



Indiana
Department
of
Health

INDIANA PATIENT REGISTRY TRAINING

REFERRING HOSPITAL

Referring Hospital Screen

Demographics Injury Pre-Hospital **Referring** ED / Acute Care Initial Assessment Diagnosis Comorbidity Procedures Events Complications / PI Outcome

▼ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Referring » IT-200417-013|79808240 COMPLETED

Validity: 75%
 Status: Completed
 Lock: Unlocked
 Import Status: Typed In
 Entered: 04/17/2020 by Chinasom Chukwuemeka
 Updated: 10/21/2020 by ImageTrend System

Registry #: IT-200417-013
 Patient:
 Medical Record Number: 79808240
 NTDB Inclusion: No
 State Inclusion: No

⚠ Referring has not been submitted

Referring Hospital Info	Referring Hospital Arrival Date	Discharge Date	Referring Hospital Vitals Date	Physician Name	Delete
No Records					

Referring Hospital: Favorites ▾ | Please Select Facility Name ▾

Transported to referring facility by: - Transported to referring facility by - ▾

Trauma Registry #:

Pulse Rate:

Resp. Assistance: Unassisted Respiratory Rate ▾

AVPU: - AVPU - ▾

Glasgow Verbal: Not Applicable ▾

Manual GCS:

Hospital ICU: - Hospital ICU - ▾

CT Head: Not Applicable ▾

Abdominal Ultrasound: Not Applicable ▾

Airway Management: Not Applicable ▾

CT Cervical: Not Applicable ▾

Imaging Abd/Pelvis: - Imaging Abd/Pelvis - ▾

Sent to Cath Lab: - Sent to Cath Lab - ▾

Referring Hospital Arrival Date: Times:

Physician Name:

Referring Hospital Vitals Date: Times:

Temperature: C / F

Supplemental Oxygen: -Select- ▾

Glasgow Motor: Not Applicable ▾

Manual RTS:

Hospital OR: - Hospital OR - ▾

CT Abd/Pelvis: Not Applicable ▾

Aortogram: - Aortogram - ▾

Referring Hospital Medication Given: + None Selected ▾

Imaging Head: - Imaging Head - ▾

Echo: - Echo - ▾

Discharge Date: Times:

Medical Record Number:

Sys. BP: Dia. BP:

Resp. Rate:

O2Sat:

Glasgow Eye: Not Applicable ▾

GCS Qualifier: Not Applicable ▾
 Not Known
 Not Known/Not Recorded

PTS:

CPR Performed: Not Applicable ▾

CT Chest: Not Applicable ▾

Arterigram: - Arterigram - ▾

Destination Determination: - Destination Determination - ▾

Imaging Chest: - Imaging Chest - ▾

TPA Administered: - TPA Administered - ▾

Referring Hospital Screen (2)

Demographics Injury Pre-Hospital **Referring** ED / Acute Care Initial Assessment Diagnosis Comorbidity Procedures Events Complications / PI Outcome

▼ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Referring » IT-200417-013 | 79808240 COMPLETED

Validity: 75%
 Status: Completed
 Lock: Unlocked
 Import Status: Typed In
 Entered: 04/17/2020 by Chinazom Chukwuemeka
 Updated: 10/21/2020 by ImageTrend System

Registry #: IT-200417-013
 Patient:
 Medical Record Number: 79808240
 NTDB Inclusion: No
 State Inclusion: No

Referring has not been submitted

Referring Hospital Info	Referring Hospital Arrival Date	Discharge Date	Referring Hospital Vitals Date	Physician Name	Delete
No Records					

Referring Hospital: Favorites Please Select Facility Name

Transported to referring facility by: - Transported to referring facility by -

Trauma Registry #:

Pulse Rate:

Resp. Assistance: Unassisted Respiratory Rate

AVPU: - AVPU -

Glasgow Verbal: Not Applicable

Manual GCS:

Hospital ICU: - Hospital ICU -

CT Head: Not Applicable

Abdominal Ultrasound: Not Applicable

Airway Management: Not Applicable

CT Cervical: Not Applicable

Imaging Abd/Pelvis: - Imaging Abd/Pelvis -

Sent to Cath Lab: - Sent to Cath Lab -

Referring Hospital Arrival Date: Time:

