

**Integration Framework HL7 Specification**

**Components Designed to Facilitate the Integration**

**Of VistA to Clinical Information Systems**

**August 2013**

**Version 1.9**

Table of Contents

[Introduction 6](#_Toc364755450)

[Communication 6](#_Toc364755451)

[Integration Framework HL7 Functionality 6](#_Toc364755452)

[Flowchart of Integration Framework Processing 7](#_Toc364755453)

[Display format of Specifications 7](#_Toc364755454)

[Message Types 7](#_Toc364755455)

[ADT Message- Data Assembly Characteristics 8](#_Toc364755456)

[ADT Static Message Definition – Message Level 8](#_Toc364755457)

[Order Message - Data Assembly Characteristics 9](#_Toc364755458)

[Consult Order Message 9](#_Toc364755459)

[Consult Order Static Message Definition – Message Level 9](#_Toc364755460)

[Diet Order Message 9](#_Toc364755461)

[Diet Order Static Message Definition – Message Level 9](#_Toc364755462)

[Lab Order Message 10](#_Toc364755463)

[Lab Order Static Message Definition – Message Level 10](#_Toc364755464)

[Nursing Order Message 10](#_Toc364755465)

[Nursing Order Static Message Definition – Message Level 10](#_Toc364755466)

[Pharmacy Order Message 11](#_Toc364755467)

[Pharmacy Static RDE Message Definition – Message Level 11](#_Toc364755468)

[Radiology Order Message 11](#_Toc364755469)

[Radiology Order Static Message Definition – Message Level 11](#_Toc364755470)

[ORU Message - Data Assembly Characteristics 12](#_Toc364755471)

[Allergy Message 12](#_Toc364755472)

[Allergy ORU Static Message Definition – Message Level 12](#_Toc364755473)

[Lab/Micro Result ORU Static Message Definition – Message Level 13](#_Toc364755474)

[Pathology Reports ORU Static Message Definition – Message Level 14](#_Toc364755475)

[Radiology ORU Message 14](#_Toc364755476)

[Radiology ORU Static Message Definition – Message Level 14](#_Toc364755477)

[Surgical ORU Message - Data Assembly Characteristics 14](#_Toc364755478)

[Surgical ORU Static Message Definition – Message Level 14](#_Toc364755479)

[Vital Sign ORU Data Assembly Characteristics 16](#_Toc364755480)

[Vital Sign ORU Static Message Definition – Message Level 16](#_Toc364755481)

[Surgical SIU Message - Data Assembly Characteristics 16](#_Toc364755482)

[Surgical SIU Static Message Definition – Message Level 16](#_Toc364755483)

[BCMA Order RAS Message – Data Assembly Characteristics 17](#_Toc364755484)

[BCMA RAS Static Message Definition – Message Level 17](#_Toc364755485)

[Vital Sign Query message -Data Assembly Characteristics 18](#_Toc364755486)

[Vital Sign Static Message Definition – Message Level 18](#_Toc364755487)

[Vital Sign Query ACK message - Data Assembly Characteristics 18](#_Toc364755488)

[Vitals Sign ACK Query Static Message Definition – Message Level 18](#_Toc364755489)

[Segment Field Descriptions 19](#_Toc364755490)

[AIS Segment – Appointment Information – SIU 19](#_Toc364755491)

[AIG Segment – Appointment Information - General Resource 19](#_Toc364755492)

[AIL Segment – Appointment Information - Location Resource 19](#_Toc364755493)

[AIP Segment – Appointment Information - Personnel Resource 20](#_Toc364755494)

[AL1 Segment – Patient Allergy Information 20](#_Toc364755495)

[DG1 Segment – Diagnosis 21](#_Toc364755496)

[EVN Segment – Event Type 21](#_Toc364755497)

[MSA Segment – Message Acknowledgement 22](#_Toc364755498)

[MSH Segment – Message Header 22](#_Toc364755499)

[NTE Segment – Notes and Comments 23](#_Toc364755500)

[ORC Segment – Common Order 23](#_Toc364755501)

[ORC Segment – Common Order – Pharmacy 24](#_Toc364755502)

[RXA Segment – Segment Uses in Vaccine Messages – BCMA 26](#_Toc364755503)

[RXC Segment – Pharmacy/Treatment Component Order 27](#_Toc364755504)

[RXE Segment – Pharmacy/Treatment Encoded Order 27](#_Toc364755505)

[RXO Segment – Pharmacy/Treatment Order 28](#_Toc364755506)

[RXR Segment – Pharmacy/Treatment Route 28](#_Toc364755507)

[OBR Segment – Observation Request – Lab 28](#_Toc364755508)

[OBR Segment (2.3) – Observation Request – Radiology 30](#_Toc364755509)

[OBR Segment (2.4) – Observation Request – Radiology 31](#_Toc364755510)

[OBR Segment – Observation Request – Surgery 32](#_Toc364755511)

[OBR Segment – Observation Request – Vitals 32](#_Toc364755512)

[OBR Segment – Observation Request – Vitals ACK 33](#_Toc364755513)

[OBX Segment – Observation Segment – Surgery 33](#_Toc364755514)

[OBX Segment – Observation Segment – Vitals 34](#_Toc364755515)

[OBX Segment – Observation Segment – Vitals ACK 35](#_Toc364755516)

[OBX Segment – Observation Segment – Lab 35](#_Toc364755517)

[OBX Segment – Observation Segment – Radiology (coded) 37](#_Toc364755518)

[OBX Segment – Observation Segment – Radiology (Text) 37](#_Toc364755519)

[ODS Segment – Dietary Orders, Supplements, and Preferences 38](#_Toc364755520)

[ODT Segment – Diet Tray Instruction 40](#_Toc364755521)

[PID Segment – Patient Identification 41](#_Toc364755522)

[PD1 Segment – Patient Additional Demographic 44](#_Toc364755523)

[PV1 Segment – Patient Visit 45](#_Toc364755524)

[QRD Segment – Original-Style Query Definition 46](#_Toc364755525)

[RGS Segment — Resource Group 47](#_Toc364755526)

[SCH Segment – Scheduling Activity Information – Surgery SIU 47](#_Toc364755527)

[ZBC Segment - BCMA 48](#_Toc364755528)

[ZRX Segment in Pharmacy Order Message 49](#_Toc364755529)

[ZSC Segment – Vitals 50](#_Toc364755530)

[ZQT Segment in Diet Order message 50](#_Toc364755531)

[Sample Messages 53](#_Toc364755532)

Introduction

Integration Framework is an interface that filters information from ***VistA/CPRS*** to a commercial ICU/Anesthesia Record Keeping System successfully integrating the two systems together using various communication technologies. This HL7 Specification is only one of the communication modalities employed by Integration Framework. VHA has a need for an electronic solution to share information between VistA and commercial Clinical Information Systems (CIS) used in the Operating Room (OR), Intensive Care Units (ICU) that might be attached to either specialty system thereof.

Communication

Integration Framework utilizes TCP/IP sockets to send and receive messages using version 1.6 of the VistA HL7 package. These messages may be in various HL7 versions. A static outgoing port must be established between the VA site and the Vendor partner. The port ranges available for each facility may vary. All incoming traffic will utilize the VA listener on Port 5000.

Integration Framework HL7 Functionality

Transfers ADT messages generated in VistA to external applications

Transfers Allergy messages via VDEF to external applications

Transfers Vitals Sign message via VDEF to external applications

Transfers Lab, Micro and Pathology reports from VistA on verified results to external applications

Transfers Radiology messages from VistA on verified results to external applications

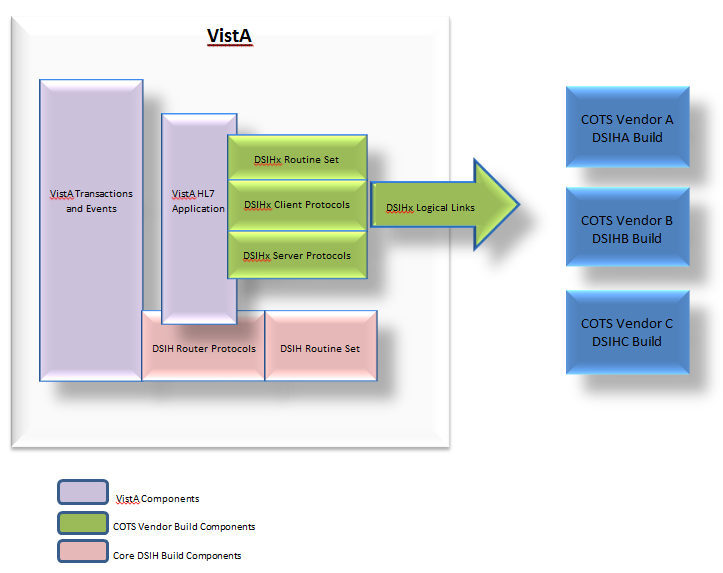
Transfers Surgery SIU and ORU messages from VistA to external applications

Transfers Order ORM messages from VistA to external applications

Transfers surgery ORU messages from the external application to VistA to update the surgical cases

### 

Flowchart of Integration Framework Processing



Display format of Specifications

This Specification document displays the message types and field specifications in a table format. The Veterans Administration has a software tool—Message Work Bench (MWB) which can display the sample messages contained in this document in a derived specification format document.

Message Types

Each message type will be displayed with its expected segments and field descriptions.

ADT Message- Data Assembly Characteristics

A standard HL7 v2.4 will be generated for each VistA VAFC PIMS ADT patient movement event in which DSIH protocols are subscribed.

ADT^A01 Inpatient Admission

ADT^A02 Inpatient Transfer

ADT^A03 Inpatient Discharge

ADT^A08 Inpatient Patient Record Update

ADT^A11 Inpatient Cancel Admit

ADT^A12 Inpatient Cancel Transfer

ADT^A13 Inpatient Cancel Discharge

ADT Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ADT^A\*\*** | **PATIENT MOVEMENT EVENTS** | **OPTIONALITY BY TYPE** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **EVN** | Message Event | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Additional Demographics | Required | Repeat = NO |
| **AL1** | Patient Visit | Conditional\* (See optionality by Message Event Type Table ) | Repeat=YES |
| **DG1** | Patient Diagnosis | Conditional\* (See optionality by Message Event Type Table ) | Repeat=NO |

**Segment Optionality by Message Event Type**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SEGMENT** | **A01** | **A02** | **A03** | **A08** | **A11** | **A12** | **A13** |
| MSH | Y | Y | Y | Y | Y | Y | Y |
| EVN | Y | Y | Y | Y | Y | Y | Y |
| PID | Y | Y | Y | Y | Y | Y | Y |
| PD1 | Y | Y | Y | Y | Y | Y | Y |
| PV1 | Y | Y | Y | Y | Y | Y | Y |
| AL1 | Y | Y | N | Y | N | N | N |
| DG1 | Y | Y | N | Y | Y | Y | Y |

Order Message - Data Assembly Characteristics

A standard HL7 v2.4 will be generated for each order event in which DSIH protocols are subscribed.

ORM^O01 Consults

ORM^O01 Diet

ORM^O01 Lab,

ORM^O01 Nursing

ORM^O01 Radiology

RDE^O01 Pharmacy

Consult Order Message

Consult orders can be for Inpatients or Outpatients

A standard HL7 v2.4 will be generated for each VistA Consult triggering event

Consult Order Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORM^O01** | **CONSULT EVENTS** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **ORC** | Common Order Segment | Required | Repeat =NO |
| **OBR** | Observation Request Segment | Optional \* | Repeat = NO |
| **ZSV** | Observation Result Segment | Optional \* Conditional | Repeat =NO |
| **OBX** | Observation Result Segment | Optional \* Conditional | Repeat = YES |

Diet Order Message

Diet orders replace the order that preceded it. An inpatient can have a tray diet in addition to tube feed and supplements. A tube feed can replace the tray diet order if the provider writes it that way.

A standard HL7 v2.4 will be generated for each VistA Nutrition and Dietary triggering event

Diet Order Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORM^O01** | **NUTRITION AND DIETARY EVENTS** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **ORC** | Common Order Segment | Required | Repeat =NO |
| **OBR** | Observation Request Segment | Optional \* | Repeat = NO |
| **ODS** | Diet Order, Supplements and Preference Segment | Optional \* Conditional | Repeat =NO |
| **ODT** | Diet Tray Instruction Segment | Optional \* Conditional | Repeat = NO |

\*Dietetics Cancelled orders have no ODT segments

\* Special Instruction Diet messages do not have ODS and ODT segments, but are preceded by a separate message that has an ODS or an ODT segment depending on the Diet.

\* Isolation Precaution Diet Message have an OBR segment, but not ODS or ODT segment

Lab Order Message

Lab order messages are obtained via the internal CPRS-Lab interface

Lab Order Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORM^O01** | **LAB ORDER** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **ORC** | Common Order Segment | Required | Repeat = NO |
| **OBR** | Observation Request Segment | Required | Repeat = NO |
| **NTE** | Observation Request Notes and comments | Optional | Repeat = Yes |

Nursing Order Message

Nursing order messages are obtained via the internal CPRS-Nursing interface

Nursing Order Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORM^O01** | **NURSING ORDER** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **ORC** | Common Order Segment | Required | Repeat = NO |
| **OBR** | Observation Request Segment | Required | Repeat = NO |
| **NTE** | Notes and Comments Segment | Optional | Repeat = YES |

Pharmacy Order Message

Only Pharmacist verified (active Status) HL7 messages are created for transmission to external vendor application.

Pharmacy Static RDE Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORU^R01** | **Pharmacy Order** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **ORC** | Common Order Segment | Required | Repeat = NO |
| **RXO** | Observation/Result Segment | Required | Repeat = NO |
| **RXE** | Pharmacy/Treatment Encoded Order Segment | Required | Repeat = NO |
| **RXR** | Pharmacy/Treatment Route Segment | Required | Repeat = NO |
| **RXC** | Pharmacy/Treatment Component Order Segment | Required | Repeat = YES |
| **NTE** | Comments Segment | Optional | Repeat = YES |
| **OBR** | Observation/Request Segment | Optional | Repeat = NO |
| **OBX** | Observation/Result Segment | Optional | Repeat = YES |
| **ZRX** | Current User local VA segment | Optional | Repeat = NO |

Radiology Order Message

Radiology order messages are obtained via the internal CPRS-Radiology interface

Radiology Order Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORM^O01** | **RADIOLOGY ORDER** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **ORC** | Common Order Segment | Required | Repeat = NO |
| **OBR** | Observation Request Segment | Required | Repeat = NO |
| **OBX** | Observation Segment | Optional | Repeat = YES |

ORU Message - Data Assembly Characteristics

Allergy Message

Allergy ORU messages are triggered by VistA VDEF Interface. The DSIH ORU R01 Router Protocol is subscribed to three VistA Allergy VDEF protocols producing three different DSIH Allergy ORU messages. These messages are: Patient Adverse Reaction Assessment, Patient Adverse Reaction Report and Patient Allergy Update messages.

Only Observed Signed Allergies are sent via HL7 messages.

Allergy ORU Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORU^R01** | **Vital Sign Query** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Location | Required | Repeat = NO |
| **OBR** | Observation Request segment | Required | Repeat = NO |
| **OBX** | Observation/Result Segment | Required | Repeat = YES |
| **RXA** | Pharmacy/Treatment Administration segment | Conditional \* | Repeat=NO |
| **RXE** | Pharmacy/Treatment Encoded Order segment | Conditional \* | Repeat=NO |
| **RXR** | Pharmacy/Treatment Route segment | Conditional \* | Repeat= NO |

\*Condition: RXE, RXA and RXR segments are present in Adverse Reaction Reports ORU messages only.

**Segment Optionality by Allergy Event**

|  |  |  |  |
| --- | --- | --- | --- |
| **SEGMENT** | **Adverse Reaction Assessment** | **Patient Adverse Reaction Report** | **Patient Allergy Update** |
| MSH | Y | Y | Y |
| MSA | Y | Y | Y |
| PID | Y | Y | Y |
| OBR | Y | Y | Y |
| OBX | Y | Y | Y |
| RXA | N | Y | N |
| RXE | N | Y | N |
| RXR | N | Y | N |

Lab/Micro Result ORU Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORU^R01** | **LAB RESULT** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **ORC** | Common Order Segment | Required | Repeat = YES |
| **OBR** | Observation Request Segment | Required | Repeat = YES |
| **OBX** | Observation/Result Segment | Required | Repeat = YES |
| **NTE** | Note and Comments Segment | Optional | Repeat = YES |
|  |  |  |  |

**Pathology Reports ORU Message**

Released/Verified pathology reports HL7 messages are created for transmission to External Vendor applications.

