HL7 CDA® R2 Implementation Guide: International Patient Summary

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1 Preface to this STU ballot

The goal of this Implementation Guide is to specify how to represent in HL7 CDA R2 the International Patient Summary (IPS) (see also the ART-DECOR repository (https://art-decor.org/ad/#/hl7ips-/project/overview)). An alternative representation as HL7 FHIR is also provided (see the HL7 build site (https://build.fhir.org/ig/HL7/CDA-IPS/)).

The initial focus of the International Patient Summary (IPS) was the unplanned care across national borders. This specification can be used and be useful also in local applications and be supportive of planned care.

Compared to the previous STU specification, developments took place mainly around additional data to be conveyed (Alert, Patient Story), input that comes from the underlying ISO Standard 27269:2021 Health informatics — International patient summary and its updates. In addition, terminology aspects have been discussed and further developed. The terminology changes are listed in details below. With a few exceptions, FHIR and CDA terminologies used are the same. One exception is the update Allergy and Intolerances Value Set, in FHIR made for binding at one place in the associated profile but in CDA these are still two Value Sets as substances and conditions are bound to different elements in CDA.

Here is the list of change categories:

- Medications updated due to new Value Sets

- Problem Entry updated

- Procedure updated due to new Value Sets, especially Certainty

- Immunization updated due to new Value Sets

- Specimen Collection updated due to new Value Sets

- Allergy and Intolerances have been updated re/ Value Sets, defined for substances and conditions

- Laboratory/Pathology updated due to new Value Sets

- Radiology updated due to new Value Sets,

- Radiology added the result component accordingly as modelled in FHIR

- Social History (Smoking) updated due to new Value Sets

- Pregnancy updated, especially the Estimated Delivery Date Observation

- New section: Alert

- New section: Patient Story

- A new Document Level Template has been created (OID 2.16.840.1.113883.10.22.1.2) to address all changes,

The Template Definition of the document level template in ART-DECOR can be found here https://art-decor.org/ad/#/hl7ips-/rules/templates/2.16.840.1.113883.10.22.1.2/2024-08-02T13:02:39. From that all other header, section and entry level templates are listed.

Expressing HL7 CDA® R2 template definitions as FHIR Structure Definitions

As a pilot efforts have been made to convert the definitions of the HL7 CDA® R2 Implementation Guide of the International Patient Summary, that were done in ART-DECOR using the former HL7 Templates Standard: Specification and Use of Reusable Information Constraint Templates, in short Templates ITS into FHIR Structure Definitions and to use the FHIR IG publisher for the CDA IG. This is still experimental and offered as an informational IG, reachable under HL7 build site (https://build.fhir.org/ig/HL7/CDA-IPS/the).

2 Introduction

An **International Patient Summary (IPS) document** is an electronic health record extract containing essential healthcare information about a subject of care. As specified in EN ISO 27269, it is designed for supporting the use case scenario for 'unplanned, cross border care', but it is not limited to it. It is intended to be international, i.e., to provide generic solutions for global application beyond a particular region or country.

The IPS dataset is **minimal and non-exhaustive; specialty-agnostic and condition-independent; but still clinically relevant**.

The IPS document is composed by a set of robust, well-defined and potentially reusable sets of core data items (indicated as IPS library in the figure below). The tight focus of the IPS on unplanned care is in this case not a limitation, but, on the contrary, facilitates their potential re-use beyond the IPS scope.
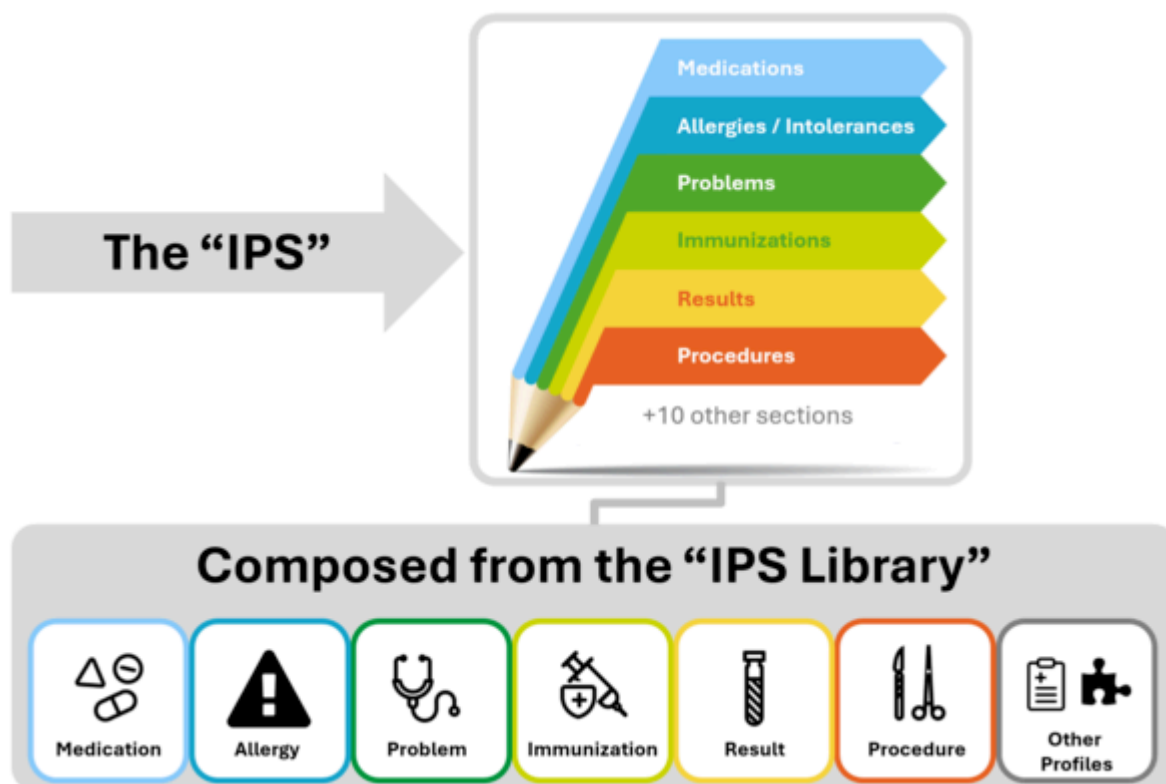

Figure 1: The IPS product and by-products

2.1 Purpose

The goal of this Implementation Guide is to specify how to represent in HL7 CDA the International Patient Summary (IPS). An alternative representation as templated HL7 FHIR R2 is also provided (see the hl7.org site). The initial focus of the International Patient Summary (IPS) was the unplanned care across national borders. This specification can be used and be useful also in local applications and be supportive of planned care.