Physician Name:

Referring Hospital Vitals Date: Time:

Temperature: C / F

Supplemental Oxygen: -Select-

Glasgow Motor: Not Applicable

Manual RTS:

Hospital OR: - Hospital OR -

CT Abd/Pelvis: Not Applicable

Aortogram: - Aortogram -

Referring Hospital Medication Given: + None Selected +

Imaging Head: - Imaging Head -

Echo: - Echo -

Discharge Date: Time:

Medical Record Number:

Sys. BP: Dia. BP:

Resp. Rate:

O2Sat:

Glasgow Eye: Not Applicable

GCS Qualifier: Not Applicable, Not Known, Not Known/Not Recorded

PTS:

CRP Performed: Not Applicable

CT Chest: Not Applicable

Arteriogram: - Arteriogram -

Destination Determination: - Destination Determination -

Imaging Chest: - Imaging Chest -

TPA Administered: - TPA Administered -

Referring Hospital Screen (3)

Demographics Injury Pre-Hospital **Referring** ED / Acute Care Initial Assessment Diagnosis Comorbidity Procedures Events Complications / PI Outcome

▼ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Referring » IT-200417-013 | 79808240 COMPLETED

Validity: 75%
 Status: Completed
 Lock: Unlocked
 Import Status: Typed In
 Entered: 04/17/2020 by Chinazom Chukwuemeka
 Updated: 10/21/2020 by ImageTrend System

Registry #: IT-200417-013
 Patient:
 Medical Record Number: 79808240
 NTDB Inclusion: No
 State Inclusion: No

Referring has not been submitted

Referring Hospital	Referring Hospital Arrival Date	Discharge Date	Referring Hospital Vitals Date	Physician Name	Delete
No Records					

Referring Hospital: Favorites + Please Select Facility Name

Transported to referring facility by: - Transported to referring facility by -

Trauma Registry #:

Pulse Rate:

Resp. Assistance: Unassisted Respiratory Rate

AVPU: - AVPU -

Glasgow Verbal: Not Applicable

Manual GCS:

Hospital ICU: - Hospital ICU -

CT Head: Not Applicable

Abdominal Ultrasound: Not Applicable

Airway Management: Not Applicable

CT Cervical: Not Applicable

Imaging Abd/Pelvis: - Imaging Abd/Pelvis -

Sent to Cath Lab: - Sent to Cath Lab -

Referring Hospital Arrival Date: Time:

Physician Name:

Referring Hospital Vitals Date: Time:

Temperature: C
 F

Supplemental Oxygen: -Select-

Glasgow Motor: Not Applicable

Manual RTS:

Hospital OR: - Hospital OR -

CT Abd/Pelvis: Not Applicable

Aortogram: - Aortogram -

Referring Hospital Medication Given: + None Selected +

Imaging Head: - Imaging Head -

Echo: - Echo -

Discharge Date: Time:

Medical Record Number:

Sys. BP: Dia. BP:

Resp. Rate:

O2Sat:

Glasgow Eye: Not Applicable

GCS Qualifier: Not Applicable
 Not Known
 Not Known/Not Recorded

PTS:

CRP Performed: Not Applicable

CT Chest: Not Applicable

Arteriogram: - Arteriogram -

Destination Determination: - Destination Determination -

Imaging Chest: - Imaging Chest -

TPA Administered: - TPA Administered -

Referring Hospital Screen (4)