Pathology Reports ORU Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORU^R01** | **LAB RESULT** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **ORC** | Common Order Segment | Required | Repeat = NO |
| **OBR** | Observation Request Segment | Required | Repeat = YES |
| **OBX** | Observation/Result Segment | Required | Repeat = YES |
| **NTE** | Note and Comments Segment | Optional | Repeat = YES |

Radiology ORU Message

Examined/Verified Radiology report HL7 message are created for transmission to External Vendor Application

Radiology ORU Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORU^R01** | **Radiology Reports** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **OBR** | Observation Request Segment | Required | Repeat = NO |
| **OBX** | Observation/Result Segment | Required | Repeat = YES |

Surgical ORU Message - Data Assembly Characteristics

A standard HL7 v2.3.1 will be generated when a VistA Surgery Operation event trigger occurs.

DSIH is designed to send out Surgery unsolicited ORU HL7 messages from VistA to ARK, to receive incoming Surgery ORU messages from ARK and to update VistA file surgery file #130 with incoming surgery data sent by ARK.

Surgical ORU Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORU^R01** | **SURGERY UNSOLICITED ORU** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identifier | Required | Repeat = NO |
| **OBR** | Observation Request Segment | Required | Repeat = YES |
| **OBX** | Observation Result | Required | Repeat = YES |

The Unsolicited ORU HL7 communication is bidirectional. VistA does not allow the same Surgery field to be set to both SEND and RECEIVE, but rather allows a field to be set to SEND and others to be set to RECEIVE.

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **ACTION** | **SEND** | **RECEIVE** |
| **TIME OPERATION BEGAN** | INBOUND TO VISTA |  | YES |
| **TIME OPERATION ENDS** | INBOUND TO VISTA |  | YES |
| **NURSE PRESENT TIME** | INBOUND TO VISTA |  | YES |
| **TIME PATIENT IN HOLDING AREA** | OUTBOUND TO ARK | YES |  |
| **ANESTHESIA AVAILABLE TIME** | OUTBOUND TO ARK | YES |  |
| **TIME PATIENT IN OR** | INCOMING TO VISTA |  | YES |
| **SURGEON PRESENT TIME** | INCOMING TO VISTA | YES |  |
| **ANESTHESIA CARE START TIME** | INCOMING TO VISTA |  | YES |
| **ANESTHESIA CARE END TIME** | INCOMING TO VISTA |  | YES |
| **TIME PATIENT OUT OR** | INCOMING TO VISTA |  | YES |
| **PRIN. ANES.** | INCOMING TO VISTA |  | YES |
| **RELIEF ANESTHESIS** | INCOMING TO VISTA |  | YES |
| **ASSISTANT ANESTHESIS** | INCOMING TO VISTA |  | YES |
| **ANES.SUPER.** | INCOMING TO VISTA |  | YES |
| **BLOOD LOSS** | INCOMING TO VISTA |  | YES |
| **TOTAL URINE OUTPUT** | INCOMING TO VISTA |  | YES |
| **OR SETUP TIME** | OUTBOUND TO ARK | YES |  |
| **ANESTHEISA TEMP** | INCOMING TO VISTA |  | YES |
| **HR** | OUTBOUND TO ARK | YES |  |
| **RR** | OUTBOUND TO ARK | YES |  |
| **BP** | OUTBOUND TO ARK | YES |  |
| **ASA CLASS** | INCOMING TO VISTA |  | YES |
| **CASE SCHEDULE TYPE** | OUTBOUND TO ARK | YES |  |
| **ATTENDING CODE** | OUTBOUND TO ARK | YES |  |
| **REPLACEMENT FLUID** | INCOMING TO VISTA |  | YES |
| **INDUCTION COMPLETE** | INCOMING TO VISTA |  | YES |
| **ANES. SUPERVISE CODE** | INCOMING TO VISTA |  | YES |
| **SURGEON PGY** | OUTBOUND TO ARK | YES |  |
| **SURGEON** | OUTBOUND TO ARK | YES |  |
| **ATT. SURGEON** | INCOMING TO VISTA |  | YES |
| **OR LOCATION** | INCOMING TO VISTA |  | YES |
| **PAC(U) ADMIT TIME** | INCOMING TO VISTA |  | YES |
| **PAC(U) DISCHARGE TIME** | INCOMING TO VISTA |  | YES |
| **ANESTHESIC TYPE** | INCOMING TO VISTA |  | YES (OBR2) |
| **ANESTHESIC TECHNIQUE** | INCOMING TO VISTA |  | YES (OBR2) |

Vital Sign ORU Data Assembly Characteristics

Vital Sign ORU are triggered by VistA VDEF Interface. The DSIH Router Protocol is subscribed to the VistA Vitals VDEF protocols, producing DSIH Vitals ORU messages. Each Vital Sign is placed into its own individual message.

Vital Sign ORU Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ORU^R01** | **Vital Sign Query** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **MSA** | Acknowledgment segment | Required | Repeat = NO |
| **QRD** | Query Definition | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **OBR** | Observation Request segment | Required | Repeat = NO |
| **OBX** | Observation/Result Segment | Required | Repeat = NO |
| **ZSC** | Drug Dependence Group | Required | Repeat = NO |

Surgical SIU Message - Data Assembly Characteristics

A standard HL7 v2.4 will be generated for each VistA Surgery Schedule event. SIU-12, SIU-13, SIU-14, SIU-15 messages are created when VistA Unrequested Surgery events trigger its corresponding message type. SIU-17 messages are created when VistA Requested events trigger its corresponding message type.

SIU^S12 Unrequested Surgery Schedule

SIU^S13 Unrequested Surgery Reschedule

SIU^S14 Unrequested Surgery Schedule Update

SIU^S15 Unrequested Surgery Cancellation

SIU^S17 Requested Surgery Deletion

Surgical SIU Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **SIU^S\*\*** | **SURGERY SCHEDULE EVENTS** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **SCH** | Schedule Activity Information | Required | Repeat = NO |
| **PID** | Patient Identifier | Required | Repeat = NO |
| **OBX** | Observation Result | Optional | Repeat = YES |
| **AL1** | Patient Allergies | Optional | Repeat = YES |
| **PV1** | Patient Location segment | Optional | Repeat = NO |
| **DG1** | Patient Diagnosis | Optional | Repeat = YES |
| **RGS** | Resource Group | Optional | Repeat = YES |
| **AIS** | Appointment Information | Required | Repeat = NO |
| **AIG** | Appointment Information General resource | Optional | Repeat = YES |
| **AIP** | Appointment Information Personnel | Required | Repeat =YES |
| **AIL** | Appointment Information Location | Required | Repeat = NO |

BCMA Order RAS Message – Data Assembly Characteristics

BCMA RAS messages are obtained via the internal CPRS-Radiology interface. The DSIH BCMA Router Protocol is subscribed to the VistA BCMA protocol, producing DSIH BCMA ORM messages.

BCMA RAS Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **RAS^O17** | **Radiology Reports** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **PV1** | Patient Visit Location | Required | Repeat = NO |
| **ORC** | Common Order Segment |  |  |
| **RXO** | Pharmacy/treatment order RXR | Required | Repeat = NO |
| **RXC** | Pharmacy/treatment Order | Required | Repeat = YES |
| **RXA** | Pharmacy/Administration Order | Required | Repeat = NO |
| **OBR** | Observation Request Segment | Required | Repeat = NO |
| **OBX** | Observation/Result Segment | Required | Repeat = YES |
| **ZBC** | Local BCMA custom segment/Pharmacy Order# | Required | Repeat = NO |

Vital Sign Query message -Data Assembly Characteristics

A query message is sent to VistA with an SSN and the acknowledgement (ACK) of this Query includes the PID and OBR and OBX with the Vital Signs

See the Vital Sign Query ACK message Data Assembly for segment definition

Vital Sign Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **QRY^A19** | **Vital Sign Query** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **QRD** | Query Definition | Required | Repeat = NO |

Vital Sign Query ACK message - Data Assembly Characteristics

Vital Sign Query ACK is the response of the Vitals Query sent to VistA. As a result the Acknowledgment message sends the Patient Vitals sign information.

Vitals Sign ACK Query Static Message Definition – Message Level

|  |  |  |  |
| --- | --- | --- | --- |
| **ACK^A19** | **Vital Sign Query** | **USAGE OPTIONALITY** | **REPETITION** |
| **MSH** | Message Header | Required | Repeat = NO |
| **MSA** | Acknowledgment segment | Required | Repeat = NO |
| **QRD** | Query Definition | Required | Repeat = NO |
| **PID** | Patient Identification | Required | Repeat = NO |
| **OBR** | Observation Request segment | Required | Repeat = NO |
| **OBX** | Observation/Result Segment | Required | Repeat = YES |

Segment Field Descriptions

Each field is displayed with all fields that are supported. Repeating fields will be displayed with more details to clarify the specification

AIS Segment – Appointment Information – SIU

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | CE | Segment Action Code | A |  |
| 3 | CE | Universal Service Identifier | 00830^ANESTH, REPAIR OF HERNIA^C4 |  |

AIG Segment – Appointment Information - General Resource

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID |  |  |
| 2 | ID | Segment Action Code | 17^ARTERIAL LINE^99VA133.4 |  |
| 3 | CE | Resource ID | ^MONITOR^ |  |

AIL Segment – Appointment Information - Location Resource

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID |  |  |
| 2 | ID | Segment Action Code | 500^^^OR1 |  |
| 3 | ST | Location Resource ID | ^OPERATING ROOM |  |
| 7 | NM | Start Date/Time Offset | CONFIRMED |  |

AIP Segment – Appointment Information - Personnel Resource

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 2 |  |
| 2 | ID | Segment Action Code | A |  |
| 3 | XCN | Personnel Resource ID | 10000000050^CPRSRESIDENT^ONE^ |  |
| 4 | CE | Resource Role | 1ST ASST.^99VA200 |  |
| 8 | CE | Start Date/Time Offset Units | CONFIRMED |  |

AL1 Segment – Patient Allergy Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | CE | Set ID | 0003 |  |
| 2 | ID | Allergen Type Code | DA |  |
| 3 | CE | Allergen Code/Mnemonic/Descrip | 126^IODINE CONTRAST DYE^99VA120.82 |  |
| 4 | ID | Allergy Severity Code | SEVERE |  |
| 5 | ST | Allergy Reaction Code | 1^HIVES~2^ITCHING,WATERING EYES~19^RESPIRATORY DISTRESS |  |

DG1 Segment – Diagnosis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | ID | Diagnosis Coding Method | I9 |  |
| 3 | CE | Diagnosis Code | 550.12 |  |
| 4 | ST | Diagnosis Description | BILAT ING HERNIA W OBST |  |
| 5 | TS | Diagnosis Date/Time |  |  |
| 6 | IS | Diagnosis Type | P |  |

EVN Segment – Event Type

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | ST | Event Type Code | A02 | See Event Table down below |
| 2 | TS | Recorded Date/Time | 20080429151710-0500 |  |
| 4 | ID | Event Reason Code | 05 |  |

Event Table for DSIH Supported events

|  |  |
| --- | --- |
| **Event Type Code** | **Event Description** |
| A01 | Inpatient Admission |
| A02 | Inpatient Transfer |
| A03 | Inpatient Discharge |
| A08 | Inpatient Patient Record Update |
| A11 | Inpatient Cancel Admit |
| A12 | Inpatient Cancel Transfer |
| A13 | Inpatient Cancel Discharge |

MSA Segment – Message Acknowledgement

A query message is sent to VistA with an SSN and the acknowledgement (ACK) includes the PID, OBR and OBX segments containing Patient Vital Signs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | ID | Query ACK response Status | AA | See Table 0208- Query Response Status (original mode response) |
| 2 | ST | Message Control ID | 3065500052696 | This number matches the originating MSH-10 (Message Control ID) of the QRD Message |
| 3 | ST | ACK Description | PATIENT FOUND |  |

HL7 Table 0208 - Query Response Status

| **Value** | **Description** | **Comment** |
| --- | --- | --- |
| OK | Data found, no errors (this is the default) |  |
| NF | No data found, no errors |  |
| AA | Data Found | ACK^A19, Patient Found |
| AE | Application error |  |
| AR | Application reject |  |

MSH Segment – Message Header

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | ST | Field Separator | ‘|’ | The ‘pipe’ is used in all DSIH\* |
| 2 | ST | Encoding Characters | ^~\& |  |
| 3 | HD | Sending Application | DSIH SR |  |
| 4 | HD | Sending Facility | 500 | Station number |
| 5 | HD | Receiving Application | DSIH CL |  |
| 6 | HD | Receiving Facility | 500 |  |
| 7 | TS | Date/Time of Message | 20121002091735-0500 |  |
| 9 | ID | Message Type | ADT^A01 | Trigger event is second component |
| 10 | ST | Message Control ID | 5008824 | ID starts with station number |
| 11 | PT | Processing ID | P | P=Production T=Test |
| 12 | ID | HL7 Version ID | 2.4 |  |
| 15 | ID | Accept Acknowledgement Type | AL | AL=Always |
| 16 | ID | Application Acknowledgement Type | NE | NE=Never |
| 17 | ID | Country Code | USA |  |

NTE Segment – Notes and Comments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | ID | Source of Comments ID | L |  |
| 3 | ST | Comment | >> Nursing Instructions |  |

ORC Segment – Common Order

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | ST | Order Control | RE |  |
| 2 | EI | Placer Order Number | 7981190001^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS |  |
| 3 | EI | Filler Order Number | 7981190001^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS |  |
| 5 | ID | Order Status | a | See Common Order Status Table below |
| 12 | XCN | Ordering Provider | 10000000032-VA500^CPRSPHYSICIAN^ONE^^^DR^MD |  |
| 13 | PL | Enterer's Location | BECKY'S WARD^^^500&SMA.FO-ALBANY.MED.VA.GOV&DNS^^N |  |
| 17 | CE | Entering Organization | 500^TROY^99VA4 |  |
| 21 | XON | Ordering Facility Name | TROY^L^500^^^USVHA^FI^^A^500 |  |
| 22 | XAD | Ordering Facility Address | VA MEDICAL CENTER^1 3RD ST.^ALBANY^NY^12180-0097^USA |  |

ORC Segment – Common Order – Pharmacy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | ST | Order Control | SC | See Order Control Table down below |
| 2 | EI | Placer Order Number | 19050;1^OR |  |
| 3 | EI | Filler Order Number | 9U^PS |  |
| 5 | ID | Order Status | CM | See Pharmacy Order Status Table down below |
| 9 | TS | Date/Time of Transaction | 200807301214-0500 |  |
| 10 | XCN | Entered by | 10000000032^CPRSPHYSICIAN,ONE |  |
| 12 | XCN | Ordering Provider | 10000000032^CPRSPHYSICIAN,ONE |  |
| 15 | TS | Order effective Date/Time | 200807301214-0500 |  |
| 16 | CE | Order Control code reason | ^^99ORN^^^ |  |

Order Control Table

|  |  |
| --- | --- |
| **Event Type Code** | **Event Description** |
| OC | Order Cancelled before Pharmacist Verification |
| OD | Order Cancelled after Pharmacist Verification |
| SC | Order was verified, expired or Suspended by Pharmacy (Service Correction/ Status update |
| XX | Order Change. Sent by pharmacy when fields change that do not generate new order |
| XR | After Order Change, Replaces a previous order with a new order # |
| ZV | Nursing Staff Verified |
| CR | Order Canceled |
| DR | Order Discontinued |
| HR | Order Held |
| OR | Order Released |

Pharmacy Order Status Table

|  |  |
| --- | --- |
| **Event Type Code** | **Event Description** |
| CM | Active - Finished/Verified by Pharmacist |
| DC | Discontinued |
| IP | Pending (IF ORC-5 is blank order is pending) |
| RP | Discontinued (edit/replaced) |
| ZE | Expired |
| HD | Hold |
| ZS | Suspended (active) |
| ZS | Un-Suspended (active) |
| ZX | Unreleased |
| ZZ | Renewed |