2.2 Scope

As specified in EN ISO 27269, the IPS dataset is a **"minimal, non-exhaustive set of data elements required for the international patient summary"**. A Patient Summary is defined by ISO/TR 12773-1:2009 as a "Health record extract comprising a standardized collection of clinical and contextual information (retrospective, concurrent, prospective) that provides a snapshot in time of a subject of care's health information and healthcare."

'Minimal' reflects the ideas of 'summary' and the need to be concise, but also alludes to the existence of a core set of data elements that all health care professionals can use; it is intended to be a specialty agnostic and condition independent set. It does not imply that all the items in the data set will be used in every summary. It is also possible to refine the extract from a record such that the content of the summary is more relevant to a particular condition (e.g. asthma) but no asthma-specific elements will be specified in this standard. The IPS Document or IPS can be extended by non-IPS standard condition-specific data. 'Non-exhaustive' recognizes that the ideal data set is not closed, and is likely to be extended, not just in terms of requirement evolution, but also pragmatically in instances of use. [EN ISO 27269].

Furthermore the scope of the IPS is global. Although this is a major challenge, this implementation guide takes various experiences and newer developments into account to address, as far as possible, global feasibility.

The following picture provides an overview of the current IPS content.

Figure 2: The IPS composition

2.3 Project Background and relationships with other projects

Details on the project background and relationships with other projects are available in the IPS Website.

2.4 Ballot Status of the Document

This Implementation Guide is STU with the intention to go normative.

2.5 Audience

The audience for this Implementation Guide includes:

Public

- Citizens who want to carry or access their healthcare data for emergency or unplanned care purposes.

Regulatory

- Policy makers such as healthcare payers or government agencies.
- Healthcare information governance authorities and regulatory bodies.

Clinical

- Healthcare providers that offer unscheduled and emergency care.
- Healthcare providers that populate regional and national patient summaries.

Technical

- ▪ Vendors of EHR systems for unplanned care management, personal health records and mobile health data applications.

- ▪ System integrators.

- ▪ Organizations that manage regional and national patient summaries.

2.6 Reading Publication Artifacts

A reading guide is available that explains the formalism used to express the publication artifacts, i.e. template meta data and template design. For convenience the guide is included in the appendix. (see section "How to read the table view for templates")

3 Technical Background

3.1 What is a CDA

CDA R2 is

> *… a document markup standard that specifies the structure and semantics of clinical documents for the purpose of exchange.*
>
> *[CDA R2 Standard http://www.hl7.org/implement/standards/product_brief.cfm?product_id=7, Section 1.1]*

Clinical documents, according to CDA, have the following characteristics:

- Persistence

- Stewardship

- Potential for authentication

- Context

- Wholeness

- Human readability

CDA defines a header for classification and management and a document body that carries the clinical record. While the header metadata are prescriptive and designed for consistency across all instances, the body is highly generic, leaving the designation of semantic requirements to implementation.

3.2 Templated CDA

CDA R2 can be constrained by mechanisms defined in the "Refinement and Localization" section of the HL7 Version 3 Interoperability Standards. The mechanism most commonly used to constrain CDA is referred to as "templated CDA". This specification created a set of artifacts containing modular CDA templates (and associated value sets) for the purpose of the International Patient Summary, and the templates can be reused across any number of CDA document types.

There are different kinds of templates that might be created. Among them, the most common ones are:

- CDA **Document Level Templates** constrain fields in the Clinical Document Architecture (CDA) header, and define containment relationships to CDA sections.
  For example, a History-and-Physical document-level template might require that the patient's name be present, and that the document contain a Physical Exam section.

- CDA **Header Level Templates** constrain fields for parts of the CDA header, like the patient (record target), the author, participations or the service event.

- CDA **Section Level Templates** constrain fields in the CDA section, and define containment relationships to CDA entries.
  For example, a Physical-exam section-level template might require that the section/code be fixed to a particular LOINC code, and that the section contain a Systolic Blood Pressure observation.

- CDA **Entry Level Templates** constrain the CDA clinical statement model in accordance with real world observa-

tions and acts.

For example, a Systolic-blood-pressure entry-level template defines how the CDA Observation class is constrained (how to populate observation/code, how to populate observation/value, etc.) to represent the notion of a systolic blood pressure.

3.3 Open and Closed Templates

Open templates permit anything to be done in the underlying standard that is not explicitly prohibited. This allows templates to be built up over time that extend and go beyond the original use cases for which they were originally designed.

Closed templates only permit what has been defined in the template, and do not permit anything beyond that. There are good reasons to use closed templates, sometimes having to do with local policy. For example, in communicating information from a healthcare provider to an insurance company, some information may need to be omitted to ensure patient privacy laws are followed. Most templates developed for CDA are of the open sort.

3.4 Template versioning

Template versioning is needed to enable template designs to evolve over time.

Template versioning enables template designers to control and shape the conformance statements that make up a template's design over time tailoring the design to fit the template's intended purpose.

Each template version is associated with a particular template. The template – as a whole – has a mandatory globally unique, non-semantic, identifier. The identifier serves as the identifier of the original intent of the template and as the identifier of the set of versions that represent the template over time.

Template versions have a mandatory timestamp (date and optional time), called the "effective date". The date can be seen as the point in time when the template version "came into being", i.e. was recognized as existent by the governance group. Use of the template prior to this date would be considered an invalid use of the template.

For further information on Templates, Template Versions and related topics refer to the HL7 Templates Standard [HL7 Templates Standard: Specification and Use of Reusable Information Constraint Templates, Release 1 http://www.hl7.org/ implement/standards/product_brief.cfm?product_id=377].

3.5 Conformance Verbs

The conformance verb keywords **SHALL**, **SHOULD**, **MAY** and **SHALL NOT** in this document are to be interpreted as described in the HL7 Version 3 Publishing Facilitator's Guide [HL7 Version 3 Publishing Facilitator's Guide http://www.hl7.org/v3ballot/html/help/pfg/pfg.htm].