Referring Hospital	Referring Hospital Arrival Date / Referring Hospital Arrival Time	Discharge Date / Time	Referring Hospital Vitals Date / Time	Physician Name
No Referring Hospitals Have Been Entered				
Referring Hospital Favorites ▾ • Please Select Facility Name • ▾	Referring Hospital Arrival Date / Time [Calendar Icon]	Discharge Date / Time [Calendar Icon]	Referring Hospital Vitals Date / Time [Calendar Icon]	Physician Name [Text Box]
Medical Record Number [Text Box]	Transported to referring facility by Not Applicable ▾			
Glasgow Eye Not Applicable ▾	Referring Hospital Vitals Date / Time [Calendar Icon]	Temperature [Text Box] °C [Text Box] °F		
Glasgow Verbal Not Applicable ▾	Patient's Age is over 2 yrs.	Sys. BP [Text Box] Dia. BP [Text Box]		
Glasgow Motor Not Applicable ▾	Patient's Age is over 2 yrs.	Pulse Rate [Text Box] Resp. Rate [Text Box] O2Sat [Text Box]		
GCS Qualifier Not Applicable Not Known Not Known/Not Recorded ▾		Manual GCS [Text Box] Manual RTS [Text Box] PTS [Text Box] Supplemental Oxygen [Text Box] -Select- ▾		
Hospital ICU Not Applicable ▾	CT Abd/Pelvis Not Applicable ▾	Arteriogram Not Applicable ▾	Medications: [Text Box] [Add]	
Hospital OR Not Applicable ▾	CT Chest Not Applicable ▾	Airway Management Not Applicable ▾		
CPR Performed Not Applicable ▾	Abdominal Ultrasound Not Applicable ▾	Destination Determination Not Applicable ▾		
CT Head Not Applicable ▾	Aortogram Not Applicable ▾			
CT Cervical Not Applicable ▾				
Add Referring Hospital				

Referring Hospital Screen (5)

Referring Hospital	Referring Hospital Arrival Date / Referring Hospital Arrival Time	Discharge Date / Time	Referring Hospital Vitals Date / Time	Physician Name
No Referring Hospitals Have Been Entered				
Referring Hospital Favorites ▾ • Please Select Facility Name ▾	Referring Hospital Arrival Date / Time <input type="text"/>	Discharge Date / Time <input type="text"/>	Physician Name <input type="text"/>	
Medical Record Number <input type="text"/>	Transported to referring facility by Not Applicable ▾			
Referring Hospital Vitals Date / Time <input type="text"/>				
Glasgow Eye	Not Applicable ▾	Temperature <input type="text"/> °C <input type="text"/> °F		
Glasgow Verbal	Not Applicable ▾ Patient's Age is over 2 yrs.	Sys. BP	Dia. BP	Pulse Rate
Glasgow Motor	Not Applicable ▾ Patient's Age is over 2 yrs.	<input type="text"/>	<input type="text"/>	<input type="text"/>
GCS Qualifier	Not Applicable ▾	Resp. Rate	O2Sat	
	Not Known Not Known/Not Recorded	Manual GCS	Manual RTS	PTS
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospital ICU	Not Applicable ▾	Supplemental Oxygen -Select- ▾		
Hospital OR	Not Applicable ▾	Arteriogram	Not Applicable ▾	Medications: <input type="text"/> <input type="button" value="Add"/>
CPR Performed	Not Applicable ▾	Airway Management	Not Applicable ▾	
CT Head	Not Applicable ▾	Destination Determination	Not Applicable ▾	
CT Cervical	Not Applicable ▾			
CT Abd/Pelvis	Not Applicable ▾			
CT Chest	Not Applicable ▾			
Abdominal Ultrasound	Not Applicable ▾			
Aortogram	Not Applicable ▾			
<input type="button" value="Add Referring Hospital"/>				

Referring Hospital Screen (6)

Referring Hospital

Favorites -- Please Select Facility Name --

Glasgow Eye Not Applicable

Glasgow Verbal Not Applicable Patient's Age is over 2 yrs.

Glasgow Motor Not Applicable Patient's Age is over 2 yrs.