Common Order Status Table

|  |  |
| --- | --- |
| **Event Type Code** | **Event Description** |
| dc | Discontinued |
| c | Complete |
| h | Hold |
| ? | Flagged |
| p | Pending |
| a | Active |
| e | Expired |
| s | Scheduled |
| pr | Partial results |
| dly | Delayed |
| u | Unreleased |
| dce | Discontinued/edit |
| x | Cancelled |
| l | Lapsed |
| rn | Renewed |
| ‘ | No status |

RXA Segment – Segment Uses in Vaccine Messages – BCMA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | NM | Give Sub-ID Counter | 0 |  |
| 2 | NM | Administration Sub-ID Counter | 1 |  |
| 3 | TS | Date/Time Start of Administration | 20110616095141-0500 |  |
| 5 | CE | Administered Code | 2232^MAALOX THERAPEUTIC CONC. 6 0Z. |  |
| 6 | NM | Administered Amount | 1 |  |
| 7 | CWE | Administered Units | 1 |  |
| 9 | NM | Administration Notes | 4^20110616095141-0500 |  |
| 19 | CE | Indication | -9 |  |
| 20 | ID | Completion Status | G | G=Given  U=UnGiven |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

RXC Segment – Pharmacy/Treatment Component Order

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | ID | Rx Component Type | A |  |
| 2 | CE | Component Code | 4494^DEXTROSE 5% IN 1/2NS W 20MEQ KCL ^99PSD^1336^POTASSIUM CL/DEXTROSE /SODIUM CL^99PSP |  |
| 3 | NM | Component Amount | 5 |  |
| 4 | CE | Component Units | ^^^PSIV-1^ML^99OTH |  |

RXE Segment – Pharmacy/Treatment Encoded Order

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | TQ | Quantity/ Timing | 650&MG&2&^BID^^200807301214-0500^200808062400-0500^^^650MG |  |
| 2 | CE | Give Code | 964.5229^ASPIRIN 325MG BUFFERED TAB^99NDF^280^ASPIRIN BUFFERED 325MG TAB^99PSD |  |
| 3 | NM | Give Amount-Minimum | 650 |  |
| 5 | CE | Give Units | MG^^^20^MG^99PSU |  |
| 6 | CE | Give Dosage Form | ^^^63^TAB^99PSF |  |
| 7 | ST | Special Instructions | ^This is a test of the new fix to add the special instructions |  |
| 14 | XCN | Pharmacist Treatment Supplier’s Verifier ID | 3^USER,DAVID C^99NP |  |
| 21 | CE | Pharmacy Special Dispensing Instructions | 14-20^99PSA^^^ |  |
| 25 | NM | Give Strength | 325 |  |
| 26 | CE | Give Strength Units | ^^^20^MG^99PSU |  |

RXO Segment – Pharmacy/Treatment Order

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | CE | Requested Give Code | ^^^1327^ASPIRIN TAB^99PSP |  |

RXR Segment – Pharmacy/Treatment Route

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | CE | Route | 1^ORAL (BY MOUTH) |  |

OBR Segment – Observation Request – Lab

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | EI | Placer Order Number | 1613000001^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS |  |
| 3 | EI | Filler Order Number | 1613000001^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS |  |
| 4 | CE | Universal Service Identifier | 82310.0000^Calcium^99VA64 |  |
| 7 | TS | Observation Date/Time | 20130620110646-0500 |  |
| 14 | TS | Start Date/Time | 20130620110651-0500 |  |
| 15 | CM SPS | Specimen Source | SER&Serum&HL70070&T-0X500&SERUM&SNM&&1974&SERUM |  |
| 16 | XCN | Ordering Provider | 10000000032-VA500^CPRSPHYSICIAN^ONE^^^DR^MD |  |
| 19 | ST | Placer Field 2 | \S\\S\\S\\S\\S\\S\7981190001 |  |
| 20 | ST | Filler Field 1 | 448\S\CH\S\6919570.844163 |  |
| 21 | ST | Filler Field 2 | CH 0428 1\S\11\S\3080428\S\1\S\CHEMISTRY\S\CH\S\82310.0000 |  |
| 22 | TS | Results Rpt/Status Chng - Date | 20130620110731-0500 |  |
| 24 | ID | Diagnostic Serv Sect ID | CH |  |
| 44 | CE | Procedure Code | 82310^ASSAY OF CALCIUM^C4^82310.0000^Calcium^99VA64 |  |

OBR Segment (2.3) – Observation Request – Radiology

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID |  |  |
| 2 | EI | Placer Order Number |  |  |
| 3 | EI | Filler Order Number | 6919268.8696-1^073108-21^L |  |
| 4 | CE | Universal Service Identifier | 71020^CHEST X-RAY^C4^58^CHEST 2 VIEWS PA&LAT [02]^99RAP |  |
| 7 | TS | Observation Date/Time | 200807311303-0500 |  |
| 14 | TS | Specimen Received Date/Time | 20080731130633-0500 |  |
| 15 | CM SPS | Specimen Source |  |  |
| 16 | XCN | Ordering Provider | 10000000032^CPRSPHYSICIAN^ONE |  |
| 18 | ST | Placer Field 1 | 7B |  |
| 20 | ST | Filler Field 1 | 2^7TH FLOOR^500^VAMC ALBANY |  |
| 22 | TS | Results Rpt/Status Chng - Date | 200807311308-0500 |  |
| 25 |  |  | F |  |
| 32 | CM\_NDL | Principal Result Interpeter | 3^NITSCHE^DAVID^C |  |
| 33 | CM\_NDL | Assistant Result Interpeter | 11711^TEST^TURKEY |  |
| 35 | CM\_NDL | Transcriptionist | 3^NITSCHE^DAVID^C |  |
| 36 | TS | Scheduled Date/Time | 200807311303-0500 |  |

OBR Segment (2.4) – Observation Request – Radiology

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | EI | Placer Order Number | 051413-64 |  |
| 3 | EI | Filler Order Number | 051413-64 |  |
| 4 | CE | Universal Service Identifier | 73100^X-RAY EXAM OF WRIST^C4^135^WRIST 2 VIEWS^99RAP |  |
| 7 | TS | Observation Date/Time | 20130514094133-0500 |  |
| 15 | CM SPS | Specimen Source |  |  |
| 16 | XCN | Ordering Provider | 10000000032^CPRSPHYSICIAN^ONE^^^DR^MD |  |
| 17 | NM | Ord. Callback Phone Number | 1-518-662-7854^PRN^PH~1-518-626-8543^WPN^PH |  |
| 18 | ST | Placer Field 1 | 051413-64 |  |
| 19 | ST | Placer Field 2 | 64 |  |
| 20 | ST | Filler Field 1 | 051413-64 |  |
| 21 | ST | Filler Field 2 | RAD\_GENERAL RADIOLOGY`2\_7TH FLOOR`500\_VAMC ALBANY |  |
| 22 | TS | Results Rpt/Status Chng - Date | 201305140946-0500 |  |
| 25 |  | Results Status | F |  |
| 29 |  | Parent |  | Opt. |
| 32 | CM\_NDL | Principal Result Interpeter | 11710^LHJALDU^ULN |  |
| 33 | CM\_NDL | Assistant Result Interpeter | 11850^TLTSUXZ^CXH~11711^THTS^SRUBHN |  |
| 35 | CM\_NDL | Transcriptionist | 10000000034^ROISTAFF^CHIEF^O |  |

OBR Segment – Observation Request – Surgery

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | EI | Placer Order Number |  |  |
| 3 | EI | Filler Order Number | 10326 | Surgery Case# |
| 4 | CE | Universal Service Identifier | ^OPERATION^5000.7 |  |
| 7 | TS | Date Operation Began | 201210010601-0500 |  |
| 8 | TS | Date Operation End | 201210010901-0500 |  |

OBR Segment – Observation Request – Vitals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | EI | Placer Order Number |  |  |
| 3 | EI | Filler Order Number | 963^500\_120.5 |  |
| 4 | CE | Universal Service Identifier | 0^WEIGHT^99VA120.51 |  |
| 7 | TS | Observation Date/Time | 200007130951-0500 |  |
| 8 | TS | Observation End Date/Time | 200007130951-0500 |  |
| 22 | TS | Results Rpt/Status Change - Date | 200007130951-0500 |  |
| 25 | ID | Result Status | F |  |
| 34 | TS | Technician | 10000000032^CPRSPHYSICIAN^ONE^^^DR^MD^VistA200 |  |

OBR Segment – Observation Request – Vitals ACK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | EI | Placer Order Number |  |  |
| 3 | EI | Filler Order Number | 200007130951-0500 |  |
| 4 | CE | Universal Service Identifier | ^VITAL SIGN |  |
| 8 | TS | Observation Date/Time | 200007130951-0500 |  |

OBX Segment – Observation Segment – Surgery

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | ***Notes*** |
| 1 | SI | Set ID | 1 |  |
| 2 | ID | Value Type | TS |  |
| 3 | CE | Observation Identifier | ^TIME PATIENT IN HOLDING AREA^L |  |
| 5 | NM | Observation Value | 201209270700-0500 |  |
| 11 | ID | Observation Result Status | F |  |

OBX Segment – Observation Segment – Vitals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | ***Notes*** |
| 1 | SI | Set ID | 1 |  |
| 2 | ID | Value Type | ST |  |
| 3 | CE | Observation Identifier | 0^WEIGHT^99VA120.51 |  |
| 4 | ST | Observation Sub-Id |  |  |
| 5 | NM | Observation Value | 200 |  |
| 6 | CE | Units | lb^lb^L |  |
| 7 | ST | References Range |  |  |
| 8 | ID | Abnormal Flags |  |  |
| 11 | ID | Observation Result Status | F |  |
| 14 | TS | Date/Time of the Observation |  |  |
| 15 | CE | Producer's ID |  |  |
| 16 | XCN | Responsible Observer | 10000000032^CPRSPHYSICIAN^ONE^^^DR^MD^VistA200 |  |

OBX Segment – Observation Segment – Vitals ACK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | ***Notes*** |
| 1 | SI | Set ID | 1 |  |
| 2 | ID | Value Type | ST |  |
| 3 | CE | Observation Identifier | BPS^SYSTOLIC BLOOD PRESSURE^^^^ |  |
| 5 | NM | Observation Value | 80 |  |
| 6 | CR | Observation Units | mm (hg) |  |
| 14 | TS | Observation Date/Time | 20040617155717-0500 |  |

OBX Segment – Observation Segment – Lab

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SEQ** | | **DT** | **Element Name** | **Example** | ***Notes*** |
| 1 | SI | | Set ID | 1 |  |
| 2 | ID | | Value Type | NM |  |
| 3 | CE | | Observation Identifier | 717-9^HEMOGLOBIN:ACNC:PT:BLD:ORD^LN^4685470^^  99VA95.3^2.14^2.14^HGB |  |
| 4 | ST | | Observation Sub-Id | CH386 |  |
| 5 | NM | | Observation Value | 15 | normal |
| 6 | CE | | Units | g/dL^g/dL^L |  |
| 7 | ST | | References Range | 14-18 |  |
| 8 | ID | | Abnormal Flags |  |  |
| 11 | ID | | Observation Result Status | F |  |
| 13 |  | | User Defined Access Checks |  |  |
| 14 | TS | | Date/Time of the Observation | 20130710095716-0500 |  |
| 15 | CE | | Producer's ID | 500^TROY^99VA4 |  |
| 16 | XCN | | Responsible Observer | 10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4 |  |
| 17 | CE | | Observation Method | .4191^STKS^99VA64.2~83020.0000^Hemoglobin^99VA64 |  |
| 18 |  | | Equipment Entity Identifier Field |  |  |
| 19 | DT | | Date/time of the Analysis | 20130710095736-0500 |  |
| 23 | ST | | Performing Organization Name | TROY^L^500^^^USVHA^FI^^A^500 |  |
| 24 | AD | | Performing Organization Address | VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA |  |
| 18 |  | | Equipment Entity Identifier Field |  |  |

OBX Segment – Observation Segment – Radiology (coded)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | ***Notes*** |
| 1 | SI | Set ID | 1 |  |
| 2 | ID | Value Type | CE |  |
| 3 | CE | Observation Identifier | P^PROCEDURE^L |  |
| 5 | NM | Observation Value | 58^CHEST 2 VIEWS PA&LAT [02]^L |  |
| 11 | ID | Observation Result Status | F |  |

OBX Segment – Observation Segment – Radiology (Text)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | ***Notes*** |
| **1** | SI | Set ID | 1 |  |
| **2** | ID | Value Type | TX |  |
| **3** | CE | Observation Identifier | I^IMPRESSION^L |  |
| **5** | NM | Observation Value | IMPRESSION IS THAT THIS IS A NORMAL CHEST. |  |
| **11** | ID | Observation Result Status | F |  |

ODS Segment – Dietary Orders, Supplements, and Preferences

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | ID | Type | ZT | See ODS -1 Code specification Table down below |
| 2 | CE | Service Period |  | Optional - When blank, the modifier applies to all services |
| 3 | CE | Diet, Supplement, or Preference | ^^^1^REGULAR^99FHD | Required. ODS2.3.4 = Diet Number  ODS2.3.5= Diet Name |
| 4 | ST | Text Instruction |  | Not Required |

***ODS-1 - Diet Code Specification Type***

*Definition: This field specifies type of diet.*

| **Value** | **Description** | **Comment** |
| --- | --- | --- |
| ZT | Inpatient Diet/Tray service | VA Local Table |
| ZC | Inpatient Diet/Cafeteria | VA Local Table |
| ZD | Inpatient Diet/Dining Room | VA Local Table |
| ZE | Tubefeeding | VA Local Table |
| D | Diet | HL7 table #0159 |
| S | Supplement | HL7 table #0159 |
| P | Preference | HL7 table #0159 |

***ODS-2 – Service Period***

Definition: **When blank, the modifier applies to all service periods**. Diet orders, for example, typically apply to all service periods**.**

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ **<Alternate Identifier (ST)> ^ <Alternate Text (ST)>** ^ <Name of Alternate Coding System (ID)>

***ALTERNATE IDENTIFIER:***

*FH-5 = NPO*

*FH-6 = Additional Order*

*FH-X = No Meal*

*If Diet type is Tube feeding, then the alternate identifier is ^<Internal Diet number from VA file # 118.2>-<Strength>^*

*Strength table*

*1 =1/4*

*2 =1/2*

*3= 3/4*

*4=Full*

*If Diet type is other than the ones mentioned above diet alternate identifier is the Diet Number from VA file# 111*

***ODS-3 Diet, Supplement, or Preference Code***

*Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^* ***<Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name o******f Alternate Coding System (ID)>***

***ODS-4 Text instruction***

This field defines the specific instructions for dietary. These instructions may address specific patient needs, **such as isolation**. This field provides the ordering provider's dietary instructions as free text. It can represent the full dietary instruction or indicate supplemental information.

*Note: DSIH DIET WITH ISOLATION INSTRUCTION DOES NOT HAVE AN ODS segment*

ODT Segment – Diet Tray Instruction

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | CE | Tray Type | LATE |  |
| 2 | CE | Service Period | |^^^NL1^^99FHS |  |
| 3 | ST | Text Instruction | Late Tray for NOON meal every M |  |

***ODT-1 Tray Type***

*Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ <****Alternate Identifier (ST)> ^ <Alternate Text (ST)> ^ <Name of Alternate Coding System (ID)>***

*Definition: This field defines the**type of dietary tray.*

| ***Value*** | ***Description*** | ***Comment*** |
| --- | --- | --- |
| *EARLY* | *Early tray* |  |
| *LATE* | *Late tray* |  |
| GUEST | Guest tray |  |

***ODT-2 Service Period***

Components: <Identifier (ST)> ^ <Text (ST)> ^ <Name of Coding System (ID)> ^ **<Alternate Identifier (ST)> ^ <Alternate Text (ST)>** ^ <Name of Alternate Coding System (ID)>

Definition: When blank, the modifier applies to all service periods. This field allows you to designate one or more of the feeding periods during a day by combining the codes as needed. It can also combine with quantity/timing to give such information as which service period the order belongs with. This field is identical in meaning with *ODS-2-service period*. .