▪ **SHALL**: an absolute requirement

▪ **SHALL NOT**: an absolute prohibition against inclusion

▪ **SHOULD**: best practice or recommendation. There may be valid reasons to ignore an item, but the full implications must be understood and carefully weighed before choosing a different course

▪ **MAY**: truly optional; can be included or omitted as the author decides with no implications

3.6 Identifiers for Templates and Value Sets

This specification uses the following OIDs for the artifacts that are registered at the HL7 OID registry.

▪ The root OID for templates is 2.16.840.1.113883.10.22

▪ Document Level Templates are sub branch **.1**, e.g. 2.16.840.1.113883.10.22.1.1 *International Patient Summary*

▪ Header Level Templates are summarized under 2.16.840.1.113883.10.22**.2**, e.g. 2.16.840.1.113883.10.22.2.1 *IPS CDA recordTarget*

▪ Section Level Templates are summarized under 2.16.840.1.113883.10.22**.3**, e.g. 2.16.840.1.113883.10.22.3.1 *IPS Medication Summary Section*

▪ Entry Level templates are summarized under 2.16.840.1.113883.10.22**.4**, e.g. 2.16.840.1.113883.10.22.4.19 *IPS Certainty Observation*

▪ "other" assistance templates are summarized under 2.16.840.1.113883.10.22**.9**, e.g. 2.16.840.1.113883.10.22.9.2 *IPS CDA Device*

▪ The root OID for Value Sets is 2.16.840.1.113883.11

The sub branches for templates follow the recommendations of HL7 International and ISO 13582 [ISO/TS 13582:2015 Health informatics -- Sharing of OID registry information]

3.7 Terminologies

Note: Much of the description provided in this section is copied and adapted from the §4.2.8 Vocabulary Conformance section of the C-CDA DSTU R2.1 Implementation Guide Volume 1 [HL7 C-CDA Implementation Guide DSTU R2.1 http://www.hl7.org/implement/standards/product_brief.cfm?product_id=379]

The templates in this document use terms from several code systems. These vocabularies are defined in various supporting specifications and may be maintained by other bodies, as is the case for the LOINC® and SNOMED CT® vocabularies. The primary terminologies identified for this specification are listed in the Design conventions and principles, section "How to use terminologies (preferred binding)".

Note that value set identifiers (e.g., ValueSet 2.16.840.1.113883.1.11.78 *Observation Interpretation* (DYNAMIC)) used in the binding definitions of template conformance statements do not appear in the XML instance of a CDA document. The definition of the template must be referenced to determine or validate the vocabulary conformance requirements of the template.

Value set bindings adhere to HL7 Vocabulary Working Group best practices, and include both an indication of stability and of coding strength for the binding. Value set bindings can be STATIC, meaning that they bind to a specified version of a value set, or DYNAMIC, meaning that they bind to the most current version of the value set. If a STATIC binding is specified, a date SHALL be included to indicate the value set version. If a DYNAMIC binding is specified, the value set authority and link to the base definition of the value set SHALL be included, if available, so implementers can access the current version of the value set. When a vocabulary binding binds to a single code, the stability of the binding is implicitly STATIC.

For example, to convey @code=11450-4, the code's displayName 'Problem List', the OID of the codeSystem from which the code is drawn '2.16.840.1.113883.6.1', and the codeSystemName 'LOINC', the tabular view used in this guide is presented as shown below.

hl7:code		1...1	M	
@code	CONF	1...1	F	11450-4
@codeSystem		1...1	F	2.16.840.1.113883.6.1 (LOINC)
@displayName		1...1	F	Problem List

Figure: Binding to a Single Code (tabular view)

HL7 Data Types Release 1 requires the codeSystem attribute unless the underlying data type is "Coded Simple" or "CS", in which case it is prohibited. The displayName and the codeSystemName are optional, but recommended, in all cases.

The above example would be properly expressed as follows.

```
<code code="11450-4" codeSystem="2.16.840.1.113883.6.1"/>

<!-- or -->

<code code="11450-4" codeSystem="2.16.840.1.113883.6.1" displayName="Problem List" codeSystemName="LOINC"/>
```

Figure: XML Expression of a Single-Code Binding

A full discussion of the representation of vocabulary is outside the scope of this document; for more information, see the HL7 V3 Normative Edition 2010 [HL7 V3 Normative Edition 2010 http://www.hl7.org/memonly/downloads/v3edition.cfm] sections on Abstract Data Types and XML Data Types R1.

There is a discrepancy between the HL7 R1 Data Types and this guide in the implementation of translation code versus the original code. The R1 data type requires the original code in the root. The convention agreed upon for this implementation guide is that a code from the required value set is used in the element and other codes not included in the value set are to be represented in a translation for the element. Note: This discrepancy is resolved in HL7 Data Types R2, but that is not available for use in CDA R2.

In the next example, the conformant code is SNOMED CT code 206525008.

```
<code code="206525008" codeSystem="2.16.840.1.113883.6.96"
```

```
    displayName="neonatal necrotizing enterocolitis" codeSystemName="SNOMED CT">
    <translation code="NEC-1" codeSystem="2.16.840.1.113883.19"
      displayName="necrotizing enterocolitis"/>
</code>
```

Figure: Translation Code Example

Value set tables are present below a template, or are referenced if they occur elsewhere in the specification, when there are value set bindings in the template. The value set table provides the value set identifier, a description, and a link to the source of the value set when possible. Ellipses in the last row indicate the value set members shown are examples and the true source must be accessed to see all members.

If a value set binding has a DYNAMIC stability, implementers creating a CDA document must go to the location in the URL to check for the most current version of the value set expansion.

Note: Much of the description provided in the following three sections on value set definitions and expansions and extending value sets is adapted from Core Principles and Properties of HL7 Version 3 Models [Core Principles and Properties of HL7 Version 3 Models http://www.hl7.org/implement/standards/product_brief.cfm?product_id=58].

3.7.1 Value Set Definitions

Two approaches can be used to define the contents of a Value Set:

- **Extensional Definition**: Explicitly enumerating each of the Value Set concepts.

  - An Extensional Definition is an enumeration of all of the concepts within the Value Set. A Value Set defined by extension is composed of explicitly enumerated sets of concept representations (with the Code System in which they are valid). The simplest case is when the Value Set consists of only one concept.

