkonlinev3test/PIDSearchNeurology.aspx. The page has a navigation menu with buttons for Support, View New Messages, View Unprocessed Messages, Search, Lab Order, Referrals, Report an Issue, and Profile. The main content area displays a search form with the following fields: Patient Family Name (filled with 'kennedy'), Patient First Name, and Patient DOB. Below the form are 'Search' and 'Reset' buttons. The search results are displayed in a table with columns: Firstname, Familyname, DOB, Sex, Primary Street, Street 2, and Hosp MRN. The table contains one row: JOHN, KENNEDY, 22/11/1936 00:00:00 M, STREET, DRUMCONDRA, 0801253. Below the table is a 'Select' button. At the bottom of the table area, there is a 'Total Count: 1' and a link 'Click to create new patient >>'. The footer of the page contains contact information: 'The National Healthlink Project | Ph: 353-1-8825606 | Email: info@healthlink.doh.ie' and a 'Log Out' button.

- Once you click **'Select'** the demographic details are automatically entered on the next page.
- **'First Language'** is defaulted to English, if this is incorrect select correct language from drop down list.
- You must also enter details for **'Public/Private Patient'**. Again, select from drop down list.
- Click **'Next'** to continue.

Occasionally the patient you require will not be in the search list.

- If the name you are looking for is not returned you will be told **'No Records Found'**.
- Click **'>>Continue to Add the Patient Details'** where you can type in the details manually.
- Certain fields marked with a * are mandatory and must be completed.
- When all are entered, Click **'Next'** to continue.

The next page is the Referral Form.

- Certain fields are mandatory and must be completed.
- Click the drop down list beside each heading and scroll down until you reach the correct term.
- Symptoms can be rated Mild, Moderate or Severe by clicking the corresponding yellow, orange or red sign.
- To give multiple responses click the + sign and make a further selection. A free-text box is also given for symptoms/risk factors not included in the lists.

Referral - National Oesophageal and Gastric Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerGastrointestinal.aspx?AgencyName=St.+James!

Support View New Messages View Unprocessed Messages Search Lab Order Referrals Report an Issue Profile

Welcome: PMS Test

National Oesophageal and Gastric Cancer Referral Form

Patient Name: JOHN KENNEDY
 Date of Birth: 22/11/1936 (Age: 71 years)
 Sex: Male

Urgent:* Yes

Symptom:* Severe Reflux resistant to PPI Other Symptom:

Symptom Duration:* Dysphagia
 Anorexia

Clinical Examination:* Severe Reflux resistant to PPI
 Weight loss
 Vomiting
 Iron Deficiency Anaemia Haemoglobin: g/dl

Risk Factor:* Other Risk Factor:

Social History:* Drinker:*
 Smoker:*

Medical History:*

Urgency: This is a mandatory field. Select Yes or No from drop down list.

Symptom: This is a mandatory field. Click on the drop down list to make your selection. You may select up to 5 symptoms.

Symptom Duration: This is a mandatory field. Enter the number of days, weeks, months or years.

Clinical Examination: This is a mandatory field. Click on the drop down list to make your selection.

Haemoglobin: Enter if known/appropriate.

Risk Factor: This is a mandatory field. Click on the drop down list to make your selection. Select Unknown if necessary.

Social History

Smoker: This is a mandatory field. Select Yes or No from the drop down list.

Units of Alcohol: This is a mandatory field. Select Yes or No from drop down list.

Medical History

Select Yes or No as appropriate. If yes:

Previous Medical Attendance: Select from the drop down list. Next, select the year the patient attended. You may select up to 3 previous attendances.

Previous Medical Investigation: Select from the drop down list. Select the result of the test Normal or Abnormal. You may select up to 3 previous investigations.

Other Medical History: Select from the drop down list.

Family History: Select from the drop down list.

Abdominal Surgery: Select Yes or No from the drop down list.

Allergy: Select Yes or No from the drop down list.

Current Medication

Select Yes or No as appropriate. If yes:

Enter details of any medication under the headings Drug Name, Dosage and Frequency. Or, for convenience you may copy and paste them from your patient file.

Referral - National Oesophageal and Gastric Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerGastrointestinal.aspx?AgencyName=St.+James!

Healthlink Manager Support Desk Launcher - Kari... Referral - National Oesop...

Prev. Medical Investigation: Ultrasound Abnormal +

Other Medical History: +

Family History: +

Abdominal Surgery: No

Allergy: No

Current Medication: Yes

No:	Drug Name:	Dosage:	Frequency:
1.	Aspirin	50mg	Daily
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

GP clinical comments:

Details from GP system:

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GPs clinical comments: If you have any additional comments relevant to the referral enter them here.

Referral - National Oesophageal and Gastric Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerGastrointestinal.aspx?AgencyName=St.+James!

Healthlink Manager Support Desk Launcher - Kari... Referral - National Oesop...