**Alternate identifier = VA Code +Tray Type+ Service#**

***VA Code:***

*B=Breakfast*

*N=Noon*

*E=Evening*

PID Seg**m**ent – Patient Identification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID - PID | 1 |  |
| 2 | CX | Patient ID | 5000000044V986012 |  |
| 3 | CX | Patient Identifier List | 5000000044V986012^^^USVHA&&0363^**NI**^VA FACILITY ID&500&L^^20121002~666660001^^^USSSA&&0363^**SS**^VA FACILITY ID&500&L~^^^USDOD&&0363^**TIN**^VA FACILITY ID&500&L~^^^USDOD&&0363^**FIN**^VA FACILITY ID&500&L~369^^^USVHA&&0363^**PI**^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^**PN**^VA FACILITY ID&500&L | **See note #1** |
| 3.1 | ST | ID | 5000000044V986012 |  |
| 3.2 | ST | Check Digit |  |  |
| 3.3 |  | Code identifying check digit |  |  |
| 3.4 | HD | Assigning authority | USVHA&&0363 |  |
| 3.5 | ST | Identifier type code | NI  ICN (NI),SSN (SS),CLAIM# (PN), DFN (PI), FEDERAL(FIN),TAX(TIN) | **See note #2** |
| 3.6 | HD | Assigning facility | VA FACILITY ID&500&L |  |
| 3.7 | DT | Effective date |  |  |
| 3.8 | DT | Expiration date | 20121002~666660001 |  |
| 4 | CX | Alternate Patient ID - PID | 369 | Patient DFN# |
| 5 | XPN | Patient Name | CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A | Name Type Code  L=Legal A=Alias |
| 6 | XPN | Mother's Maiden Name | JONES^^^^^^M |  |
| 7 | TS | Date/Time Of Birth | 19491231 |  |
| 8 | IS | Administrative Sex | M |  |
| 9 | XPN | Patient Alias |  | PID-9 NOT USED. VA alias is sent as a repeat after PID-5.7 (name type code) |
| 10 | IS | Race | 2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC |  |
| 10.1 | ST | Race Identifier | 2106-3-SLF |  |
| 10.2 | ST | Text | WHITE |  |
| 10.3 | CE | Coding system | 0005 |  |
| 10.4 | ST | Alternate Identifier | 2106-3 |  |
| 10.5 | ST | Alternative text | WHITE |  |
| 10.6 | CE | Alternative coding system | CDC |  |
| 11 | XAD | Patient Address | 5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N |  |
| 12 | IS | County Code | 083^COUNTY CODE^VA5 |  |
| 13 | XTN | Phone Number-Home | (518)636-4563 |  |
| 14 | XTN | Phone Number-Business | (518)836-2330 |  |
| 16 | IS | Marital Status | S^NEVER MARRIED^VA11 |  |
| 17 | IS | Religion | 29^UNKNOWN/NO PREFERENCE^VA13 |  |
| 18 | CX | Patient Account Number | 6315^1027 | **See Note# 3** |
| 19 | ST | SSN Number | 666660001 | SSN |
| 22 | IS | Ethnic Group | 2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC |  |
| 23 | ST | Birth Place | SOMEWHERE NY |  |
| 29 | TS | Patient Death date/time | 20080506102737-0500 | IF PID-30 is present, PID-29 is Required |
| 30 | ID | Patient Death Indicator | Y |  |

**Note #1**—PID-3.5 is the Identifier Type code found in each repeating segment. The different values are displayed on the second line of the example for 3.5 and also in the complete example shown in PID.3 at the top.

**Note #2**—PID.3 is a repeating segment with eight components. Example shows 5 repeats. The Identifier Type Code (ID) for the ICN code is ‘NI’, the Identifier Type Code (ID) for the patient’s SSN is ‘SS’, the Identifier Type Code (ID) for the patient DFN is ‘PN’, the Identifier Type Code (ID) for the Temporary ID# is ‘TIN’ and the Identifier Type Code (ID) for the Foreign ID # is ‘FIN’. The table Seq’s 3.1 to 3.8 define the national code found in the first repeat.

***Note#3*** – PID-18 is composed of the Visit# and the PTF# (first component is the Visit# found in the patient file and the second is the PTF# assigned to this patient’s treatment file. The codes are showing in Visit#^PTF#. (Visit # comes from the Pivot Table)

***Important:*** VistA deletes the PTF# (open) during a cancel admission and can reuse

PD1 Segment – Patient Additional Demographic

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 3 | XON | Patient Primary Facility | VAMC ALBANY^^500 |  |
| 4 | XCN | Patient Primary Care Provider | 990&500^^^^^^^VA200 | See note #1 |

***Note#1—990 is IEN of provider. 500 is station number of Albany. VA200 is the source of the provider number 990.***

PV1 Segment – Patient Visit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | ID | Patient Class | I | I=Inpatient O=Outpatient  U= Unknown (U is used in the BCMA PV1 segment) |
| 3 | PL | Assigned Patient Location | ICU/CCU^ICU^5 | (ward^room^bed) |
| 6 | PL | Prior Patient Location | 7B^032^A | (ward^room^bed) |
| 7 | XCN | Attending Doctor | 10000000032^CPRSPHYSICIAN^ONE^^^DR^MD | SSN has been replaced with provider User DUZ |
| 10 | IS | Treating Specialty | 92 |  |
| 16 | IS | VIP Indicator | R | Sensitive Patient Flag |
| 18 | IS | Patient Type | SC VETERAN |  |
| 21 | IS | Physical Treating Specialty - Ward Location | 71 |  |
| 36 | IS | Discharge Disposition | 16 |  |
| 39 | IS | Servicing Facility | 515.6 | Facility Station # has been added to all ADT PV1 segments to distinguish service facility in integrated facilities with a single database |
| 44 | TS | Admit Date/Time | 20121002091646-0500 |  |
| 45 | TS | Discharge Date/Time | 20121002101640-0500 |  |
| 50 | ST | Alternate Visit ID | 6315 | Visit# found in the patient file |

QRD Segment – Original-Style Query Definition

DSIH utilizes the QRD Segment to Query for Patient in a message of Message Type A19 ADT/ACK- Patient Query) MSH-9

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | TS | Query Date/time | 200806111306 |  |
| 2 | ID | Query Format Code | R | See HL7 Table 0106 |
| 3 | ID | Query Priority | I | See HL7 Table 0091 |
| 4 | ST | Query ID | 1001 |  |
| 7 | CQ | Quantity Limited Request | 1 |  |
| 8 | XCN | Who Subject Filter | 666660008 | Patient SSN |

HL7 Table 0106 – Query/Response format code

| **Value** | **Description** | **Comment** |
| --- | --- | --- |
| D | Response is in display format |  |
| R | Response is in record-oriented format | For Vitals Query, the ACK Response contains PID , OBR and OBX segments containing Vitals Observations results. |
| T | Response is in tabular format |  |

HL7 Table 0091 - Query priority

| **Value** | **Description** |
| --- | --- |
| D | Deferred |
| I | Immediate |

RGS Segment — Resource Group

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID | 1 |  |
| 2 | CE | Segment Action Code | A |  |

SCH Segment – Scheduling Activity Information – Surgery SIU

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | ID | Placer Appointment ID | 10295 | Surgery Case # |
| 2 | ID | Filler Appointment ID | 10295 |  |
| 4 | EL | Placer Group Number | S14^(SCHEDULED)^L |  |
| 5 | CE | Schedule ID | 00750^ANESTH, REPAIR OF HERNIA^C4 |  |
| 7 | CE | Appointment Reason | ^^^200805020830-0500^^^^^^ |  |
| 9 | NM | Appointment Duration | 30 |  |
| 10 | CE | Appointment Duration Units | MIN^MINUTES |  |
| 11 | TQ | Appointment timing quality | ^^^200805020830-0500^200805020900-0500 |  |
| 12 | XCN | Placer Contact person | 333^CLERK^SURG^C | DUZ^LastName^FirstName^MiddleInitial |

ZBC Segment - BCMA

ZBC is a Local VA BCMA custom segment. It includes the RX order number which allows the BCMA message to be linked to the verified active medication.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | EI | RX Order Number | 19350;1 |  |
| 2 | EI | Quantity/Amount | 334^PSB^334^IEN |  |
| 3 | EI | BCMA Filer Order Number | 59U |  |

ZRX Segment in Pharmacy Order Message

ZRX segment is a VA Local Segment used to pass additional data on new Inpatient order medication.

IV identifier will indicate a fluid (IV), Total Parenteral Nutrition (TPN) or IV Med (“”)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 |  | Previous order# |  | Identifies the order being edited or renewed by the current order; for front-door orders this will be the Pharmacy order number, and for back-door orders it will be the Order Entry order number. |
| 2 |  | Nature of Order | I | (W)ritten, (V)erbal, (P)honed, (S)ervice Correction, (X) Rejected, (D)uplicate, Pol(I)cy, (A)uto, or (E)lectronically entered |
| 3 |  | Reason the order was created | N | N = New  E = Edit  R = Renew |
| 4 |  | Routing |  | W = Window  C = Clinic |
| 5 |  | Current user/user performing action | 10000000033^MJWEHALY,TSHQHY F^99NP | DUZ provider # is used instead of SSN |
| 6 |  | IV Identifier | I | Note: Intermittent/Continuous |

ZSC Segment – Vitals

ZSC segment is a VA Local Segment for a given outpatient encounter. The ZSC segment is designed to transfer service indicator (stop code) information pertaining to a patient visit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 2 |  | Stop Code | 555 | AMIS Reporting Stop Code |
| 3 |  | Identifier | DRUG DEPENDENCY-GROUP | Value from Clinic Stop file # 40.7 |

ZQT Segment in Diet Order message

ZSC segment is a VA Local Segment in Tube feeding diet messages to denote quantities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEQ** | **DT** | **Element Name** | **Example** | **Notes** |
| 1 | SI | Set ID |  |  |
| 2 | CD | Quantity/Amount | 250&M^QD^ | Quantity^Units^Schedule |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SEGMENTS IN MESSAGE** | **MESSAGE TYPE** | ADT | ALLERGY ORU | BCMA | DIET ORM | LAB ORM | NURSING ORM | RAD ORM | RX ORM |
| **SEGMENT TYPE** |  |  |  |  |  |  |  |  |  |
| MSH |  | Y | Y | Y | Y | Y | Y | Y | Y |
| MSA |  | N | N | N | N | N | N | N | N |
| EVN |  | Y | N | N | N | N | N | N | N |
| PID |  | Y | Y | Y | Y | Y | Y | Y | Y |
| PD1 |  | Y | N | N | N | N | N | N | N |
| PV1 |  | Y | Y | Y | Y | Y | Y | Y | N |
| AL1 |  | N | N | N | N | N | N | N | N |
| DG1 |  | N | N | N | N | N | N | N | N |
| ORC |  | N | N | Y | Y | Y | Y | Y | Y |
| ODS |  | N | N | N | Y | N | N | N | N |
| ODT |  | N | N | N | Y | N | N | N | N |
| NTE |  | N | N | N | N | Y | Y | N | Y |
| OBR |  | N | Y | Y | Y | Y | Y | Y | N |
| OBX |  | N | N | Y | N | N | N | Y | N |
| RGS |  | N | N | N | N | N | N | N | N |
| AIG |  | N | N | N | N | N | N | N | N |
| AIP |  | N | N | N | N | N | N | N | N |
| AIL |  | N | N | N | N | N | N | N | N |
| AIS |  | N | N | N | N | N | N | N | N |
| RXA |  | N | Y | Y | N | N | N | N | N |
| RXC |  | N | N | Y | N | N | N | N | Y |
| RXE |  | N | Y | N | N | N | N | N | Y |
| RXO |  | N | N | Y | N | N | N | N | Y |
| RXR |  | N | Y | N | N | N | N | N | Y |
| SCH |  | N | N | N | N | N | N | N | N |
| QRD |  | N | N | N | N | N | N | N | N |
| ZQT |  | N | N | N | Y | N | N | N | N |
| ZBC |  | N | N | Y | N | N | N | N | N |
| ZSC |  | N | N | N | N | N | N | N | N |
| ZRX |  | N | N | N | N | N | N | N | Y |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SEGMENTS IN MESSAGE** | **MESSAGE TYPE** | LAB/MICRO ORU | PATHOLOGY ORU | RADIOLOGY ORU | SURGERY SIU | SURGERY ORU | VITALS ORU | VITALS QRY | VITALS ACK |
| **SEGMENT TYPE** |  |  |  |  |  |  |  |  |  |
| MSH |  | Y | Y | Y | Y | Y | Y | Y | Y |
| MSA |  | N | N | N | N | N | N | N | Y |
| EVN |  | N | N | N | N | N | N | N | N |
| PID |  | Y | Y | Y | Y | Y | Y | N | Y |
| PD1 |  | N | N | N | N | N | N | N | N |
| PV1 |  | Y | Y | Y | Y | N | Y | N | N |
| AL1 |  | N | N | N | N | N | N | N | N |
| DG1 |  | N | N | N | Y | N | N | N | N |
| ORC |  | Y | Y | Y | N | N | Y | N | N |
| ODS |  | N | N | N | N | N | N | N | N |
| ODT |  | N | N | N | N | N | N | N | N |
| NTE |  | Y | Y | N | N | N | N | N | N |
| OBR |  | Y | Y | Y | N | Y | Y | N | Y |
| OBX |  | Y | Y | Y | Y | Y | Y | N | Y |
| RGS |  | N | N | N | Y | N | N | N | N |
| AIG |  | N | N | N | Y | N | N | N | N |
| AIP |  | N | N | N | Y | N | N | N | N |
| AIL |  | N | N | N | Y | N | N | N | N |
| AIS |  | N | N | N | Y | N | N | N | N |
| RXA |  | N | N | N | N | N | N | N | N |
| RXC |  | N | N | N | N | N | N | N | N |
| RXE |  | N | N | N | N | N | N | N | N |
| RXO |  | N | N | N | N | N | N | N | N |
| RXR |  | N | N | N | N | N | N | N | N |
| SCH |  | N | N | N | Y | N | N | N |  |
| QRD |  | N | N | N | N | N | N | Y | Y |
| ZQT |  | N | N | N | N | N | N | N | N |
| ZBC |  | N | N | N | N | N | N | N | N |
| ZSC |  | N | N | N | N | N | Y | N | N |
| ZRX |  | N | N | N | N | N | N | N | N |

Sample Messages

--Patient Administration

ADT-A01 -- Admit/Visit Notification

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121002091735-0500||ADT^A01|5008824|P|2.4|||AL|NE|USA

EVN|A01|20121002091646-0500||05

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121002~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L|

369|CPRSPATIENT^ONE^M^^^^L|JONES^^^^^^M|19491231|M||^^0005^^^CDC|5000 NORTH MAIN STREET^^^ONTERIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6315^1027|666660001|||^^0189^^^CDC|SOMEWHERE NY|||||||||

PD1|||VAMC ALBANY^^500|

PV1|1|I|ICU/CCU^ICU^5||||10000000048^CPRSATTENDING^ONE^^^^BS|||2||||||||SC VETERAN|||12||||||||||||||||||515.6|||||20121002091646-0500||||||6315|

AL1|0001|DA|130^BACTRIM^99VA50.6||75^EDEMA~3^GENERALIZED RASH||

AL1|0002|DA|126^IODINE CONTRAST DYE^99VA120.82||1^HIVES~2^ITCHING,WATERING EYES~19^RESPIRATORY DISTRESS||

DG1|1|||chest pain

ADT-A02 -- Transfer a Patient

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121003113605-0500||ADT^A02|5008863|P|2.4|||AL|NE|USA

EVN|A02|20121003113537-0500||05

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121003~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003|

369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6315^1027|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PD1|||VAMC ALBANY^^500|

PV1|1|I|SICU^SICU^6|||ICU/CCU^ICU^5|10000000049^CPRSATTENDING^TWO^^^^MASTER|||2||||||||SC VETERAN|||63||||||||||||||||||500|||||20121002091646-0500||||||6315|

AL1|0001|DA|130^BACTRIM^99VA50.6||75^EDEMA~3^GENERALIZED RASH||

AL1|0002|DA|126^IODINE CONTRAST DYE^99VA120.82||1^HIVES~2^ITCHING,WATERING EYES~19^RESPIRATORY DISTRESS||

DG1|1|||chest pain

ADT-A03 -- Discharge/End Visit

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121003114048-0500||ADT^A03|5008871|P|2.4|||AL|NE|USA

EVN|A03|20121003114037-0500||05

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121003~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003|

369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6315^1027|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PD1|||VAMC ALBANY^^500|

PV1|1|I|ICU/CCU^ICU^5||||10000000049^CPRSATTENDING^TWO^^^^MASTER|||2||||||||SC VETERAN|||12|||||||||||||||16|||515.6|||||20121002091646-0500|20121003114037-0500|||||6315|