- **Intensional Definition**: Defining an algorithm that, when executed by a machine (or interpreted by a human being), yields an enumeration of all of the concepts within the Value Set, which is called a **Value Set Expansion**.

  - An Intensional Definition is a set of rules that can be expanded (ideally computationally) to an exact set of concept representations at a particular point in time.

Many of the value sets used in the IPS specification are defined intensionally. The source of truth for these value sets and their definitions for IPS is ART-DECOR® [IPS Value Sets in ART-DECOR®].

Figure: Intensional value set definition.

3.7.2 Value Set Expansions

To obtain a list of enumerated concepts, Value Sets must be expanded. This means that the Value Set Definition must be converted to a list of concept representations at a point in time. This normally is a list of codes that may be used in populating or validating communicated model instances (but it may alternatively be a list of designations). While this is straightforward for extensional Value Set Definitions, an intensional Value Set Definition must be resolved to a Value Set Expansion by processing the rules contained in the Value Set Definition. Value Set Expansion can be done as early as the point of Value Set definition or as late as run time. For intensional Value Sets, the set of concepts contained in the expansion will generally change when the definition is changed (a new version of the Value Set Definition), but also may change with the identical version of the definition if the underlying code systems change, and the changes are part of the Value Set Expansion. This can be controlled if the definition statement refers to specific code system versions, thereby prohibiting the expansion from changing when the code system changes with a new version release. See Core Principles and Properties of HL7 Version 3 Models for additional details [Core Principles and Properties of HL7 Version 3 Models http://www.hl7.org/implement/standards/product_brief.cfm?product_id=58].

In order to implement the IPS specification, the intensionally defined value sets must be expanded (as noted above). ART-DECOR® provides capabilities for generating (and store) the required value set expansions. Other terminology servers are also expected to provide this service.

3.7.3 How to extend Value Sets

For elements with a binding to a value set that allows extensibility (Extensible/CWE), it may at times be necessary to extend the value set in order to support implementation needs. Coded With Extensibility (Extensible/CWE) means that the set of codes resulting from processing the Value Set Definition is not necessarily complete for its intended use-case. There may be some concepts that need to be communicated that cannot be represented within the expansion of the specified value set. In these cases, implementers therefore have permission to send local codes or original text within the coded element if an appropriate code cannot be found within the value set and its current expansion. When this does occur, however, there is an expectation that implementers should feed back these "missing concepts" to the maintainers of the Value Sets or referenced Code System(s) to have the necessary concept added, and then to transition to the new "official" code when one is subsequently added to the value set.

4 Functional requirements and high-level use cases

The International Patient Summary, i.e. a "specialty-agnostic, condition-independent" summary, was initially designed for cross-border unscheduled care, but its actual adoption is not limited to this usage scenario.

Patient summary initiatives are currently in various stages of development in different parts of the world. A summary of the most recent initiatives and experiences across the world can be found in the https://international-patient-summary.net/implementations-across-the-globe/.

As mentioned there are several options in terms of creation, sharing and usage of an IPS. For example:

1. An IPS can be created when requested and used before, during, or after a care episode; or can be asynchronously generated and made available for future usage (e.g. store and retrieve).

2. The IPS can be retrieved using a document exchange infrastructure; transported by the patient; or shared using cloud-services.

3. The IPS may be subject of a transformation process that may include syntactical conversions, coded concept mappings and coded concept designation or free text translations. This transformation process may be performed in the creation phase, during the transmission, or after the IPS has been received, possibly using an external service.

4. Finally, the received CDA may be used in different ways. For example, displayed using a common CDA stylesheet; display the extracted relevant information; incorporated into the receiver's EHR. Alternatively, a specialized viewer may be adopted to enable the display of the translated content.

Moreover, for cross-jurisdiction exchange, the IPS could be used as:

1. shared format among jurisdictions (case A), where jurisdictions originate and use IPS conforming documents unaltered.

2. pivot document among existing summaries / data formats (case B). For example, the IPS is used as intermediate format between the US C-CDA CCD (please note that the CCD scope differs from that of the IPS) and the European eHDSI Patient Summary for a Transatlantic Patient Summary exchange.

3. mixed mode (Case C), where either the originator or the consumer is expected to use an IPS conforming document.
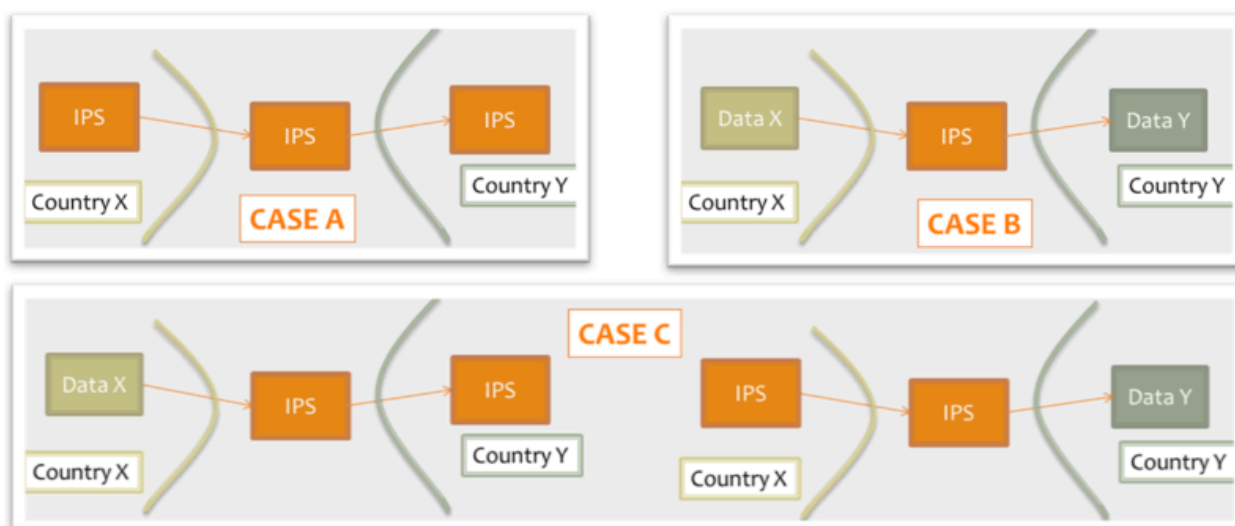
Figure: Examples of IPS usage

An International Patient Summary may:

1. be the result of automatic assembly (assembled IPS) or of a human summarization act (human curated IPS)

2. have one or more EHR sources

3. document information from a single or multiple jurisdictions/organizations

4. aggregate input from a single or multiple encounters.