No:	Drug Name:	Dosage:	Frequency:
1.	Aspirin	50mg	Daily
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

GP clinical comments: Concerned about this patient given severe weight loss.

Details from GP system:

Other comments / Reasons for urgent referral: History of Gastro Disease.

Next >>

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Log Out

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When all the details are complete, click the **'Next'** button at the bottom of the page to review all details.

Referral - National Oesophageal and Gastric Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerGastrointestinal.aspx?AgencyName=St.+James!

National Oesophageal and Gastric Cancer Referral Form

Patient Name: JOHN KENNEDY
 Date of Birth: 22/11/1936 (Age: 71 years)
 Sex: Male

Urgent: Yes

Symptom: Severe Reflux resistant to Other Symptom: Dizziness
 Weight loss
 Vomiting

Symptom Duration: 8 Weeks
 Clinical Examination: Ascites Haemoglobin: g/dl
 Risk Factor: History of reflux Other Risk Factor:

Social History: Drinker: No
 Smoker: No

Medical History: Yes
 Prev. Medical Attendance: Gastroesophageal Reflux : 2005

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You can make changes by clicking **'Back'** or if everything is correct simply click the **'Submit'** button.

Referral - National Oesophageal and Gastric Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerGastrointestinal.aspx?AgencyName=St.+James!

Medical History: Yes
 Prev. Medical Attendance: Gastroesophageal Reflux : 2005
 Prev. Medical Investigation: Ultrasound Abnormal
 Other Medical History:
 Family History:
 Abdominal Surgery: No
 Allergy: No

Current Medication: Yes

No:	Drug Name:	Dosage:	Frequency:
1.	Aspirin	50mg	Daily

GP clinical comments: Concerned about this patient given severe weight loss.

Details from GP system:

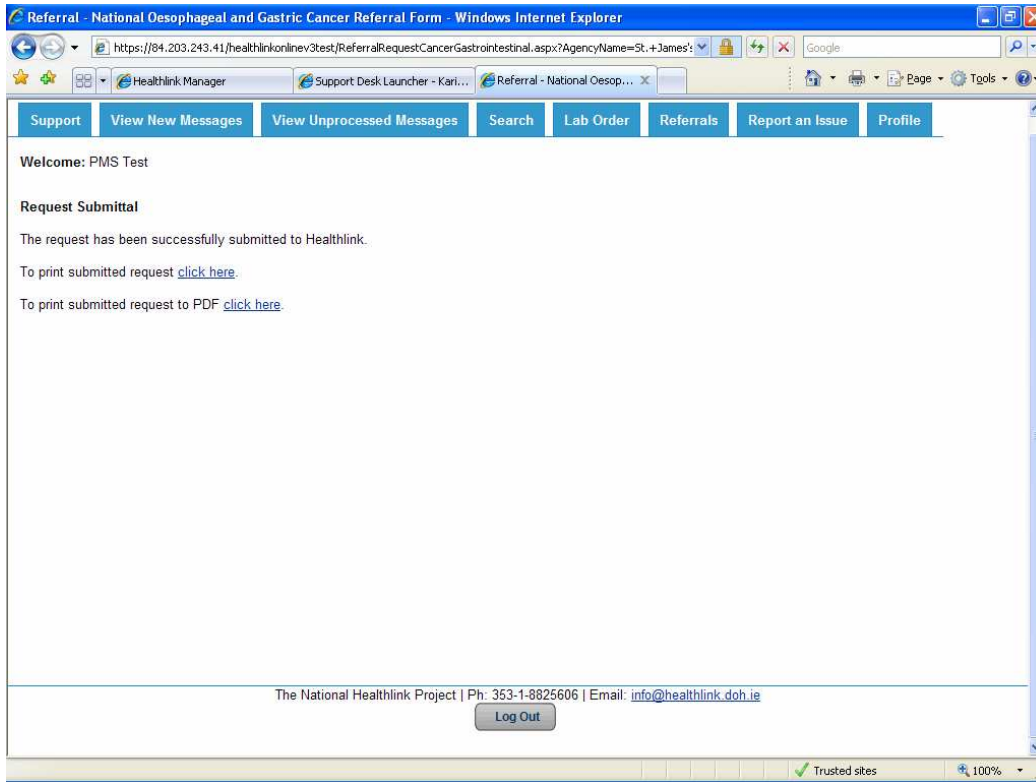
Other comments / Reasons for urgent referral: History of Gastro Disease.