GCS Qualifier

- Not Applicable
- Patient Chemically Sedated
- Obstruction To The Patient Eye
- Patient Intubated

Hospital ICU Not Applicable CT Abd/Pelvis Not Applicable

Hospital OR Not Applicable

Referring Hospital Screen (7)

Referring Hospital	Referring Hospital Arrival Date / Referring Hospital Arrival Time	Discharge Date / Time	Referring Hospital Vitals Date / Time	Physician Name
No Referring Hospitals Have Been Entered				
Referring Hospital Favorites ▾ • Please Select Facility Name ▾	Referring Hospital Arrival Date / Time [Calendar Icon]	Discharge Date / Time [Calendar Icon]	Physician Name [Text Box]	
Medical Record Number [Text Box]	Transported to referring facility by Not Applicable ▾			
Referring Hospital Vitals Date / Time [Calendar Icon]				
Glasgow Eye Not Applicable ▾	Patient's Age is over 2 yrs.		Temperature [Text Box] ° C [Text Box] ° F	
Glasgow Verbal Not Applicable ▾	Patient's Age is over 2 yrs.		Sys. BP [Text Box] Dia. BP [Text Box] Pulse Rate [Text Box] Resp. Rate [Text Box] O2Sat [Text Box]	
Glasgow Motor Not Applicable ▾	Patient's Age is over 2 yrs.		Manual GCS [Text Box] Manual RTS [Text Box] PTS [Text Box] Supplemental Oxygen [Text Box]	
GCS Qualifier Not Applicable ▾ Not Known Not Known/Not Recorded	Hospital ICU Not Applicable ▾		Arteriogram Not Applicable ▾	
Hospital OR Not Applicable ▾	CT Abd/Pelvis Not Applicable ▾		Airway Management Not Applicable ▾	
CPR Performed Not Applicable ▾	CT Chest Not Applicable ▾		Destination Determination Not Applicable ▾	
CT Head Not Applicable ▾	Abdominal Ultrasound Not Applicable ▾		Medications: [Text Box] Add	
CT Cervical Not Applicable ▾	Aortogram Not Applicable ▾			
Add Referring Hospital				

Referring Hospital Screen (8)

Temperature
 °C °F

Sys. BP Dia. BP Pulse Rate Resp. Rate O2Sat

Manual GCS Manual RTS Supplemental Oxygen

Referring Hospital Screen (g)

Temperature
 °C °F

Sys. BP Dia. BP Pulse Rate **Resp. Rate** O2Sat

Manual GCS Manual RTS Supplemental Oxygen -Select- ▼

Referring Hospital Screen (10)

Temperature						
<input type="text"/>	° C	<input type="text"/>	° F			
Sys. BP	Dia. BP	Pulse Rate	Resp. Rate	O2Sat		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Manual GCS	Manual RTS	Supplemental Oxygen				
<input type="text"/>	<input type="text"/>	<input type="text" value="-Select-"/>				

Referring Hospital Screen (11)

<input type="button" value="Not Known/Not Recorded"/>									
Hospital ICU	<input type="button" value="Not Applicable"/>	CT Abd/Pelvis	<input type="button" value="Not Applicable"/>	Arteriogram	<input type="button" value="Not Applicable"/>	Medications: <input type="button" value="Add"/>			
Hospital OR	<input type="button" value="Not Applicable"/>	CT Chest	<input type="button" value="Not Applicable"/>	Airway Management	<input type="button" value="Not Applicable"/>	<input type="text"/>			
CPR Performed	<input type="button" value="Not Applicable"/>	Abdominal Ultrasound	<input type="button" value="Not Applicable"/>	Destination Determination	<input type="button" value="Not Applicable"/>	<input type="text"/>			
CT Head	<input type="button" value="Not Applicable"/>	Aortogram	<input type="button" value="Not Applicable"/>						
CT Cervical	<input type="button" value="Not Applicable"/>								

Referring Hospital Screen (12)

Not Known/Not Recorded

Hospital ICU	Not Applicable	CT Abd/Pelvis	Not Applicable	Arteriogram	Not Applicable	Medications: <input type="text"/> <input type="button" value="Add"/>
Hospital OR	Not Applicable	CT Chest	Not Applicable	Airway Management	Not Applicable	
CPR Performed	Not Applicable	Abdominal Ultrasound	Not Applicable	Destination Determination	Not Applicable	
CT Head	Not Applicable	Aortogram	Not Applicable			
CT Cervical	Not Applicable					

Referring Hospital Screen (13)