A clear determination of such contextual information raises the trustworthiness of the received IPS and helps the appropriate usage of its content by the receiver .

Most of these aspects are related to data provenance introduced in ** to be checked ==>* section 1.8 and further detailed in ** to be checked ==>* section 4.11.

Finally, there are several technical infrastructures and services that may be designed to support these requirements.

That said, **it is out of scope of this standard to:**

- **give indications about solutions and strategies for the IPS creation, sharing, syntactical and semantic mapping, translation, and use.**

- Provide guidance on how to determine the relevance of data for their inclusion in a IPS.

- Define selection or composition rules for facing potential inconsistencies from multiple sources in case of automatic collection.

- Impose constraints on the possible active Patient Summaries. Many jurisdictions require that only one active Patient Summary for unscheduled care is made available, but this is an implementation choice.

4.1 Code mappings and multilingual support

The capability of managing locally used coded concepts and reference terminologies, and that of providing receiving providers with human readable information in a language that can be understood by them, are critical aspects to be taken in account in the cross-border sharing of documents. This section summarizes some of the requirements related to these aspects, including also additional needs derived from the European cross-border services and some lessons learned by the EU/US Trillium Bridge Project.

The European cross-border services (Myhealth@EU), formerly known as *eHDSI*, use a business to business exchange infrastructure based on a network of country gateways that mediate access to the national infrastructures. The EU Patient Summary (EU PS) is used as a "pivot" document for the cross-border exchange. Local PS using data/document formats are in fact remapped into the eHDSI PS. The document exchanged is processed each time it passes through one of these gateway applying the needed syntactical transformation, code mappings. and translation of the code designations. Finally, in the current practice the received PSs are displayed using specialized display tools that build a human readable representation of the PS in the target language using the translated designations reported in the coded entries.

The adoption of translated narratives in the received document has been one of the indications received by the Trillium Bridge Project. This in fact allows extending multilingual support for the cross-border patient summaries to a wider set of potential consumers (EHR-or PHR systems), without requiring specialized viewers as applied in the eHDSI services.

4.1.1 Concept code mapping

In several real world use cases the records used as source for the Patient Summaries may use locally adopted terminologies, which are mapped to the reference value sets when possible, or otherwise used directly to provide uncoded information. This leads to a series of requirements listed below and detailed further in section "Design conventions and principles".

- When the original coded concept is mapped to one of the coded concepts included in the reference value sets (called hereafter reference code/coded concept), both the original and the reference codes **SHALL** be reported in the IPS instance.

- When the original coded concept is not mapped to one of the coded concepts included in the reference value sets, the original code **SHALL** be reported in the IPS instance as well as the indication that mapping was not successful.

- When the original record, for a specific coded element, is not able to provide coded but only textual information, this information **SHALL** be reported in the IPS instance.

This guide also accommodates these situations:

- The original record may support multi-coding. The IPS instance should make clear whether the additional codes belong to the original content or are the result of post hoc concept code mapping.

- The original record may include references to the pieces of text the coding was derived from. If present, the IPS instance should preserve this link between the original code and the referred text.

- Distinct original and reference coded concepts may belong to the same code system. This may be the result of a different level of granularity between the original and the reference value sets, or the result of format transformation - e.g. CCD document is used as input for generating an IPS. The requirement of recording both coded concepts applies also to these cases.

4.1.2 Multilingual support

Multilingual support by IPS can be split in two categories of action:

1. The translation of coded concept designations (displayName)
2. The translation of the narrative.

These actions may deal with various choices:

- Translation to the language of the receiving care provider: a foreign provider retrieves a translated copy of the IPS from the patient's country of affiliation…

- Translation to a commonly agreed language: an English version of the IPS is prepared.

- Predefined set of translations included in the shared IPS.

This guide does not favor any of these solutions. All of them are supported.

4.1.2.1 Translation of Designations

The European Cross-border services requires that for "safety and liability reasons" all of the original coded terms (designations, displayName) shall be recorded in the exchanged documents together with at least the English and the receiving country language terms (designations, displayName) associated with the reference codes. The designations translated in the receiving country language are used to generate the human readable content shown to the receiving provider. No free text translation is applied in this case. In order to accomplish this objective, the IPS should have the capability to record one or more designations, possibly indicating the language used. The solution chosen to fulfill this requirement is specified in section 4.6.

4.1.2.2 Narrative Translation

Narrative translation covers two kinds of operations:

- Translation of the original narrative text, which can be automated (e.g. using translation services) and/or human curated.

- Creation of new narrative for the target language, based on the coded entries.

The level of quality and liability obtained depends on the solution adopted and on the quality of the translation service used. It is out of the scope of this guide to suggest any of these solutions. In all cases, however:

- the language of the narrative should be identifiable

- the original and the translated narrative should be clearly distinguished

- the translation methodology applied (e.g. derived from the coded entries; translated by a generic service;..) should be noted

5 Design conventions and principles

5.1 How to use terminologies (preferred binding)

As stated in section 1.5, to be universally exchangeable the International Patient Summary must rely on international multilingual reference terminologies. To that effect, each codeable element of the international patient summary template is bound to a Value Set built upon an international reference terminology, such as SNOMED CT, LOINC, UCUM or EDQM Standard Terms. In some selected cases, in consideration of the availability of other globally usable reference terminologies and for alignment with a future FHIR version of the IPS, FHIR-defined terminologies have been specified. These terminologies have been selected to provide the preferred bindings for the codeable elements of the patient summary. They are the **primary terminologies** of this specification.

Nevertheless, it is anticipated that in some situations a system producing an instance of patient summary might not support one or the other of these primary terminologies, supporting only a local interface terminology instead. Similarly, it is also anticipated that the receiving system might in some cases not be able to use a code in a patient summary, either because this code belongs to a primary terminology that the receiving system does not support or because this code belongs to an interface terminology specific to the country of the producing system.