ADT-A08 -- Update Patient Information

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121002100839-0500||ADT^A08|5008828|P|2.4|||AL|NE|USA

EVN|A08|20121002100825-0500||05

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121002~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121002~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121002|

369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6315^1027|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PD1|||VAMC ALBANY^^500|

PV1|1|I|ICU/CCU^ICU^5||||10000000049^CPRSATTENDING^TWO^^^^MASTER|||2||||||||SC VETERAN|||12||||||||||||||||||515.6|||||20121002091646-0500||||||6315|

AL1|0001|DA|130^BACTRIM^99VA50.6||75^EDEMA~3^GENERALIZED RASH||

AL1|0002|DA|126^IODINE CONTRAST DYE^99VA120.82||1^HIVES~2^ITCHING,WATERING EYES~19^RESPIRATORY DISTRESS||

DG1|1|||chest pain

ADT-A11 -- Cancel Admit/Visit Notification

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121003114728-0500||ADT^A11|5008887|P|2.4|||AL|NE|USA

EVN|A11|20121003114543-0500||05

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121003~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003|

369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6318^-1|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PD1|||VAMC ALBANY^^500|

PV1|1|I|ICU/CCU^ICU^5||||^|||||||||||SC VETERAN|||||||||||||||||||||515.6|||||20121003114543-0500||||||6318|

DG1|1|||

ADT-12 – Cancel Transfer

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121003113833-0500||ADT^A12|5008867|P|2.4|||AL|NE|USA

EVN|A12|20121003113537-0500||05

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121003~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003|

369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6315^1027|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PD1|||VAMC ALBANY^^500|

PV1|1|I|ICU/CCU^ICU^5||||10000000049^CPRSATTENDING^TWO^^^^MASTER|||2||||||||SC VETERAN|||12||||||||||||||||||515.6|||||20121002091646-0500||||||6315|

DG1|1|||chest pain

ADT-A13 – Cancel Discharge/End Visit

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121003114133-0500||ADT^A13|5008875|P|2.4|||AL|NE|USA

EVN|A13|20121003114037-0500||05

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121003~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003|

369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6315^1027|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PD1|||VAMC ALBANY^^500|

PV1|1|I|ICU/CCU^ICU^5||||10000000049^CPRSATTENDING^TWO^^^^MASTER|||2||||||||SC VETERAN|||12||||||||||||||||||515.6|||||20121002091646-0500||||||6315|

DG1|1|||chest pain

--Allergy

Allergy Assessment ORU

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121016160048-0500||ORU^R01|5008893|P|2.4|||AL|NE|USA

PID|1|5000000237V188720|5000000237V188720^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121016~666669111^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~742^^^USVHA&&0363^PI^VA FACILITY ID&500&L|742|DATABRIDGE^PATIENTSEVEN^^^^^L||19480325|M||^^0005^^^CDC|123 Main street^APT#2^NEW WATERFORD^OH^44445^USA^P^^~^^^^^^N|||||||4409^789^|666669111|||^^0189^^^CDC||||||||||

PV1|1|I|ICU/CCU^ICU^4|||7B^|11285^BUXYJX^KRTSHU|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||40||||||||||||||||||515.6|||||20000125120523-0500|""|||||4409

OBR|1||742^500\_120.86|ASSESSMENT^^L|||201210161559-0500||||||||||||||||||F|||||||10000000032&CPRSPHYSICIAN&ONE&&&DR&MD&VistA200

OBX|1|CE|ASSESSMENT||4500633^YES^99VA8985.1||||||F|||201210161559-0500||10000000032^CPRSPHYSICIAN^ONE^^^DR^MD^VistA200

Allergy Update ORU

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121002161551-0500||ORU^R01|5008843|P|2.4|||AL|NE|USA

PID|1|5000000050V232324|5000000050V232324^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121002~666660003^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~130^^^USVHA&&0363^PI^VA FACILITY ID&500&L|130|CPRSPATIENT^THREE^M^^^^L||19000101|M||^^0005^^^CDC|123^^TROY^NY^12180^USA^P^^~^^^^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6317^1028^|666660003|||^^0189^^^CDC||||||||||

PV1|1|I|ICU/CCU^ICU^1|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||2^CARDIOLOGY^M^MEDICINE||||||||SC VETERAN|||12||||||||||||||||||515.6|||||20121002160033-0500|""|||||6317

OBR|1||713^500\_120.8|ALLERGY^^L|||201210021613-0500||||||||||||||||||F|||||||10000000032&CPRSPHYSICIAN&ONE&&&DR&MD&VistA200||10000000032&CPRSPHYSICIAN&ONE&&&DR&MD&E^201210021613-0500~10000000032&CPRSPHYSICIAN&ONE&&&DR&MD&CM^20121002161350-0500|||||||||||||4500978^OBSERVED^99VA8985.1

OBX|1|CE|AGENT||ALEVE CAPLET||||||F||||500^VAMC ALBANY^L

OBX|2|CE|ALLERGY TYPE||D^DRUG^L||||||F||||500^VAMC ALBANY^L

OBX|3|CE|GMR ALLERGY||4018847^NAPROXEN^99VA50.6||||||F

OBX|4|CE|DRUG INGREDIENTS||4018847^NAPROXEN^99VA50.416||||||F

OBX|5|CE|DRUG CLASSES||4021765^NONSALICYLATE NSAIs,ANTIRHEUMATIC^99VA50.605^MS102^NONSALICYLATE NSAIs,ANTIRHEUMATIC^500\_50.605||||||F

OBX|6|CE|MECHANISM||4500979^PHARMACOLOGIC^99VA8985.1||||||F

OBX|7|CE|REACTION||0^HYPERSENSITIVITY^500\_120.83||||||F|||20121002161345-0500||10000000032^CPRSPHYSICIAN^ONE^^^DR^MD^VistA200

Adverse Reaction Report ORU

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121002161551-0500||ORU^R01|5008847|P|2.4|||AL|NE|USA

PID|1|5000000050V232324|5000000050V232324^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121002~666660003^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~130^^^USVHA&&0363^PI^VA FACILITY ID&500&L|130|CPRSPATIENT^THREE^M^^^^L||19000101|M||^^0005^^^CDC|123^^TROY^NY^12180^USA^P^^~^^^^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6317^1028^|666660003|||^^0189^^^CDC||||||||||

PV1|1|I|ICU/CCU^ICU^1|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||2^CARDIOLOGY^M^MEDICINE||||||||SC VETERAN|||12||||||||||||||||||515.6|||||20121002160033-0500|""|||||6317

OBR|1||173^500\_120.85|ADVERSE REACTION REPORT^^L|||20121002||||||||||||||||||F|||||||^^^^^^^ENT||10000000032^CPRSPHYSICIAN^ONE^^^DR^MD^OBS~^^^^^^^RPT|||||||||||||713^ALEVE CAPLET^L

OBX|1|CE|SYMPTOM||HYPERSENSITIVITY|||SEVERE|||F|||||10000000032^CPRSPHYSICIAN^ONE^^^DR^MD^VistA200

RXA|0|1|||ALEVE CAPLET|

RXE|^^0|ALEVE CAPLET^^^^^NDC|0||||||||||||||||

RXR|UNKNOWN

OBX|1|CE|LIKELIHOOD||5^ ||||||F

--Surgery Scheduling

SIU-12 -- Notification of New Appointment Booking

MSH|^~\&|DSIH SR|500|DSIH CL|500|20120927091914-0500||SIU^S12|50041027|P|2.3|||AL|NE|USA

SCH|10326|10326|""|S12^(SCHEDULED)^L|^BIOPSY||^^^201209270700-0500^^^^^^||120|MIN^MINUTES|^^^201209270700-0500^201209270900-0500|10000000034^ROISTAFF^CHIEF^O||||||||10000000032

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20120927~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L|369|CPRSPATIENT^ONE^M^^^^L|JONES^^^^^^M|19491231|M||^^0005^^^CDC|5000 NORTH MAIN STREET^^^ONTERIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|0^|666660001|||^^0189^^^CDC|SOMEWHERE NY|||||||||

PV1|1|I|

OBX|1|CE|^SURGICAL SPECIALTY^||^GENERAL(OR WHEN NOT DEFINED BELOW)^99VA137.45||||||S|||||

OBX|2|CE|1002^BP||110/80||||||S|||201209131500-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|3|CE|1010.3^Height||175.26|cm|||||S|||201209181117-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|4|CE|1010.1^Body Weight||90.45|kg|||||S|||201209181117-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|5|CE|1000^Temperature||37.00|cel|||||S|||201209181117-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|6|CE|1006.2^HR||50|min|||||S|||201209131500-0500||10000000032^CPRSPHYSICIAN^ONE

DG1|1|I9||SKIN CANCE||PR

RGS|1|A|

AIS|1|A|^BIOPSY||||

AIP|1|A|10000000032^CPRSPHYSICIAN^ONE^|^SURGEON^99VA200||||CONFIRMED

AIP|2|A|10000000248^CPRSARSUPERVISOR^ONE^|^ATT. SURGEON^99VA200||||CONFIRMED

AIL||500^^^OR1|^OPERATING ROOM||||CONFIRMED

SIU-13 -- Notification of Appointment Rescheduling

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130313093034-0500||SIU^S13|500319265|P|2.3|||||USA

SCH|10305|10305|""""|S13^(SCHEDULED)^L|43281^LAP PARAESOPHAG HERN REPAIR^C4||^^^201303130945-0500^^^^^^||30|MIN^MINUTES|^^^201303130945-0500^201303131015-0500|10000000034^ROISTAFF^CHIEF^O ||||||||"

PID|1|5000000196V687409|5000000196V687409^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130313~666669915^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~100088^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100088|VACCO^PATIENT^^^^^L|M^M^^^^^M|19410115|M||^^0005^^^CDC|100 DRIVE WAY^^LARGO^FL^33777^USA^P^^~^^DENVER^CO^^^N|||||S^NEVER MARRIED^VA11|0^ROMAN CATHOLIC CHURCH^VA13|0^|666669915|||^^0189^^^CDC|DENVER CO|N||||||||

PV1|1|I|

OBX|1|CE|^SURGICAL SPECIALTY^||^GENERAL(OR WHEN NOT DEFINED BELOW)^99VA137.45||||||S|||||

OBX|2|CE|^PATIENT CLASS^||^INPATIENT^L||||||S|||||

DG1|1|I9|551.1|UMBILICAL HERNIA W GANGR||P

DG1|2|I9||HERNIA||PR

RGS|1|A|

AIS|1|A|43281^LAP PARAESOPHAG HERN REPAIR^C4||||

AIP|1|A|10000000032^CPRSPHYSICIAN^ONE^|^SURGEON^99VA200||||CONFIRMED

AIP|2|A|10000000052^CPRSNURSE^ONE^|^1ST ASST.^99VA200||||CONFIRMED

AIP|3|A|10000000053^CPRSNURSE^TWO^|^2ND ASST.^99VA200||||CONFIRMED

AIP|4|A|10000000048^CPRSATTENDING^ONE^|^ATT. SURGEON^99VA200||||CONFIRMED

AIP|5|A|10000000250^CPRSARTECH^ONE^|^PRIN. ANES.^99VA200||||CONFIRMED

AIP|6|A|10000000248^CPRSARSUPERVISOR^ONE^|^ANES. SUPER.^99VA200||||CONFIRMED

AIL||500^^^OR1|^OPERATING ROOM||||CONFIRMED

SIU-14 -- Notification of Appointment Modification

MSH|^~\&|DSIH SR|500|DSIH CL|500|20120927092134-0500||SIU^S14|50041032|P|2.3|||AL|NE|USA

SCH|10326|10326|""|S14^(SCHEDULED)^L|23065^BIOPSY SHOULDER TISSUES^C4||^^^201209270700-0500^^^^^^1||120|MIN^MINUTES|^^^201209270700-0500^201209270900-0500|10000000034^ROISTAFF^CHIEF^O||||||||10000000032

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20120927~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L|369|CPRSPATIENT^ONE^M^^^^L|JONES^^^^^^M|19491231|M||^^0005^^^CDC|5000 NORTH MAIN STREET^^^ONTERIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|0^|666660001|||^^0189^^^CDC|SOMEWHERE NY|||||||||

PV1|1|I|

OBX|1|CE|^SURGICAL SPECIALTY^||^GENERAL(OR WHEN NOT DEFINED BELOW)^99VA137.45||||||S|||||

OBX|2|CE|^PATIENT CLASS^||^INPATIENT^L||||||S|||||

OBX|3|CE|1002^BP||110/80||||||S|||201209131500-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|4|CE|1010.3^Height||175.26|cm|||||S|||201209181117-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|5|CE|1010.1^Body Weight||90.45|kg|||||S|||201209181117-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|6|CE|1000^Temperature||37.00|cel|||||S|||201209181117-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|7|CE|1006.2^HR||50|min|||||S|||201209131500-0500||10000000032^CPRSPHYSICIAN^ONE

DG1|1|I9|795.82|ELEV CA ANTIGEN 125||P

DG1|2|I9||SKIN CANCER||PR

RGS|1|A|

AIS|1|A|23065^BIOPSY SHOULDER TISSUES^C4||||

AIP|1|A|10000000032^CPRSPHYSICIAN^ONE^|^SURGEON^99VA200||||CONFIRMED

AIP|2|A|10000000052^CPRSNURSE^ONE^|^1ST ASST.^99VA200||||CONFIRMED

AIP|3|A|10000000053^CPRSNURSE^TWO^|^2ND ASST.^99VA200||||CONFIRMED

AIP|4|A|10000000248^CPRSARSUPERVISOR^ONE^|^ATT. SURGEON^99VA200||||CONFIRMED

AIP|5|A|11582^DATABRIDGE^PROVIDERONE^|^PRIN. ANES.^99VA200||||CONFIRMED

AIP|6|A|10000000058^DATABRIDGE^PATHOLOGIST^|^ANES. SUPER.^99VA200||||CONFIRMED

AIL||500^^^OR1|^OPERATING ROOM||||CONFIRMED

SIU-14 -- Notification of Appointment Modification (Completed)

MSH|^~\&|DSIH SR|500|DSIH CL|500|20120927092352-0500||SIU^S14|50041046|P|2.3|||AL|NE|USA

SCH|10326|10326|""|S14^(COMPLETED)^L|23065^BIOPSY SHOULDER TISSUES^C4||^^^201209270702-0500^^^^^^1||120|MIN^MINUTES|^^^201209270700-0500^201209270900-0500|10000000034^ROISTAFF^CHIEF^O||||||||10000000032

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20120927~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L|369|CPRSPATIENT^ONE^M^^^^L|JONES^^^^^^M|19491231|M||^^0005^^^CDC|5000 NORTH MAIN STREET^^^ONTERIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|0^|666660001|||^^0189^^^CDC|SOMEWHERE NY|||||||||

PV1|1|I|

OBX|1|CE|^SURGICAL SPECIALTY^||^GENERAL(OR WHEN NOT DEFINED BELOW)^99VA137.45||||||S|||||

OBX|2|CE|^PATIENT CLASS^||^INPATIENT^L||||||S|||||

OBX|3|CE|1002^BP||110/80||||||S|||201209131500-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|4|CE|1010.3^Height||175.26|cm|||||S|||2012091811170500||10000000032^CPRSPHYSICIAN^ONE

OBX|5|CE|1010.1^Body Weight||90.45|kg|||||S|||201209181117-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|6|CE|1000^Temperature||37.00|cel|||||S|||201209181117-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|7|CE|1006.2^HR||50|min|||||S|||201209131500-0500||10000000032^CPRSPHYSICIAN^ONE

DG1|1|I9|795.82|ELEV CA ANTIGEN 125||P

DG1|2|I9||SKIN CANCER||PR

RGS|1|A|

AIS|1|A|23065^BIOPSY SHOULDER TISSUES^C4||||

AIP|1|A|10000000032^CPRSPHYSICIAN^ONE^|^SURGEON^99VA200||||CONFIRMED

AIP|2|A|10000000052^CPRSNURSE^ONE^|^1ST ASST.^99VA200||||CONFIRMED

AIP|3|A|10000000053^CPRSNURSE^TWO^|^2ND ASST.^99VA200||||CONFIRMED

AIP|4|A|10000000248^CPRSARSUPERVISOR^ONE^|^ATT. SURGEON^99VA200||||CONFIRMED

AIP|5|A|11582^DATABRIDGE^PROVIDERONE^|^PRIN. ANES.^99VA200||||CONFIRMED

AIP|6|A|10000000058^DATABRIDGE^PATHOLOGIST^|^ANES. SUPER.^99VA200||||CONFIRMED

AIL||500^^^OR1|^OPERATING ROOM||||CONFIRMED

SIU-15 -- Notification of Appointment Cancellation

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121019133340-0500||SIU^S15|5008959|P|2.3|||AL|NE|USA