<< Back Submit

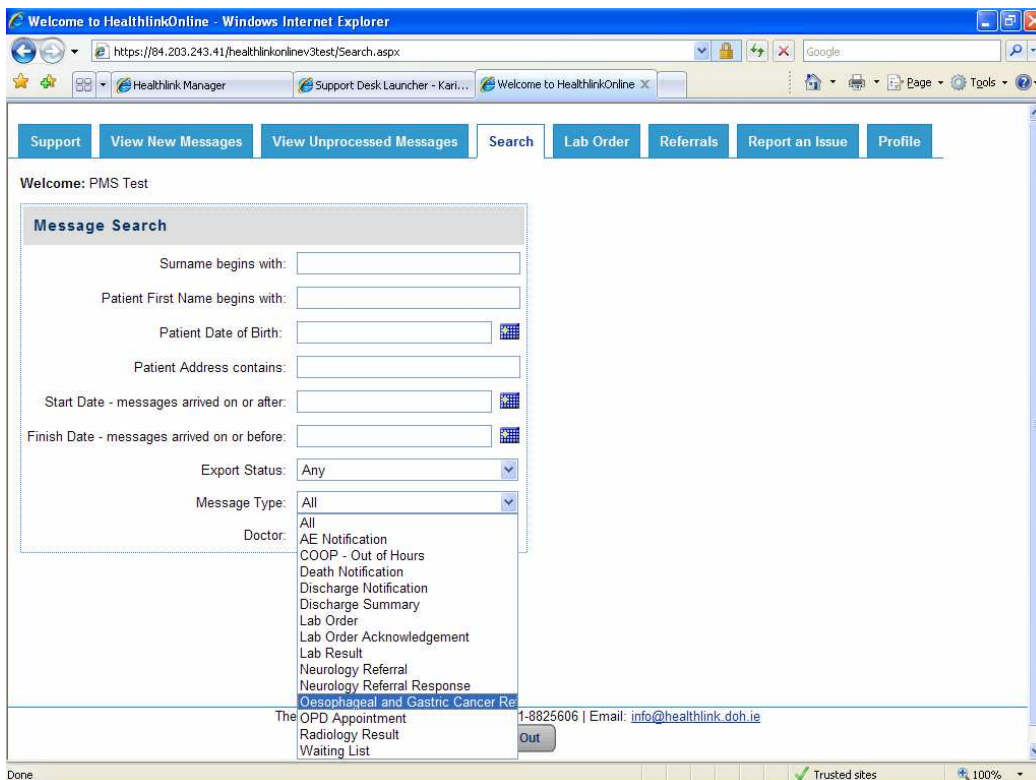
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The referral has now been successfully submitted to Healthlink. You have the option to print the form in regular format or in PDF.



A copy of the referral will be kept in your account for 3 months. If you wish to retrieve this at any point click '**Search**' across the top menu, select '**Message Type**', '**Oesophageal and Gastric Cancer Referral**' and click the '**Search**' button at the bottom of the form.



This will return all your GI referral requests. To read, click on the post-box icon to the left of the message detail.

Welcome: PMS Test

1 2

Status	Select	Patient Name	Sender	Patient MRN	Recipient	Msg Type	Date
	<input type="checkbox"/>	KENNEDY, JOHN	Test, PMS 0801253			Oesophageal and Gastric Cancer Referral	30/09/2008 17:05:24
	<input type="checkbox"/>	DUNNE, BRIDGET	Test, PMS 0184817			Oesophageal and Gastric Cancer Referral	30/09/2008 15:36:58
	<input type="checkbox"/>	nathan, senthil	Test, PMS h10001			Oesophageal and Gastric Cancer Referral	29/09/2008 14:17:08
	<input type="checkbox"/>	nathan, senthil	Test, PMS h10001			Oesophageal and Gastric Cancer Referral	24/09/2008 16:29:05
	<input type="checkbox"/>	sdfsda, fasdfsadf	Test, PMS h10001			Oesophageal and Gastric Cancer Referral	22/09/2008 17:07:11
	<input type="checkbox"/>	DUNNE, BRIDGET	Test, PMS 0184817			Oesophageal and Gastric Cancer Referral	19/09/2008 16:33:30
	<input type="checkbox"/>	SMITH, SANDRA	Test, PMS 0303660			Oesophageal and Gastric Cancer Referral	19/09/2008 09:50:47
	<input type="checkbox"/>	DOM, ANN	Test, PMS 0129853			Oesophageal and Gastric Cancer Referral	18/09/2008 18:50:52
	<input type="checkbox"/>	BYRNE, JOHN	Test, PMS 0220294			Oesophageal and Gastric Cancer Referral	17/09/2008 17:14:36
	<input type="checkbox"/>	DOM, ANN	Test, PMS 0129853			Oesophageal and Gastric Cancer Referral	17/09/2008 16:48:26
	<input type="checkbox"/>	O'Brian, O'Martin	Test, PMS h10001			Oesophageal and Gastric Cancer Referral	17/09/2008 16:37:01
	<input type="checkbox"/>	DOM, ANN	Test, PMS 0129853			Oesophageal and Gastric Cancer Referral	17/09/2008 16:24:07

Done Trusted sites 100%