In order to maximize the international scope and usability of patient summaries, and also to accommodate the exceptional situations listed above, this specification makes these requirements:

- The Primary Code of a codeable element **SHOULD** be populated.

- If populated, the Primary Code of a codeable element **SHALL** be chosen from the primary terminology assigned to the value set bound to this element; unless exceptions have been agreed.

- The 'displayName' of the Primary Code **SHALL** be populated with a term representing this same code in the terminology used, in the language chosen for the current instance of the patient summary.

- When the primary 'code' element is not populated, an appropriate 'nullFlavor' value **SHALL** be used along with the 'originalText' element (referencing a textual expression in the narrative representing the meaning for the producer) and/or one or more coded 'translation' elements.

- One or more Alternate Codes from a local interface terminology **MAY** be provided, each with its associated 'displayName'.

- In case the primary code is derived from an alternate terminology the alternate code **SHOULD** be provided in the translation element.

5.1.1 Primary Code

In the data type for codeable elements (CD constrained by the CD.IPS template), the Primary Code is represented by the attributes @code, @displayName, @codeSystem, @codeSystemName, @codeSystemVersion.

5.1.2 Alternate Code

In the data type for codeable elements (CD constrained by the CD.IPS template), an Alternate Code is carried in a 'translation' sub-element.

5.1.3 Original Text

In the data type for codeable elements (CD constrained by the CD.IPS template), the Original Text is provided in the 'originalText' sub-element.

5.2 Representing "known absent" and "not known"

In line with the properties of minimalism and non-exhaustiveness for the IPS (see the IPS definition above), and benefiting from the experience acquired with the European cross-border services, this guide explicitly addresses two general situations:

1. condition or activity unknown

2. condition or activity known absent.

Other kinds of negations such as: (a) the negation of an allergy to a specific agent; (b) the absence of a particular disease; or (c) the fact that a specific vaccination has not been performed, have been considered beyond the set of essential data for an IPS.

This specification represents this core set of negations ("general condition/activity unknown" and "general condition/activity/known absent") using explicit coded elements rather than relying on specific mechanisms of HL7 CDA such as nullFlavor and negationInd attributes or human readable text (possibly not understood by the foreign country receiver).

In contrast to the practice to use negationInd or nullFlavor attributes on a section itself, we prohibit the use of these attributes on section level to express "unknown" or "no information" situations. A section holds the categorized (coded) narrative part of the documented activity and will never carry negationInd or nullFlavor attributes. Instead, we enforce by design, that "unknown" or "no information" expressions always go to the coded entry with a corresponding act code.

The main reasons for this choice are:

- @negationInd in CDA has been superseded in V3 later by two other negation indicators: @actNegationInd and @valueNegationInd.

- To make clinical content representation less dependent on a particular format or syntax, enabling a more practical path to transforming and exchanging data from one standard format (e.g. CDA R2) to another (e.g. FHIR).

- to provide one single method to express the presence or absence of a particular condition (e.g. an allergy) or activity (e.g. an immunization), or the lack of knowledge regarding this kind of condition or activity, resulting in a more robust and easily implementable specification.

For the other kinds of negations, not explicitly mentioned in this guide, it is suggested to apply – where possible – the same approach. Future versions of this guide may extend the number of cases covered and include new coded concepts for supporting them.

When needed, more specific statements such as the absence of a specific condition or activity, although considered as beyond the set of essential data for IPS, can still be expressed by using the native negationInd attribute of CDA R2.

5.3 Uncoded information

An IPS originator may not be able to value a coded element with an appropriate coded concept, but only with textual information. This may happen for two reasons:

1. the originator is not able to express the concept in the reference value sets

2. the originator is not able to express the concept in any known terminology.

The first case, assuming that the coding strength is *Required* (aka CNE, coded, no extensions), is represented in this guide with the following assertion:

```
<code codeSystem="2.16.840.1.113883.6.96" nullFlavor="OTH">
  <originalText>
    <reference value="#ref1"/>
  </originalText>
</code>
```

That is expressing that there are no codes applicable in the referred code system (in the example, SNOMED CT). Please note that according to this guide the text is documented in the section narrative and only referenced by the coded element.

Note: *Data Types R1 doesn't allow specifying that there are no codes applicable in the referred value set, as instead is possible with Data Types R2. Future versions of this guide may consider extending the data type to better support this situation.*

The second case, that applies both to *Required* (aka CNE, coded no extensions) and *Extensible* (CWE, coded with extensions) coding strengths, is instead here represented valuing the coded element with the most generic nullFlavor "NI" (No Information) and pointing the text in the section narrative:

```
<value xsi:type="CD" nullFlavor="NI">
  <originalText>
    <reference value="#ref1"/>
  </originalText>
</value>
```

Note: *The most proper NullFlavor code to be used here would be "UNC" (Uncoded). This code is available in the current and other recent versions of the HL7 RIM, but it is not present in version 2.07 of the RIM on which the CDA R2 standard is based. In the absence of "UNC", the most appropriate NullFlavor code to use for representing that the data is unable to be coded is "NI".*

5.4 Unmapped Coded Concepts

In several real world situations the records used as source for the Patient Summaries may use locally adopted terminologies mapped into the reference value sets. When the original coded concept cannot be mapped in one of the coded concepts included in the reference value sets, it is recommended to populate the original code in the IPS instance (in a 'translation' sub-element), with a nullFlavor indicating that the mapping didn't occur. (See also the "Concept code mapping" in the section "Functional requirements and high-level use cases".). The nullFlavor value depends upon the coding strength of the binding.

Two circumstances are considered here: the case in which the coding strength is Required (CNE) and when it is Extensible (CWE).

In the case of coding strength Required (CNE), use nullFlavor "OTH":

```
<value xsi:type="CD" codeSystem="2.16.840.1.113883.6.96" nullFlavor="OTH">
  [
    <originalText>
      <reference value="#ref1"/>
    </originalText>
  ]
  <translation code="A02.9" codeSystem="2.16.840.1.113883.6.3"
    displayName="Infezioni da Salmonella non specificate"/>
</value>
```

The square brackets [ ] are used to indicate that the originalText element may or may not be present

Note: *It may happen that a mapping would be possible in the target code system, but not in the target value set; Data Types R1 does not allow the specification of this difference, that there are no codes applicable in the reference value set, which is possible with Data Types R2.*

Future versions of this guide may consider extending the data type to better support this situation.