SCH|10264|10264|""|S15^(CANCELLED)^L|00530^ANESTH PACEMAKER INSERTION^C4||^^^20121019^^^^^^1|||MIN^MINUTES|^^^201210190259-0500^|10000000034^ROISTAFF^CHIEF^O||||||||10000000034

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121019~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121019~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121019|369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|0^|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PV1|1|I|

OBX|1|CE|^SURGICAL SPECIALTY^||^CARDIAC SURGERY^99VA137.45||||||S|||||

OBX|2|CE|^PATIENT CLASS^||^INPATIENT^L||||||S|||||

OBX|3|CE|1002^BP||171/160||||||S|||20121004113217-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|4|CE|1010.3^Height||203.20|cm|||||S|||20121003115247-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|5|CE|1010.1^Body Weight||90.91|kg|||||S|||20121003115247-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|6|CE|1000^Temperature||35.83|cel|||||S|||20121003115247-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|7|CE|1006.2^HR||12|min|||||S|||20121004113217-0500||10000000032^CPRSPHYSICIAN^ONE

OBX|8|CE|^CANCEL REASON^L||^CHANGE IN TREATMENT, PT HEALTH^L||||||S|||201210191333-0500||10000000034^ROISTAFF^CHIEF O

DG1|1|I9|429.82|HYPERKINETIC HEART DIS||P

DG1|2|I9||Irregular hearth beat||PR

RGS|1|A|

AIS|1|A|00530^ANESTH PACEMAKER INSERTION^C4||||

AIP|1|A|10000000032^CPRSPHYSICIAN^ONE^|^SURGEON^99VA200||||CONFIRMED

AIP|2|A|10000000053^CPRSNURSE^TWO^|^1ST ASST.^99VA200||||CONFIRMED

AIP|3|A|10000000052^CPRSNURSE^ONE^|^2ND ASST.^99VA200||||CONFIRMED

AIP|4|A|10000000048^CPRSATTENDING^ONE^|^ATT. SURGEON^99VA200||||CONFIRMED

AIP|5|A|11582^DATABRIDGE^PROVIDERONE^|^PRIN. ANES.^99VA200||||CONFIRMED

AIP|6|A|10000000250^CPRSARTECH^ONE^|^ANES. SUPER.^99VA200||||CONFIRMED

SIU-17 -- Notification of Appointment Deletion

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121002092259-0500||SIU^S17|50010220|P|2.3|||AL|NE|USA

SCH|10300|10300|""|S17^(DELETED)^L|^ORIF LRFT HIP|60^min|^^^20121003^^^^^^|||MIN^MINUTES|^^^201210030259-0500^|10000000034^ROISTAFF^CHIEF^O||||||||

PID|1|5000000040V317188|5000000040V317188^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121002~666669876^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~736^^^USVHA&&0363^PI^VA FACILITY ID&500&L|736|DATABRIDGE^PATIENTONE^^^^^L||19540214|M||^^0005^^^CDC|123 main Street^^SW RANCHES^FL^33332^USA^P^^~^^^^^^N|||||||0^|666669876|||^^0189^^^CDC||N||||||||

PV1|1|I|

OBX|1|CE|^SURGICAL SPECIALTY^||^ORTHOPEDICS^99VA137.45||||||S|||||

OBX|2|CE|^PATIENT CLASS^||^INPATIENT^L||||||S|||||

DG1|1|I9||FRACTURE||PR

RGS|1|A|

AIS|1|A|^ORIF LRFT HIP||||

AIP|1|A|10000000232^CPRSPHYSICIAN^KT^|^SURGEON^99VA200||||CONFIRMED

AIP|2|A|11281^WEHALY^UXK^|^ATT. SURGEON^99VA200||||CONFIRMED

--Surgery ORU

***Outbound*** t***o ARK***

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121019134304-0500||ORU^R01|5008965|P|2.3.1|||AL|NE|USA

PID|1|666-66-0001^^|369^9^M10|369|CPRSPATIENT^ONE^M|JONES|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^^|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|0^|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|

OBR|1||10261|5000.7^OPERATION^AS4|||201210010601-0500|201210010901-0500

OBX|1|TS|^TIME PATIENT IN HOLDING AREA^L||201210010555-0500||||||F

OBX|2|TS|^ANESTHESIA AVAILABLE TIME^L||201210010700-0500||||||F

OBX|4|TS|^SURGEON PRESENT TIME^L||201210010600-0500||||||F

OBX|13|NM|^OR SETUP TIME^L||3|min|||||F

OBX|15|CE|^CASE SCHEDULE TYPE^L||^ELECTIVE^L||||||F

OBX|16|CE|^ATTENDING CODE^L||^LEVEL A: ATTENDING DOING THE OPERATION^L||||||F

OBX|18|NM|^SURGEON PGY^L||9||||||F

OBX|19|CN|^SURGEON^99VA200||10000000032^CPRSPHYSICIAN^ONE||||||F

OBR|2||10261|5000.8^ANESTHESIA^AS4^^GENERAL^L

Inbound to VistA

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121015150003-0500||ORU^R01|5004484|P|2.3.1|||AL|NE|USA

PID|1||666660157^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100033^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100033|EPSPATIENT^FIVE^H^^^^L||19570901|M||^^0005^^^CDC|^^^^^^P^^~^^^^^^N|||||||0|666660157|||^^0189^^^CDC||||||||||

OBR|1||10264|5000.7^OPERATION^AS4|||201210151301-0500|201210151455-0500

OBX|1|TS|^ANESTHESIA CARE START TIME^L||201210151315-0500||||||F

OBX|2|TS|^ANESTHESIA CARE END TIME^L||201210151350-0500||||||F

OBX|3|TS|^TIME PATIENT OUT OR^L||201210151400-0500||||||F

OBX|4|CN|^PRIN. ANES.^99VA200||00011582^DATABRIDGE ^ANESTHESIOLOGIST||||||F

OBX|5|CN|^RELIEF ANESTHETIST^99VA200||00011584^CPRSATTENDING^TWO||||||F

OBX|6|CN|^ASSISTANT ANESTHETIST^99VA200||00011585^EPSPROVIDER^ONE J||||||F

OBX|7|CN|^ANES. SUPER.^99VA200||00011586^DATABRIDGE^PROVIDERONE||||||F

OBX|8|NM|^BLOOD LOSS^L||3|ml|||||F

OBX|9|NM|^TOTAL URINE OUTPUT^L||400|ml|||||F

OBX|10|NM|1000^ANESTHESIA TEMP^AS4||25|cel|||||F

OBX|11|CE|^ASA CLASS^L||^2-MILD DISTURB.^L||||||F

OBX|12|CE|^REPLACEMENT FLUID^L^^RINGERS LACTATED SOLUTION^99VA133.7||50|ml|||||F

OBX|13|CE|^REPLACEMENT FLUID^L^^PLATELETS^99VA133.7||300|ml|||||F

OBX|14|TS|^INDUCTION COMPLETE^L||201210151322-0500||||||F

OBX|15|CE|^ANES. SUPERVISE CODE^L||^1. STAFF CASE^L||||||F

OBX|16|NM|^SURGEON PGY^L||8||||||F

OBX|17|CN|^SURGEON^99VA200||10000000032^CPRSPHYSICIAN^ONE||||||F

OBX|18|CN|^ATT. SURGEON^99VA200||00011584^CPRSATTENDING^TWO||||||F

OBX|19|CE|^OR LOCATION^99VA44||^OR1^99VA44||||||F

OBX|20|TS|^PAC(U) ADMIT TIME^L||201210151401-0500||||||F

OBX|21|TS|^PAC(U) DISCHARGE TIME^L||201210151500-0500||||||F

***Order Messages***

--Diet ORM

Regular

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820133720-0500||ORM^O01|50010274|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|NW|19274;1^OR|||a||^^^201308201337-0500^||201308201337-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||20130820133720-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

ODS|ZT||^^^1^REGULAR^99FHD|

NPO

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820134017-0500||ORM^O01|50010275|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|SC|19274^OR|||a||^^^201308201337-0500^||201308201340-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||201308201340-0500|

ODS|||^^^1^REGULAR^99FHD|

NPO with Special Instruction Diet

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820134201-0500||ORM^O01|50010278|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|SC|19274^OR|||a||^^^201308201337-0500^||201308201342-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||201308201341-0500|

ODS|||^^^1^REGULAR^99FHD|

Additional Diet Order

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820134325-0500||ORM^O01|50010282|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|NW|19278;1^OR|||a||^^^201308201343-0500^|||10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||20130820134325-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

ODS|D||^^^FH-6^ADDITIONAL ORDER^99OTH|Additional Diet Order: M/C Additional Diet ORDER - free text|

Tray

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820134412-0500||ORM^O01|50010283|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|NW|19279;1^OR|||a||^^^20130820^201308221630-0500|||10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||20130820134411-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

ODT|EARLY|^^^EE2^^99FHS|Early Tray for EVENING meal every MWF

Isolation Precaution Diet

M

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820134516-0500||ORM^O01|50010284|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|NW|19280;1^OR|||a||^^^201308201345-0500^||201308201345-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||20130820134516-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

OBR||||||||||||^^^2^STRICT^99FHI|STRICT Isolation Procedures When feeding the patient, insist and be firm while feeding. Low appetite.

ODS|||^^^80^Isolation Procedures^99ORD|STRICT Isolation Procedures When feeding the patient, insist and be firm while feeding. Low appetite.|

Tube feeding

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820134636-0500||ORM^O01|50010285|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|NW|19281;1^OR|||a||^^^201308201346-0500^||201308201346-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||20130820134636-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

ODS|ZE||^^^1-4^AMIN-AID^99FHT|Tubefeeding: AMIN-AID FULL strength 20 ML/QD, HEPATIC AID FULL strength 15 ML/QD ADDITIONAL INSTRUCTIONS|

ZQT|1|20&M^QD^|

ODS|ZE||^^^7-4^HEPATIC AID^99FHT|Tubefeeding: AMIN-AID FULL strength 20 ML/QD, HEPATIC AID FULL strength 15 ML/QD ADDITIONAL INSTRUCTIONS|

ZQT|2|15&M^QD^|

--Nursing Orders

***T***e***xt***

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820134910-0500||ORM^O01|50010286|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|NW|19282;1^OR|||a||^^^201308201349-0500^||201308201349-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||20130820134910-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

OBR||||^^^^Word Processing^99WP

NTE|1|L|>> Turn patient to side every 8 hrs.

NTE|2|L|

--Restraining order

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820135023-0500||ORM^O01|50010287|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|NW|19283;1^OR|||a||^^^201308201350-0500^201308211350-0500||201308201350-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||20130820135023-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

OBR||||^^^^Word Processing^99WP

NTE|1|L|>> Nursing Instructions

NTE|2|L|Restrain type: Side rails, Soft wrist, Soft ankle, Cloth mittens, Bed

NTE|3|L|enclosure, Seclusion

NTE|4|L| Reason: Promote Medical Healing/Danger to Self

NTE|5|L| Not to Exceed 24 hours for Initial order.

NTE|6|L| Restraint Alternatives: Close observation, Personal items and nurse call

NTE|7|L|light

NTE|8|L|within reach, Time out, Provide frequent ambulation

NTE|9|L| Flow Sheet Documentation: Observe patient Q1H, assist PRN Monitor patient

NTE|10|L|Q2H for care needs. RN assessment QShifts.

NTE|11|L| VistA Documentation: Document entry and release for each restraint

NTE|12|L|episode.

NTE|13|L|

--Radiology ORM

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820135422-0500||ORM^O01|50010288|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|NW|19284;1^OR|||p||^^^201308201354-0500^^R||201308201354-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||20130820135422-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

OBR|1|||73100^^CPT4^135^WRIST 2 VIEWS^99RAP||||||||isolation||||||AAAA-NM|2^57|||||||||||WHLC|\S\Possible wrist injury

--Laboratory Order

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130820135512-0500||ORM^O01|50010289|P|2.3.1|||AL|NE|USA

PID|1|5000000240V461023|5000000240V461023^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130820~666660202^^^USSSA&&0363^SS^VA FACILITY ID&500&L~100003^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100003|DATABRIDGE^PATIENTEIGHT^^^^^L|JIN^^^^^^M|19320222|M||

^^0005^^^CDC|231 AKSDLJ ASKDLJF^^NORCROSS^GA^30091^USA^P^^135~^^SEOUL^GA^^^N|135^GWINNETT^VA5|(213)123-1331^WPN^PH|(213)123-1331||S^NEVER MARRIED^VA11|42^CHRISTIAN (NON-SPECIFIC)^VA13|6394^1086|666660202|||^^0189^^^CDC|SEOUL GA|N||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130813153816-0500|""|||||6394|

ORC|NW|19285;1^OR|||p||^^^201308201530-0500^||201308201355-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||20130820135512-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

OBR|1|||85140.0000^^NLT^1320^HGB \T\ HCT^99LRT|||||||L||||0X000;BLOOD;SNM;3;BLOOD ;99LRS^^^70;BLOOD;99LRX||||||||||||^^^^^R;9

***--Microbiology C&S Message ORU***

MSH|^~\&|DSIH SR|500|DSIH CL|500|20120927091705-0500||ORU^R01|50041017|P|2.4|||AL|NE|USA

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20120927~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L|369|CPRSPATIENT^ONE^M^^^^L|JONES^^^^^^M|19491231|M||^^0005^^^CDC|5000 NORTH MAIN STREET^^^ONTERIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|12458^|666660001|||^^0189^^^CDC|SOMEWHERE NY|||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000250^CPRSARTECH^ONE|||2||||||||SC VETERAN|||12||||||||||||||||||515.6|||||20120925135101-0500||||||12458

ORC|RE|7512000026^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS|7512000026^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS|||||||||10000000032-VA500^CPRSPHYSICIAN^ONE^^^DR^MD^99VA4|ICU/CCU^^^500&SMA.FO-ALBANY.MED.VA.GOV&DNS^^N||||500^TROY^99VA4||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBR|1|7512000026^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS|7512000026^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS|87993.0000^Micro Bacteriology Culture^99VA64|||20120927091509-0500|||||||20120927091514-0500|XXX&Another message part&HL70070&T-01000&SKIN&SNM&&1974&SKIN^^^40&TISSUE&99VA62|10000000032-VA500^CPRSPHYSICIAN^ONE^^^DR^MD^99VA4|||\S\\S\\S\\S\\S\\S\7512000026|323\S\MI\S\6879071.908491|MICRO 12 26\S\12\S\3120000\S\26\S\MICROBIOLOGY\S\MICRO\S\87993.0000|20120927||MB|F|||||||^^^^^^500&SMA.FO-ALBANY.MED.VA.GOV&DNS||||||||||||87999^MICROBIOLOGY PROCEDURE^C4^87993.0000^Micro Bacteriology Culture^99VA64|

OBX|1|CWE|11475-1^MICROORGANISM IDENTIFIED:PRID:PT:XXX:NOM:CULTURE^LN^4652804^^99VA95.3^2.14^2.14^ORGANISM|12-1|E-2441^STAPHYLOCOCCUS AUREUS^SNM^2^STAPHYLOCOCCUS AUREUS^99VA61.2^1974^5.2^STAPHYLOCOCCUS AUREUS|||A|||F|||20120927091509-0500|500^TROY^99VA4|10000000034VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

NTE|1|L|CLUSTERS~|RE^Remark^HL70364|

OBX|2|ST|564-5^COLONY COUNT:NUM:PT:XXX:QN:VC^LN^4683874^^99VA95.3^2.14^2.14^QUANTITY|12-1|POSITIVE||||||F|||20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBR|2|7512000026^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS|7512000026^LR^SMA.FO-ALBANY.MED.VA.GOV^DNS|87565.0000^Bacteriology Susc^99VA64|||20120927091509-0500|||||||20120927091514-0500|XXX&Another message part&HL70070&T-01000&SKIN&SNM&&1974&SKIN^^^40&TISSUE&99VA62|10000000032-VA500^CPRSPHYSICIAN^ONE^^^DR^MD^99VA4|||\S\\S\\S\\S\\S\\S\7512000026|323\S\MI\S\6879071.908491|MICRO 12 26\S\12\S\3120000\S\26\S\MICROBIOLOGY\S\MICRO\S\87565.0000|20120927||MB|F|11475-1&MICROORGANISM IDENTIFIED:PRID:PT:XXX:NOM:CULTURE&LN&4652804&&99VA95.3&2.14&2.14&ORGANISM^12-1^STAPHYLOCOCCUS AUREUS|||7512000026^7512000026|||^^^^^^500&SMA.FO-ALBANY.MED.VA.GOV&DNS||||||||||||87565.0000^Bacteriology Susc^99VA64|

