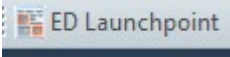
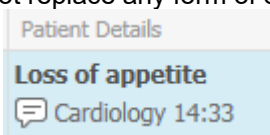


ED – REFERRAL TO SPECIALITY

1.	<p>When FirstNet launches, ensure that you are on the ED Launchpoint view.</p> <div style="text-align: center;">  </div>																																																								
2.	<p>Right click on patients name and select ED Referrals Form from the list.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">VR</td> <td style="width: 20%;">IRVINE, IV</td> <td style="width: 15%;">20/05/28 90</td> <td style="width: 15%;"> <ul style="list-style-type: none"> Results Review ED Ambulance Handover ED Referrals Form ED Consultant Review Form ED Victim of Assault ED Breach Classification Form ED Treatment Form Sepsis Screening Attach Prerival ED Decision to Admit </td> <td style="width: 10%;">4:43</td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 15%;">Testing</td> </tr> <tr> <td>VR</td> <td>WALLIS, E</td> <td>03/07/25 93</td> <td> <ul style="list-style-type: none"> ED Consultant Review Form ED Victim of Assault </td> <td>4:35</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>VR</td> <td>NEARY, LL</td> <td>14/08/24 94</td> <td> <ul style="list-style-type: none"> ED Breach Classification Form ED Treatment Form Sepsis Screening </td> <td>0:45</td> <td><input type="text"/></td> <td>Fell out of skip</td> </tr> <tr> <td>VR</td> <td>*XXXTEST</td> <td>01/01/95 23</td> <td> <ul style="list-style-type: none"> Attach Prerival ED Decision to Admit </td> <td>4:37</td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>VR</td> <td>*ZZZTEST</td> <td>02/02/90 28</td> <td> <ul style="list-style-type: none"> Request Event Start Event Complete Event Set Events Assign/Unassign Others Patient Summary Report Set Privacy Discharge Process </td> <td>6:11</td> <td><input type="text"/></td> <td>testing</td> </tr> <tr> <td>VR</td> <td>*ZZZTEST</td> <td>02/02/90 28</td> <td> <ul style="list-style-type: none"> Set Events </td> <td>6:11</td> <td><input type="text"/></td> <td>test</td> </tr> <tr> <td>VR</td> <td>*ZZZTEST</td> <td>01/01/90 28</td> <td> <ul style="list-style-type: none"> Patient Summary Report Set Privacy Discharge Process </td> <td>9:07</td> <td><input type="text"/></td> <td>test</td> </tr> <tr> <td>VR</td> <td>*ZZZTEST</td> <td>01/05/86 32y F</td> <td></td> <td>1130:54</td> <td><input type="text"/></td> <td>Dog Bite</td> </tr> </table>	VR	IRVINE, IV	20/05/28 90	<ul style="list-style-type: none"> Results Review ED Ambulance Handover ED Referrals Form ED Consultant Review Form ED Victim of Assault ED Breach Classification Form ED Treatment Form Sepsis Screening Attach Prerival ED Decision to Admit 	4:43	<input type="text"/>	Testing	VR	WALLIS, E	03/07/25 93	<ul style="list-style-type: none"> ED Consultant Review Form ED Victim of Assault 	4:35	<input type="text"/>		VR	NEARY, LL	14/08/24 94	<ul style="list-style-type: none"> ED Breach Classification Form ED Treatment Form Sepsis Screening 	0:45	<input type="text"/>	Fell out of skip	VR	*XXXTEST	01/01/95 23	<ul style="list-style-type: none"> Attach Prerival ED Decision to Admit 	4:37	<input type="text"/>		VR	*ZZZTEST	02/02/90 28	<ul style="list-style-type: none"> Request Event Start Event Complete Event Set Events Assign/Unassign Others Patient Summary Report Set Privacy Discharge Process 	6:11	<input type="text"/>	testing	VR	*ZZZTEST	02/02/90 28	<ul style="list-style-type: none"> Set Events 	6:11	<input type="text"/>	test	VR	*ZZZTEST	01/01/90 28	<ul style="list-style-type: none"> Patient Summary Report Set Privacy Discharge Process 	9:07	<input type="text"/>	test	VR	*ZZZTEST	01/05/86 32y F		1130:54	<input type="text"/>	Dog Bite
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5.	<p>Sign the form by clicking on the green tick.</p> <p>Form closes and in the patient details column you can see the speciality and time the referral was placed. You must still call/bleep the speciality Doctor to inform them as you previously would. This does not replace any form of contact.</p> <div style="text-align: center; margin-top: 10px;">  </div>																																																								