In the case of Extensible (CWE) coding strength, this guide recommends representing the original code in the <transla-tion> sub-element and using a nullFlavor for the primary code. This highlights the fact that a mapping to the reference value set was attempted, but no suitable target codes were identified.

```
<value xsi:type="CD" codeSystem="2.16.840.1.113883.6.96" nullFlavor="NI">
  [
    <originalText>
      <reference value="#ref1"/>
    </originalText>
  ]
  <translation code="A02.9" codeSystem="2.16.840.1.113883.6.3"
    displayName="Infezioni da Salmonella non specificate"/>
</value>
```

The square brackets [ ] are used to indicate that the originalText element may or may not be present.

5.5 Mapped coded concepts

As mentioned above, in several circumstances an original coded concept is mapped into the reference value set. When this occurs, both the original and the reference codes should be reported in the IPS instance.

Functional requirements exposed in "Concept Code Mapping" (multi-coding, link to original text, mapping between codes of the same code system) are also detailed below.

Case 1: Single local code mapped to primary code from the reference value set.

```
<value xsi:type="CD" code="42338000" codeSystem="2.16.840.1.113883.6.96"
  displayName="Salmonella gastroenteritis">
  [
    <originalText>
      <reference value="#ref1"/>
    </originalText>
  ]
  <translation code="003.0" codeSystem="2.16.840.1.113883.6.103"
    displayName="Gastroenterite da Salmonella"/>
</value>
```

The square brackets [ ] are used to indicate that the originalText element may or may not be present

Case 2: Multiple local codes mapped together using nested 'translation' elements, and mapped to the primary code from the reference value set.

```
<value xsi:type="CD" code="422479008" codeSystem="2.16.840.1.113883.6.96"
  codeSystemName="SNOMED CT"
  displayName="FEMALE BREAST INFILTRATING DUCTAL CARCINOMA, STAGE 2">
  [
    <originalText>
      <reference value="#problem4name"/>
    </originalText>
  ]
  <translation code="code-example" codeSystem="1.999.999"
    codeSystemName="this is only an example"
    displayName="FEMALE BREAST INFILTRATING DUCTAL CARCINOMA, STAGE 2">
    <translation code="174.9" codeSystem="2.16.840.1.113883.6.103"
      codeSystemName="ICD-9CM"
      displayName="Malignant neoplasm of breast (female), unspecified"/>
    <translation code="C50.919" codeSystem="2.16.840.1.113883.6.90"
```

```
        codeSystemName="ICD-10-CM"
        displayName="Malignant neoplasm of unspecified site of unspecified female breast"/>
  </translation>
</value>
```

Case 3: Original and the reference coded concepts belong to the same code system (distinct codes). This may be the result of a different level of granularity between the original term and the reference value sets.

```
<code code="60591-5" codeSystem="2.16.840.1.113883.6.1"
  codeSystemName="LOINC" displayName="Patient Summary">
  <translation code="60592-3" codeSystem="2.16.840.1.113883.6.1"
    displayName="Patient summary unexpected contact"/>
</code>
```

Note: The R1 data type definition identifies the <translation> as "a set of other concept descriptors that translate this concept descriptor into other code systems." There is however a common understanding that it may be more than one representation in a single code system where code systems allow multiple representations, such as SNOMED CT. Data Types R2 extended the possibility to provide translations also in the same code system.

5.6 Translation of designations

The capability of recording one or more designations, in different languages, for the exchanged Patent Summary is one of the functional requirements requested for "safety and liability reasons" by the European Cross-border services (see "Designations' Translation" in section "Functional requirements and high-level use cases" for more details).

Given that the base CDA R2 standard which uses datatypes R1 does not offer a native way to convey the language translation of 'displayName', this guide introduces an optional 'ips:designation' extension to the CD datatype for that purpose.

Below are examples of usage of this extension.

No code mapping

```
<code code="60591-5" codeSystem="2.16.840.1.113883.6.1"
  codeSystemName="LOINC" displayName="Patient Summary">
  <ips:designation language="it-IT">Profilo Sanitario Sintetico</ips:designation>
  <ips:designation language="fr-FR">Patient Summary</ips:designation>
  <ips:designation language="en">Patient Summary</ips:designation>
</code>
```

Including code mapping

```
<value xsi:type="CD" code="42338000" codeSystem="2.16.840.1.113883.6.96"
  displayName="Salmonella-gastroenterit">
  <ips:designation language="da-DK">Salmonella-gastroenterit</ips:designation>
  <ips:designation language="en">Salmonella gastroenteritis (disorder)</ips:designation>
  [
    <originalText>
      <reference value="#ref1"/>
    </originalText>
  ]
  <translation code="003.0" codeSystem="2.16.840.1.113883.6.103"
    displayName="Gastroenterite da Salmonella"/>
</value>
```

5.7 Narrative Translations

"Narrative translation" means both the translation of the original narrative text, that can be human curated or automatically performed, and the generation of a translated narrative based on the coded entries.

The functional requirements associated with this process are described in "Designations' Translation" in section "Functional requirements and high-level use cases", and can be summarized in two main points : (a) language identification and (b) distinguishable original and translated narratives. Moreover, the methodology applied for the narrative translation (e.g. derived from the coded entries; translated by a generic service;..) should be noted.

Regarding the translation of section narrative <text>, this guide recommends providing this translation on purely textual subordinate sections (one per translation) as specified in the IPS Translation Section (2.16.840.1.113883.10.22.3.15) template.

An example of this is:

```
<section>
  <templateId root="2.16.840.1.113883.3.1937.777.13.10.5"/>
  <id root="..." extension="..."/>
  <code code="48765-2" codeSystem="2.16.840.1.113883.6.1"
    displayName="Allergies and adverse reactions"/>
  <title>Allergies and Intolerances</title>
  <text>No known Allergies</text>
  <!-- omissions -->
  <component>
    <section>
      <!-- subordinate section carrying a translation of the parent section -->
      <title>Allergie ed Intolleranze</title>
      <text>Nessuna Allergia Nota</text>
      <languageCode code="it-IT"/>
    </section>
  </component>
</section>
```

5.8 Provenance

In the development of this Implementation Guide, consideration was given to the HL7 CDA® Release 2 Implementation Guide: Data Provenance, Release 1 - US Realm Draft Standard for Trial Use (December 2015). That guide provides a matrix offering a thorough and systematic analysis of provenance characteristics of electronic health records. Given the *agreed scope principle* (see section "Introduction") that the IPS be minimal and implementable, and the variable maturity and operational methods of existing national patient summaries, the proposal is that this first version should not attempt to require the full detail of that provenance specification.