Not Known/Not Recorded

Hospital ICU	Not Applicable	CT Abd/Pelvis	Not Applicable	Arteriogram	Not Applicable	Medications: <input type="button" value="Add"/>
Hospital OR	Not Applicable	CT Chest	Not Applicable	Airway Management	Not Applicable	
CPR Performed	Not Applicable	Abdominal Ultrasound	Not Applicable	Destination Determination	Not Applicable	
CT Head	Not Applicable	Aortogram	Not Applicable			
CT Cervical	Not Applicable					

Referring Hospital Screen (14)

Not Known/Not Recorded ▼

Hospital ICU Not Applicable ▼

Hospital OR Not Applicable ▼

CPR Performed Not Applicable ▼

CT Head Not Applicable ▼

CT Cervical Not Applicable ▼

CT Abd/Pelvis Not Applicable ▼

CT Chest Not Applicable ▼

Abdominal Ultrasound Not Applicable ▼

Aortogram Not Applicable ▼

Arteriogram Not Applicable ▼

Airway Management Not Applicable ▼

Destination Determination Not Applicable ▼

Medications:

Add ▼

◀ ▶

Add Referring Hospital

Referring Hospital Screen – Medications

Add Drugs

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

Search:

Description		
<input type="checkbox"/> Calcium Gluconate	<input type="checkbox"/> Demerol (Meperidine)	<input type="checkbox"/> Oxygen
<input type="checkbox"/> CT contrast	<input type="checkbox"/> Dextrose (Glucose)	<input type="checkbox"/> Packed Red Blood Cells
<input type="checkbox"/> Hypertonic Solution	<input type="checkbox"/> Dilantin (Phenytoin)	<input type="checkbox"/> Pancuronium
<input type="checkbox"/> Ketamine	<input type="checkbox"/> Dilaudid (Hydromorphone)	<input type="checkbox"/> Paxil (Paroxetine)
<input type="checkbox"/> Levetiracetam (Keppra)	<input type="checkbox"/> Dobutamine	<input type="checkbox"/> Pelvic wrap
<input type="checkbox"/> Other Antibiotic (instead of antibiotic)	<input type="checkbox"/> Dopamine	<input type="checkbox"/> Pentothal (Thiopental)
<input type="checkbox"/> Other Antihypertensive	<input type="checkbox"/> Epinephrine (aqueous)	<input type="checkbox"/> Pepcid (Famotidine)
<input type="checkbox"/> Other Antiseizure	<input type="checkbox"/> Etomidate	<input type="checkbox"/> Pericardiocentesis
<input type="checkbox"/> Other Benzodiazepine	<input type="checkbox"/> External pacemaker	<input type="checkbox"/> Phenergan (Promethazine)
<input type="checkbox"/> Other Opiate/Narcotic	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Phenobarbital

Referring Hospital Screen – Add Referring Hospital

Referring Hospital Referring Hospital Arrival Date / Referring Hospital Arrival Time Discharge Date / Time Referring Hospital Vitals Date / Time Physician Name

No Referring Hospitals Have Been Entered

Referring Hospital: Favorites | Please Select Facility Name

Referring Hospital Arrival Date / Time: [Calendar Icon]

Discharge Date / Time: [Calendar Icon]

Physician Name: [Text Box]

Medical Record Number: [Text Box]

Transported to referring facility by: Not Applicable

Referring Hospital Vitals Date / Time: [Calendar Icon]

Glasgow Eye: Not Applicable

Glasgow Verbal: Not Applicable Patient's Age is over 2 yrs.

Glasgow Motor: Not Applicable Patient's Age is over 2 yrs.

GCS Qualifier: Not Applicable, Not Known, Not Known/Not Recorded

Hospital ICU: Not Applicable

Hospital OR: Not Applicable

CPR Performed: Not Applicable

CT Head: Not Applicable

CT Cervical: Not Applicable

CT Abd/Pelvis: Not Applicable

CT Chest: Not Applicable

Abdominal Ultrasound: Not Applicable

Aortogram: Not Applicable

Temperature: [Text Box] °C [Text Box] °F

Sys. BP: [Text Box] Dia. BP: [Text Box] Pulse Rate: [Text Box] Resp. Rate: [Text Box] O2Sat: [Text Box]