OBX|1|ST|393-9^PENICILLIN G:SUSC:PT:ISLT:ORDQN:AGAR DIFFUSION^LN^4682184^^99VA95.3^2.14^2.14^PENICILLIN||S|||S|||F||4500665|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|2|ST|194-1^CLINDAMYCIN:SUSC:PT:ISLT:ORDQN:AGAR DIFFUSION^LN^4661159^^99VA95.3^2.14^2.14^CLINDAM||S|||S|||F||4500665|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|3|ST|525-6^VANCOMYCIN:SUSC:PT:ISLT:ORDQN:AGAR DIFFUSION^LN^4683594^^99VA95.3^2.14^2.14^VANCOMYCIN||S|||S|||F||4500805|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|4|ST|7017-7^GENTAMICIN.HIGH POTENCY:SUSC:PT:ISLT:ORDQN:AGAR DIFFUSION^LN^4685307^^99VA95.3^2.14^2.14^GENTAMICIN||S|||S|||F||4500665|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|5|ST|174-3^CHLORAMPHENICOL:SUSC:PT:ISLT:ORDQN:AGAR DIFFUSION^LN^4659122^^99VA95.3^2.14^2.14^CHLORAMPHENICOL||S|||S|||F||4500877|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|6|ST|27^TETRACYCLINE^99VA62.06^^^^^^TETRACYCLINE||S|||S|||F||4500665|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|7|ST|98^BROXACILLIAN^99VA62.06^^^^^^BROXACILLIAN||S|||S|||F||4500877|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|8|ST|29-9^AMPICILLIN:SUSC:PT:ISLT:ORDQN:AGAR DIFFUSION^LN^4671355^^99VA95.3^2.14^2.14^AMPICILLIN||S|||S|||F||4500877|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|9|ST|238-6^ERYTHROMYCIN+SULFISOXAZOLE:SUSC:PT:ISLT:ORDQN:AGAR DIFFUSION^LN^4665842^^99VA95.3^2.14^2.14^ERYTHROMYCIN||S|||S|||F||4500665|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|10|ST|384-8^OXACILLIN:SUSC:PT:ISLT:ORDQN:AGAR DIFFUSION^LN^4681609^^99VA95.3^2.14^2.14^OXACILLIN||S|||S|||F||4500665|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|11|ST|162-8^CEPHALOTHIN:SUSC:PT:ISLT:ORDQN:AGAR DIFFUSION^LN^4657878^^99VA95.3^2.14^2.14^CEPHALOTHIN||S|||S|||F||4500665|20120927091509-0500|500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

--Pathology

MSH|^~\&|DSIH SR|500|DSIH CL|500|20120927104907-0500||ORU^R01|50041053|P|2.4|||AL|NE|USA

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20120927~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L|369|CPRSPATIENT^ONE^M^^^^L|JONES^^^^^^M|19491231|M||^^0005^^^CDC|5000 NORTH MAIN STREET^^^ONTERIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|12458^|666660001|||^^0189^^^CDC|SOMEWHERE NY|||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000250^CPRSARTECH^ONE|||2||||||||SC VETERAN|||12||||||||||||||||||515.6|||||20120925135101-0500||||||12458

ORC|RE|SP 12 16^LR|SP 12 16^LR|||||||||10000000032-VA500^CPRSPHYSICIAN^ONE^^^DR^MD^99VA4|||||500^TROY^99VA4|

OBR|1|SP 12 16^LR|SP 12 16^LR|88515.0000^Surgical Pathology Procedures NOS^99VA64|||20120927|||||||201209271044-0500|XXX&Another message part&HL70070|10000000032-VA500^CPRSPHYSICIAN^ONE^^^DR^MD^99VA4|||\S\\S\\S\\S\\S\\S\SP 12 16|323\S\SP\S\6879071.8956|SP 12 16\S\\S\\S\\S\\S\\S\88515.0000|20120927104901-0500||SP|F|||||||10000000058-VA500&DATABRIDGE&PATHOLOGIST&&&DR&MD&99VA4^^^^^^500&SMA.FO-ALBANY.MED.VA.GOV&DNS|||&JBP&&&&&^^^^^^500&SMA.FO.ALBANY.MED.VA.GOV&DNS|||||||||88399^SURGICAL PATHOLOGY PROCEDURE^C4^88515.0000^Surgical Pathology Procedures NOS^99VA64|

OBX|1|CE|22633-2^PATH REPORT.SITE OF ORIGIN:ANAT:PT:SPECIMEN:NAR^LN^4664583^^99VA95.3^2.14^2.14||TISSUE~||||||F||||500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|2|FT|22636-5^PATH REPORT.RELEVANT HX:FIND:PT:SPECIMEN:NAR^LN^4664586^^99VA95.3^2.14^2.14||Patient spends extended periods of time outdoors, due to nature of labor. No sunscreen was used. Large sun spots in the shoulder ||||||F||||500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|3|FT|10219-4^OPERATIVE NOTE PREOPERATIVE DX:IMP:PT:\R\PATIENT:NAR^LN^4651469^^99VA95.3^2.14^2.14||SKIN CANCER ||||||F||||500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|4|FT|10218-6^OPERATIVE NOTE POSTOPERATIVE DX:IMP:PT:\R\PATIENT:NAR^LN^4651468^^99VA95.3^2.14^2.14||SKIN CANCER ||||||F||||500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|5|FT|22634-0^PATH REPORT.GROSS OBSERVATION:FIND:PT:SPECIMEN:NAR^LN^4664584^^99VA95.3^2.14^2.14||A representative section is submitted in one Cassette. The Specimen is received in one container without Fixative labeled RIGHT INGUINAL HERNIA SAC. The Specimen consists of a circular strip of pink gray membranous soft tissue, 3.0 cm\.br\in diameter x up to 0.15 cm in ||||||F||||500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|6|FT|22635-7^PATH REPORT.MICROSCOPIC OBSERVATION:PRID:PT:SPECIMEN:NAR:XXX STAIN^LN^4664585^^99VA95.3^2.14^2.14||THIS IS A VERY MICROSCOPIC TISSUE SPECIMEN. IT DOES NOT LOOK VERY GOOD. IT IS AMORPHOUS. THE COLOR IS DARK YELLOW SMELLS NORMAL ||||||F||||500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|7|FT|22637-3^PATH REPORT.FINAL DIAGNOSIS:IMP:PT:SPECIMEN:NAR^LN^4664587^^99VA95.3^2.14^2.14||HERNIA SAC, RIGHT INGUINAL, HERNIOGRAPHY: MESOTHELIUM-LINED FIBROVASCULAR TISSUE, CONSISTENT WITH HERNIA SAC ||||||F||||500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|8|CE|22633-2^PATH REPORT.SITE OF ORIGIN:ANAT:PT:SPECIMEN:NAR^LN^4664583^^99VA95.3^2.14^2.14|10.1|T-01000^SKIN^SNM||||||F||||500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

OBX|9|NM|3154-2^SPECIMEN WEIGHT:MASS:PT:XXX:QN^LN^4674146^^99VA95.3^2.14^2.14|10.1|7|g^g^L|||||F||||500^TROY^99VA4|10000000034-VA500^ROISTAFF^CHIEF^O^^^^99VA4|||||||TROY^L^500^^^USVHA^FI^^A^500|VA MEDICAL CENTER^1 3RD sT.^ALBANY^NY^12180-0097^USA|

--Pharmacy RDE Order

Active Med – Pharmacist Verified

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121009122526-0500||RDE^O01|5008783|P|2.3.1|||AL|NE|USA

PID|1|5000000120V858032|5000000120V858032^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121009~666667897^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~100024^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100024|DATABRIDGE^PATIENTTWO^B^^^^L|CLARK^^^^^^M|19511202|M||2054-5-SLF^BLACK OR AFRICAN AMERICAN^0005^2054-5^BLACK OR AFRICAN AMERICAN^CDC|133 W ELMO Street^^MANCHESTER^NH^03102^USA^P^^~^^MIDTOWN^NH^^^N||(555)555-0000^PRN^PH~(000)000-5555^WPN^PH|(000)000-5555||M^MARRIED^VA11|23^PENTECOSTAL^VA13|6317^1028|666667897|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|MIDTOWN NH|N||||||||

PV1|1|I|ICU/CCU^1^2|||^^|10000000049^CPRSATTENDING^TWO^^^^MASTER|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20121009113908-0500||||||6317

ORC|**SC**|19139;1^OR|1U^PS||**CM**||^Q1HRS&01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^^^^^C||201210091214-0500|10000000032^CPRSPHYSICIAN,ONE||10000000032^CPRSPHYSICIAN,ONE|||201210091300-0500|^^99ORN^^^|||

RXO|^^^133^CHOLESTYRAMINE POWDER^99PSP||||||||||||||||

RXE|1& PACKET&1&^Q1HRS&01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^^201210091300-0500^20121023235959-0500^R^C^1 PACKET|^^^2580^CHOLESTYRAMINE 4G PACKETS^99PSD|1||^^^N/A^^99PSU|^^^49^POWDER^99PSF||||||||10000000141^TDOC,PHARMACIST^99NP|||||||^01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^99PSA^^^|||||^^^^^99PSU

RXR|30^ORAL

ZRX|||N||10000000141^TDOC,PHARMACIST^99NP|

Canceled, Discontinued Order (edit/replaced)

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121009124808-0500||RDE^O01|5008786|P|2.3.1|||AL|NE|USA

PID|1|5000000120V858032|5000000120V858032^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121009~666667897^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~100024^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100024|DATABRIDGE^PATIENTTWO^B^^^^L|CLARK^^^^^^M|19511202|M||2054-5-SLF^BLACK OR AFRICAN AMERICAN^0005^2054-5^BLACK OR AFRICAN AMERICAN^CDC|133 W ELMO Street^^MANCHESTER^NH^03102^USA^P^^~^^MIDTOWN^NH^^^N||(555)555-0000^PRN^PH~(000)000-5555^WPN^PH|(000)000-5555||M^MARRIED^VA11|23^PENTECOSTAL^VA13|6317^1028|666667897|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|MIDTOWN NH|N||||||||

PV1|1|I|ICU/CCU^1^2|||^^|10000000049^CPRSATTENDING^TWO^^^^MASTER|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20121009113908-0500||||||6317

ORC|**OC**|19138;1^OR|2448P^PS||**RP**||^Q1HRS&01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^^^^^C||201210091214-0500|10000000032^CPRSPHYSICIAN,ONE||10000000032^CPRSPHYSICIAN,ONE||||E^ELECTRONICALLY ENTERED^99ORN^^^|||

RXO|^^^299^GUAIFENESIN LIQUID^99PSP||||||||||||||||

RXE|^Q1HRS&01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^^^20121009124807-0500^R^C^2CC||2|||||||||||10000000032^CPRSPHYSICIAN,ONE^99NP|||||||^01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^99PSA^^^|||||

RXR|1^ORAL (BY MOUTH)

ZRX|||N||10000000032^CPRSPHYSICIAN,ONE^99NP|

Pending Med Order

*Replaces a previous changed (Edit) order with a new Pending order (New order #)*

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121009124809-0500||RDE^O01|5008789|P|2.3.1|||AL|NE|USA

PID|1|5000000120V858032|5000000120V858032^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121009~666667897^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~100024^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100024|DATABRIDGE^PATIENTTWO^B^^^^L|CLARK^^^^^^M|19511202|M||2054-5-SLF^BLACK OR AFRICAN AMERICAN^0005^2054-5^BLACK OR AFRICAN AMERICAN^CDC|133 W ELMO Street^^MANCHESTER^NH^03102^USA^P^^~^^MIDTOWN^NH^^^N||(555)555-0000^PRN^PH~(000)000-5555^WPN^PH|(000)000-5555||M^MARRIED^VA11|23^PENTECOSTAL^VA13|6317^1028|666667897|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|MIDTOWN NH|N||||||||

PV1|1|I|ICU/CCU^1^2|||^^|10000000049^CPRSATTENDING^TWO^^^^MASTER|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20121009113908-0500||||||6317

ORC|**XR**|19140;1^OR|2450P^PS||**IP**||^Q1HRS&01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^^^^^C||201210091248-0500|10000000032^CPRSPHYSICIAN,ONE||10000000032^CPRSPHYSICIAN,ONE||||E^ELECTRONICALLY ENTERED^99ORN^^^|||

RXO|^^^299^GUAIFENESIN LIQUID^99PSP||||||||||||||||

RXE|^Q1HRS&01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^^^^R^C^2CC||2|||||||||||10000000032^CPRSPHYSICIAN,ONE^99NP|||||||^01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^99PSA^^^|||||

NTE|1|L| DOCUMENT IF PATIENT IS COUGHING \T\\T\\T\\T\\S\\S\\S\\S\ AND IF PRODUCTIVE AND DESCRIBE\T\\T\\T\\T\\R\\R\\R\\R\

RXR|1^ORAL (BY MOUTH)

ZRX|19138;1||E||10000000032^CPRSPHYSICIAN,ONE^99NP|

Active Med Order, Pharmacist Verified

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121009125229-0500||RDE^O01|5008792|P|2.3.1|||AL|NE|USA

PID|1|5000000120V858032|5000000120V858032^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121009~666667897^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~100024^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100024|DATABRIDGE^PATIENTTWO^B^^^^L|CLARK^^^^^^M|19511202|M||2054-5-SLF^BLACK OR AFRICAN AMERICAN^0005^2054-5^BLACK OR AFRICAN AMERICAN^CDC|133 W ELMO Street^^MANCHESTER^NH^03102^USA^P^^~^^MIDTOWN^NH^^^N||(555)555-0000^PRN^PH~(000)000-5555^WPN^PH|(000)000-5555||M^MARRIED^VA11|23^PENTECOSTAL^VA13|6317^1028|666667897|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|MIDTOWN NH|N||||||||

PV1|1|I|ICU/CCU^1^2|||^^|10000000049^CPRSATTENDING^TWO^^^^MASTER|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20121009113908-0500||||||6317

ORC|**SC**|19140;1^OR|2U^PS||**CM**||^Q1HRS&01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^^^^^C||201210091248-0500|10000000032^CPRSPHYSICIAN,ONE||10000000032^CPRSPHYSICIAN,ONE|||201210091300-0500|^^99ORN^^^|||

RXO|^^^299^GUAIFENESIN LIQUID^99PSP||||||||||||||||

RXE|2&CC&1&^Q1HRS&01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^^201210091300-0500^20121023235959-0500^R^C^2CC|^^^4463^GUAIFENESIN DM SYRUP 4 OZ.^99PSD|2||^^^N/A^^99PSU|^^^35^LIQUID^99PSF||||||||10000000141^TDOC,PHARMACIST^99NP|||||||^01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24^99PSA^^^|||||^^^^^99PSU

NTE|1|L| DOCUMENT IF PATIENT IS COUGHING \T\\T\\T\\T\\S\\S\\S\\S\ AND IF PRODUCTIVE AND DESCRIBE\T\\T\\T\\T\\R\\R\\R\\R\

NTE|2|L| DOCUMENT IF PATIENT IS COUGHING \T\\T\\T\\T\\S\\S\\S\\S\ AND IF PRODUCTIVE AND DESCRIBE\T\\T\\T\\T\\S\\S\\S\\S\

RXR|1^ORAL (BY MOUTH)

ZRX|19138;1||E||10000000141^TDOC,PHARMACIST^99NP|

Expired Medication

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121009001005-0500||RDE^O01|5009800|P|2.3.1|||AL|NE|USA

PID|1|5000000237V188720|5000000237V188720^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121009~666669111^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~742^^^USVHA&&0363^PI^VA FACILITY ID&500&L|742|DATABRIDGE^PATIENTSEVEN^^^^^L||19480325|M||^^0005^^^CDC|123 Main street^APT#2^NEW WATERFORD^OH^44445^USA^P^^~^^^^^^N|||||||6360^1047|666669111|||^^0189^^^CDC||||||||||

