## **SWIM – eRequest**

### **Create and Route a Record**



#### **Quick Reference Guide**

Create a new record in eRequest and route to the assigned provider

For Central Intake Hips & Knees users only

Tor Certifal Intake Hips & Knees users only			
Create/Route a Record			
1. New eRequest	<ul> <li>Click the green New eRequest button</li></ul>		
2. Search and Add patient	In the Patient Demographics accordion, enter the patient's PHIN number and click Search  If the patient was found, ensure all mandatory fields are complete and click Confirm Patient  If the patient was not found, select Add New and enter all required patient demographics  Only patients with a Manitoba PHIN number will be searchable, all others must be added new.		
3. Active Requisitions	<ul> <li>Additional active requisitions for the patient will be displayed in a list.         Open and action the records if necessary aligned to your current workflow</li> <li>Click Continue         *Patients will appear in this list for providers the user has access to</li> </ul>		
4. Update Referral Date	Click the Request Date field and select the date the referral request was received  The time will default to midnight unless specified by the user		
5. Complete the Referral	<ul> <li>Complete all mandatory fields in each accordion</li> <li>When selecting Orthopedics as the Service Type, the Hip and Knee arthroplasty referral question will appear. Fill in all relevant details</li> <li>When complete, click Send to Routing</li> <li>Surgical Surgical Send to Routing</li> </ul>		

# SWIM – eRequest Create and Route a Record



#### Quick Reference Guide

Create/Route a Record		
6. Route	In the <b>Routing</b> accordion, choose the orthopedic surgeon the record should be sent to by clicking the <b>Route</b> button under <b>Action</b>	Action  Route

Mandatory Data Elements	Definition
Service Type	The surgical service the patient is referred to
Reason for Referral	The specific reason for the surgical referral request Select the most appropriate reason from the drop-down list that corresponds to the <b>Service Type</b>
Referring Provider Name	Name of the physician who sent the surgical referral
Fax Number	Referring Provider Fax Number
Is the referral related to Cancer?	Select the most appropriate value from the dropdown list: <b>None</b> , <b>Known</b> , or <b>Suspected</b>
Investigations/Results included in Referral Package	Indicate if additional information has been included in the Referral Package. Select from the dropdown list: <b>None</b> , <b>Pending</b> , <b>Received</b>