Manual GCS: [Text Box] Manual RTS: [Text Box] PTS: [Text Box] Supplemental Oxygen: -Select-

Arteriogram: Not Applicable

Airway Management: Not Applicable

Destination Determination: Not Applicable

Medications: [Text Box] Add

Add Referring Hospital

Referring Hospital Screen – Add Referring Hospital (2)

Referring Hospital		Referring Hospital Arrival Date / Referring Hospital Arrival Time		Discharge Date / Time		Referring Hospital Vitals Date / Time		Physician Name				
Transported to referring facility by: Not Applicable		CPR Performed: Not Applicable		Airway Management: Not Applicable		Medical Record Number:		Destination Determination: Not Applicable				
Referring Hospital Medication Given:												
Glasgow Eye	Glasgow Verbal	Glasgow Motor	GCS Qualifier		Sys. BP	Dia. BP	Pulse Rate	Resp. Rate	Resp. Assistance	Supplemental Oxygen	O2Sat	PTS
Not Applicable	Not Applicable	Not Applicable	Not Applicable, Not Applicable						Not Applicable	-Select-		
Hospital ICU	Hospital OR	CT Head	CT Abd/Pelvis	CT Chest	CT Cervical	Abdominal Ultrasound		Aortogram	Arteriogram			
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable		Not Applicable	Not Applicable			

Referring Hospital	Referring Hospital Arrival Date / Time	Discharge Date / Time	Physician Name									
Favorites ▾ • Please Select Facility Name ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Medical Record Number	Transported to referring facility by											
<input type="text"/>	Not Applicable ▾											
Referring Hospital Vitals Date / Time												
<input type="text"/>												
Glasgow Eye	Glasgow Verbal	Glasgow Motor	GCS Qualifier	Temperature	Sys. BP	Dia. BP	Pulse Rate	Resp. Rate	O2Sat			
Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	<input type="text"/> °C <input type="text"/> °F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	Patient's Age is over 2 yrs.	Patient's Age is over 2 yrs.		Manual GCS	Manual RTS	PTS	Supplemental Oxygen					
				<input type="text"/>	<input type="text"/>	<input type="text"/>	-Select- ▾					
Hospital ICU	Hospital OR	CPR Performed	CT Head	CT Cervical	CT Abd/Pelvis	CT Chest	Abdominal Ultrasound	Aortogram	Arteriogram	Airway Management	Destination Determination	Medications:
Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	Not Applicable ▾	<input type="text"/>
												<input type="button" value="Add"/>

Referring Hospital Screen – Save and Continue

Referring Hospital: Favorites | Please Select Facility Name

Referring Hospital Arrival Date / Time: [Calendar Icon]

Discharge Date / Time: [Calendar Icon]

Physician Name: [Text Field]

Medical Record Number: [Text Field]

Transported to referring facility by: Not Applicable

Referring Hospital Vitals Date / Time: [Calendar Icon]

Glasgow Eye: Not Applicable

Glasgow Verbal: Not Applicable | Patient's Age is over 2 yrs.

Glasgow Motor: Not Applicable | Patient's Age is over 2 yrs.

GCS Qualifier: Not Applicable, Not Known, Not Known/Not Recorded

Temperature: [Text Field] ° C, [Text Field] ° F

Sys. BP: [Text Field], Dia. BP: [Text Field], Pulse Rate: [Text Field], Resp. Rate: [Text Field], O2Sat: [Text Field]

Manual GCS: [Text Field], Manual RTS: [Text Field], PTS: [Text Field], Supplemental Oxygen: -Select-

Hospital ICU: Not Applicable

Hospital OR: Not Applicable

CPR Performed: Not Applicable

CT Head: Not Applicable

CT Cervical: Not Applicable

CT Abd/Pelvis: Not Applicable

CT Chest: Not Applicable

Abdominal Ultrasound: Not Applicable

Aortogram: Not Applicable

Arteriogram: Not Applicable

Airway Management: Not Applicable

Destination Determination: Not Applicable

Medications: [Text Field] [Add]

Add Referring Hospital

Back

Save

Save and Continue