PV1|1|I|ICU/CCU^ICU^4|||GEN MED^B^2|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||31||||||||||||||||||515.6|||||20121005110929-0500||||||6360

ORC|SC|19201^OR|2V^PS||**ZE**||^&^^^^^||201210051405-0500|11848^DATABRIDGE,PHARMACIST||10000000032^CPRSPHYSICIAN,ONE|||201210051500-0500|^^99ORN|||

RXO|^^^572^SODIUM CHLORIDE INJ^99PSP||||||||||||||||

RXE|^&^^201210051500-0500^201210082359-0500^||0|||||||||||10000000033^MJWEHALY,TSHQHY F^99NP|||||||^^99PSA^^^||30|^^^^ml/hr^PSU||

RXC|B|^^^572^SODIUM CHLORIDE^99PSP|50|^^^PSIV-1^ML^99OTH||||||||||||||||||||

RXR|14^INTRAVENOUS

ZRX|||N||10000000033^MJWEHALY,TSHQHY F^99NP|

Pending IV Hyper-Alimentation

*Sent by pharmacy when fields change that do not generate new order*

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121018113708-0500||RDE^O01|5008944|P|2.3.1|||AL|NE|USA

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121018~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121018~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121018|369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6319^1029|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PV1|1|I|ICU/CCU^ICU^2|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||2^CARDIOLOGY^M^MEDICINE||||||||SC VETERAN|16RJ-ALN||12||||||||||||||||||515.6|||||20121003115146-0500||||||6319

ORC|**XX|**19140;1^OR|2448P^PS||**IP**||^5XDAY&02-07-12-17-22^^^^^C||201210181137-0500|10000000034^ROISTAFF,CHIEF O||10000000032^CPRSPHYSICIAN,ONE|||201210181200-0500|E^Physician Entered^99ORN^^UPDATED ORDER^|||

RXO|^^^678^VANCOMYCIN INJ^99PSP||||||||||||||||

RXE|^5XDAY&02-07-12-17-22^^201210181200-0500^201210232359-0500^R^C^15 MG||15|||||||||||10000000034^ROISTAFF,CHIEF O^99NP|||||||^02-07-12-17-22^99PSA^^^|||||

RXR|270^IV HYPERALIMENTATION

ZRX|||N||10000000034^ROISTAFF,CHIEF O^99NP|I

Active IV Hyper-Alimentation

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121018113708-0500||RDE^O01|5008944|P|2.3.1|||AL|NE|USA

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121018~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121018~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121018|369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6319^1029|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PV1|1|I|ICU/CCU^ICU^2|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||2^CARDIOLOGY^M^MEDICINE||||||||SC VETERAN|16RJ-ALN||12||||||||||||||||||515.6|||||20121003115146-0500||||||6319

ORC|SC|19140;1^OR|5V^PS||CM||^5XDAY&02-07-12-17-22^^^^^||201210181137-0500|10000000034^ROISTAFF,CHIEF O||10000000032^CPRSPHYSICIAN,ONE|||201210181200-0500|E^Physician Entered^99ORN^^^|||

RXO|^^^678^VANCOMYCIN INJ^99PSP||||||||||||||||

RXE|^5XDAY&02-07-12-17-22^^201210181200-0500^201210232359-0500^R||0|||||||||||10000000034^ROISTAFF,CHIEF O^99NP|||||||^02-07-12-17-22^99PSA^^^||INFUSE OVER 20 Minutes|||

RXC|A|^^^678^VANCOMYCIN^99PSP|15|^^^PSIV-4^MG^99OTH|A|||||||||||||||||||

RXC|B|^^^1260^KCL 20MEQ/D5/NACL 0.9% INJ,SOLN IV^99PSP|1000|^^^PSIV-1^ML^99OTH||||||||||||||||||||

RXR|270^IV HYPERALIMENTATION

ZRX||E|N||10000000034^ROISTAFF,CHIEF O^99NP|I

--BCMA

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121009155136-0500||^O17|5008796|P|2.3|||AL|NE|USA

PID|1|5000000120V858032|5000000120V858032^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121009~666667897^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~100024^^^USVHA&&0363^PI^VA FACILITY ID&500&L|100024|DATABRIDGE^PATIENTTWO^B^^^^L|CLARK^^^^^^M|19511202|M||2054-5-SLF^BLACK OR AFRICAN AMERICAN^0005^2054-5^BLACK OR AFRICAN AMERICAN^CDC|133 W ELMO Street^^MANCHESTER^NH^03102^USA^P^^~^^MIDTOWN^NH^^^N||(555)555-0000^PRN^PH~(000)000-5555^WPN^PH|(000)000-5555||M^MARRIED^VA11|23^PENTECOSTAL^VA13|6317^1028|666667897|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|MIDTOWN NH|N||||||||

PV1|1|I|ICU/CCU^1^2|||^^|10000000049^CPRSATTENDING^TWO^^^^MASTER|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20121009113908-0500||||||6317

ORC|XX|263^PSB^263^IEN|2U||||2CC^Q1HRS^^2012100915000500^^^^^^C|^2448P|201210091547220500|10000000034^ROISTAFF^CHIEF^O|||||201210091547220500||||10000000034^ROISTAFF^CHIEF^O|

RXO|299^GUAIFENESIN|2CC|||||||||||||||||||^

NTE||O|1^UNK|10000000034^ROISTAFF^CHIEF^20121009154722-0500^Date Entered

RXR|1^ORAL (BY MOUTH)

RXC|B|4463^GUAIFENESIN DM SYRUP 4 OZ.|1|2cc

RXA|0|1|20121009154722-0500| |4463^GUAIFENESIN DM SYRUP 4 OZ.|1|2cc||4^20121009154722-0500||||||||||^47|G

ZBC|19140;1|263^PSB^263^IEN|2U

--Radiology Reports (2.3)

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121016095716-0500||ORU^R01|5008877|P|2.3.1|||AL|NE|USA

PID|1|5000000117V876768|5000000117V876768^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121016~666662233^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~418^^^USVHA&&0363^PI^VA FACILITY ID&500&L|418|ACMPATIENT^SEVEN^^^^^L||19700706|M||^^0005^^^CDC|123 STREET^^TROY^NY^12180^USA^P^^~^^^^^^N|||||M^MARRIED^VA11|4^METHODIST^VA13|6315^1026^|666662233|||^^0189^^^CDC||||||||||

PV1|1|I|ICU/CCU^ICU^2|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20121004134535-0500|""|||||6315

ORC|RE|19146;1^OR|||||^^^20121016^^R||201210160953-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||201210160953-0500|E^ELECTRONICALLY ENTERED^99ORN^^^

OBR|||6878983.9045-1^101612-21^L|74010^X-RAY EXAM OF ABDOMEN^C4^173^ABDOMEN 2 VIEWS [01]^99RAP|||201210160954-0500|""|""|||||20121016095523-0500||10000000032^CPRSPHYSICIAN^ONE||ICU/CCU||10^CHEST ROOM^500^VAMC ALBANY||201210160957-0500|||F|||||||3^NDSTJEH^ILQDI^J|11531^TRMPHYSICIAN^ONE||10000000034^ROISTAFF^CHIEF^O|201210160954-0500

OBX||CE|P^PROCEDURE^L||173\S\ABDOMEN 2 VIEWS [01]\S\L||||||F

OBX||TX|I^IMPRESSION^L||SCREEN 3 WITH NO SPECIAL CHARACTERS ||||||F

OBX||CE|D^DIAGNOSTIC CODE^L||3\S\MAJOR ABNORMALITY, NO ATTN. NEEDED\S\L||||||F

OBX||CE|D^DIAGNOSTIC CODE^L||4\S\ABNORMALITY, ATTN. NEEDEDED\S\L||||||F

OBX||CE|D^DIAGNOSTIC CODE^L||2\S\MINOR ABNORMALITY\S\L||||||F

OBX||CE|D^DIAGNOSTIC CODE^L||1\S\NORMAL\S\L||||||F

OBX||TX|R^REPORT^L||SCREEN 2 NO SPECIAL CHARACTERS NO SPECIAL CHARACTERS ||||||F

OBX||TX|M^MODIFIERS^L||None||||||F

--Radiology Reports (2.4)

MSH|^~\&|DSIH SR|500|DSIH CL|500|20130529113723-0500||ORU^R01|5009983|P|2.4|||AL|NE|USA

PID|1|5000000237V188720|

5000000237V188720^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20130529~666669111^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~742^^^USVHA&&0363^PI^VA FACILITY ID&500&L|742|

DATABRIDGE^PATIENTSEVEN^^^^^L||19480325|M||^^0005^^^CDC|123 Main street^APT#2^NEW WATERFORD^OH^44445^USA^P^^~^^^^^^N|||||||6354^1049|666669111|||^^0189^^^CDC||||||||||

PV1|1|I|ICU/CCU^ICU^3|||^^|10000000048^CPRSATTENDING^ONE^^^^BS|||15^GENERAL(ACUTE MEDICINE)^M^MEDICINE||||||||NSC VETERAN|||12||||||||||||||||||515.6|||||20130529100652-0500|""|||||6354|

ORC|RE|19364;1^OR|||a||^^^201305301132-0500^^R||201305291132-0500|10000000032^CPRSPHYSICIAN^ONE||10000000032^CPRSPHYSICIAN^ONE|||201305291133-0500|E^ELECTRONICALLY ENTERED^99ORN^^^|

OBR|

1|052913-47|052913-47|73100^X-RAY EXAM OF WRIST^C4^135^WRIST 2 VIEWS^99RAP|||20130529113606-0500|||||||||10000000032^CPRSPHYSICIAN^ONE^^^DR^MD|1-518-662-7854^PRN^PH~1-518-626-8543^WPN^PH|052913-47|47|052913-47|RAD\_GENERAL RADIOLOGY`2\_7TH FLO

OR`500\_VAMC ALBANY|201305291137-0500|||F|||||||15^MDAADFLY^AAXNI|11711^THTS^SRUBHN~11850^TLTSUXZ^CXH~1602^BUXJBHUS^CRIN||10000000034^ROISTAFF^CHIEF^O

ZDS|1.2.840.113754.1.4.500.6869470.8866.1.52913.47^VISTA^Application^DICOM

OBX|1|CE|P^PROCEDURE^L||135\S\WRIST 2 VIEWS\S\L||||||F

OBX|2|TX|I^IMPRESSION^L||None ||||||F

OBX|3|CE|D^DIAGNOSTIC CODE^L||1\S\NORMAL\S\L||||||F

OBX|4|CE|D^DIAGNOSTIC CODE^L||2\S\MINOR ABNORMALITY\S\L||||||F

OBX|5|TX|M^MODIFIERS^L||AAAA-NM||||||F

OBX|6|CE|C4^CPT MODIFIERS^L||50\S\BILATERAL PROCEDURE\S\C4||||||F

OBX|7|TX|R^REPORT^L||None ||||||F

--Vitals Signs

Vitals Signs ORU

MSH|^~\&|DSIH CL|500|DSIH CL|500|20121003115714-0500||ORU^R01|5008902|P|2.4|||AL|NE|USA

PID|1|5000000044V986012|5000000044V986012^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20121003~666660001^^^USSSA&&0363^SS^VA FACILITY ID&500&L~^^^USDOD&&0363^TIN^VA FACILITY ID&500&L~^^^USDOD&&0363^FIN^VA FACILITY ID&500&L~369^^^USVHA&&0363^PI^VA FACILITY ID&500&L~543678123^^^USVBA&&0363^PN^VA FACILITY ID&500&L~^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003~666001234^^^USSSA&&0363^SS^VA FACILITY ID&500&L^^20121003|369|CPRSPATIENT^ONE^M^^^^L~ALIAS^NAMEONE^^^^^A~ALIAS^NAMETWO^^^^^A|JONES^^^^^^M|19491231|M||2106-3-SLF^WHITE^0005^2106-3^WHITE^CDC|5000 NORTH MAIN STREET^^Quebec^ONTARIO^RF1D4^CAN^P^^~^^SOMEWHERE^NY^^^N|||||S^NEVER MARRIED^VA11|29^UNKNOWN/NO PREFERENCE^VA13|6319^1029|666660001|||2186-5-SLF^NOT HISPANIC OR LATINO^0189^2186-5^NOT HISPANIC OR LATINO^CDC|SOMEWHERE NY|||||||||

PV1|1|I|ICU/CCU^ICU^2|||ICU/CCU^ICU^5|10000000048^CPRSATTENDING^ONE^^^^BS|||2||||||||SC VETERAN|||12||||||||||||||||||515.6|||||20121003115146-0500||||||6319

ORC|RE||963^500\_120.5||||||||||ICU/CCU^8^^^^^^^ICU/CCU||||500^TROY^L||||VAMC ALBANY

OBR|||963^500\_120.5|0^WEIGHT^99VA120.51|||20121003115247-0500|20121003115616-0500||||||||||||||20121003115616-0500|||F|||||||||10000000032^CPRSPHYSICIAN^ONE^^^DR^MD^VistA200

OBX||ST|0^WEIGHT^99VA120.51||200|lb^lb^L|||||F|||||10000000032^CPRSPHYSICIAN^ONE^^^DR^MD^VistA200

ZSC||555|DRUG DEPENDENCE-GROUP

Vital Signs QRY^A19

MSH|^~\&|DSIH SR|500|DSIH CL|500|20121015150003-0500||QRY^A19|5004484|P|2.3.1|||AL|NE|USA

QRD|201210151500|R|I|1001|||1^RD|666660008|APA|

Vital Signs (ACK^A19)

MSH|^~\&|DSIH DATABRIDGE IN|500|<VENDOR>|500|20080807112756-0500||ACK^A19|5003871|P|2.3|||NE|NE|USA

MSA|AA|3065500052696|PATIENT FOUND

QRD|200808061306|R|I|1001|||1^RD|666660008|APA|

PID|1|5000000015V177025|5000000015V177025^^^USVHA&&0363^NI^VA FACILITY ID&500&L^^20080807~666660008^^^USSSA&&0363^SS^VA FACILITY ID&500&L~711^^^USVHA&&0363^PI^VA FACILITY ID&500&L||CPRSPATIENT^EIGHT^F^^^^L|""|19550201|F||^^0005^^^CDC|22233 TEST LANE TEST LANE TEST LAZY^""^ALBANY^NY^12211^""^P^""^001~^^""^""^^^N|001^ALBANY^VA5|555-2222^PRN^PH~555-2323^WPN^PH|555-2323||M^MARRIED^VA11|5^LUTHERAN^VA13||666660008|||^^0189^^^CDC|""||||||""||

OBR|||200007130951-0500|^VITAL SIGN|||200007130951-0500|

OBX|1|ST|T^TEMPERATURE^^^^||96.0|F||||||||20040617155717-0500|

OBX|2|ST|P^PULSE^^^^||53|||||||||20040617155717-0500|

OBX|3|ST|R^RESPIRATION^^^^||15|||||||||200007130951-0500|

OBX|4|ST|BPS^SYSTOLIC BLOOD PRESSURE^^^^||80|mm (hg)||||||||20040617155717-0500|

OBX|5|ST|BPD^DIASTOLIC BLOOD PRESSURE^^^^||111|mm (hg)||||||||20040617155717-0500|

OBX|6|ST|HT^HEIGHT^^^^||70|in||||||||200007130951-0500|

OBX|7|ST|WT^WEIGHT^^^^||280|lb||||||||200007130951-0500|

OBX|8|ST|PN^PAIN^^^^||0|||||||||200007130951-0500|

OBX|9|ST|POX^UNKNOWN^^^^||93|||||||||20040617155717-0500|

OBX|10|ST|BMI^UNKNOWN^^^^||40.26|||||||||200007130951-eports

**Revision History**

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| --- | --- | --- | --- |
| **Date** | **Version** | **Description** | **Author** |
| 4/23/2008 | 0.9 | Initial Document Content | David Nitsche |
| 10/12/2012 | 1.8 | DSIH HL7 Specification Redesign | Mayrin Cardier |
| 3/06/2013 | 1.8 | Vitals Message ZSC segment | Gail Hayes |
| 3/13/2013 | 1.8 | General cleanup and formatting | Eric J. Gustin |
| 8/20/2013 | 1.9 | Pharm RDE change, Rad 2.4 change, order status table for common orders. Updated sample messages to reflect new updates. | Yong Kwon |
|  |  |  |  |