The approach proposed for this version of the IPS is to:

- Allow optional documentation of section-level provenance.

- Require document-level provenance.

- Define IPS document provenance as one of two types: human-curated or software-assembled, based on the authors recorded in the header.

  - The classification is based on whether the IPS document is constructed by a human or an automated process, regardless of whether the IPS contains some content of both kinds.

- Require the IPS source system to identify the IPS provenance type and author.

  - The author shall be a human, if the IPS provenance type is "human-curated", or a device or system if the IPS provenance type is "software-assembled".

  - In the case of a software-assembled IPS that is then verified by a human, the document provenance type shall be "software-assembled" and the author shall be the device or system that constructed the IPS document, but an additional verifier identity shall name the human who performed this check. For the avoidance of doubt, verifier is not the same as legalAuthenticator (the verifier is represented as a participant with typeCode "VRF"). However, in cases where the verifying person intentionally wishes to sign the document, this shall be recorded as a legalAuthenticator.

- Allow optional section level author, provenance type, verifier, and informant identification, for IPS source systems that can support this.

- Not attempt to implement the US Realm CDA data provenance templates.

Note: Discussions with the EHR work group suggest that a possible future project should be an IPS functional profile, once there is greater clarity and operational experience of using the IPS.

5.9 Representation of Names

This specification requires that any Person Name is represented including at least the given and family components and therefore is never documented as a single string.

Even though it is recognized that there is not in all cultures the same concept of "family name", no evidence has been collected in analyzing the international context (e.g. Japan, Korea; China) that justifies the retirement of this requirement.

Moreover, due to the global scope of the International Patient Summary, the case of non-alphabetic representations of the names has also been considered.

In this case, to facilitate the global use of the IPS, at least one alphabetic representation of the name SHALL be provided.

5.10 Determining the Status of Clinical Statement

*Note: Most of the description provided in this section is copied from the § 3.3 Determining the Status of Clinical Statement of the C-CDA DSTU R2.1 Implementation Guide Volume 1 [*HL7 C-CDA Implementation Guide DSTU R2.1 http://www.hl7.org/implement/standards/product_brief.cfm?product_id=379].

A recipient must be able to determine whether the status of an entry — which can include a problem, a medication administration, etc. — is active, completed, or in some other state. Determination of the exact status is dependent on the interplay between an act's various components (such as statusCode and effectiveTime). The following principles apply when representing or interpreting the status of a clinical statement.

- The Act.statusCode of the clinical statement specifies the state of the entry: Per the RIM, the statusCode "reflects the state of the activity. In the case of an Observation, this is the status of the activity of observing, not the status of what is being observed."

- Act.statusCode and Act.moodCode are inter-related: Generally, an act in EVN (event) mood is a discrete event (a user looks, listens, measures, and records what was done or observed), so generally an act in EVN mood will have a statusCode of "completed." A prolonged period of observation is an exception, in which a user would potentially have an observation in EVN mood that is "active." For an Observation in RQO (request) mood, the statusCode generally remains "active" until the request is complete, at which time the statusCode changes to "completed." For an Observation in GOL (goal) mood, the statusCode generally remains "active" as long as the observation in question is still an active goal for the patient.

- Act.statusCode and Act.effectiveTime are interrelated: Per the RIM, the effectiveTime, also referred to as the "biologically relevant time," is the time at which the act holds for the patient. So, whereas the effectiveTime is the biologically relevant time, the statusCode is the state of the activity. For a provider seeing a patient in a clinic and observing a history of heart attack that occurred 5 years ago, the status of the observation is completed, and the effectiveTime is five years ago.

The IPS Problem Concern Entry and the IPS Allergy and Intolerance Concern templates reflect an ongoing concern on behalf of the provider that placed the concern (e.g. a disease, an allergy, or other conditions) on a patient's problem or allergy list. The purpose of the concern act is that of supporting the tracking of a problem or a condition (e.g. an allergy). A concern act can contain one or more discrete observations related to this concern. Each of them reflects the change in the clinical understanding of a condition over time. For instance, a Concern may initially contain a symptom of "chest pain", later identified as consequence of a gastroesophageal reflux. The later problem observation will have a more recent author time stamp.

There are different kinds of status that could be of clinical interest for a condition:

- The status of the concern (active, inactive,..)
- The status of the condition (e.g. active, inactive, resolved,..)
- The confirmation status [verification status, certainty] (e.g. confirmed, provisional, refuted,…)

Not all of them can be represented in a CDA using the statusCode elements of the concern (ACT) and observation (condition).

Status of the concern and related times

The statusCode of the Problem Concern Act is the definitive indication of the status of the concern. So long as the provider has an ongoing concern — meaning that the provider is monitoring the condition, whether it includes problems that have been resolved or not — the statusCode of the Concern Act is "active." When the underlying conditions are no longer an active concern, the statusCode of the Problem Concern Act is set to "completed."

The Concern Act effectiveTime reflects the time that the underlying condition was considered a concern. It may or may not correspond to the effectiveTime of the condition (e.g., even five years later, the clinician may remain concerned about a prior heart attack). The effectiveTime/low of the Concern Act asserts when the concern became active. This equates to the time the concern was authored in the patient's chart. (i.e. it should be equal to the earliest author time stamp) The effectiveTime/high asserts when the concern became inactive, and it is present if the statusCode of the concern act is "completed". If this date is not known, then effectiveTime/high will be present with a nullFlavor of "UNK".

Status of the condition and related times

Each Observation contained by a Concern Act is a discrete observation of a condition. Its statusCode is always "completed" since it is the "status of the activity of observing, not the status of what is being observed". The clinical status of a condition (e.g. a disease, an allergy,..) is instead recorded by specialized subordinated observations (IPS Allergy Status Observation; IPS Problem Status Observation), documenting whether it is active, in remission, resolved, et cetera. The effectiveTime, also referred to as the "biologically relevant time", is the time at which the observation holds for the patient. For a provider seeing a patient in the clinic today, observing a history of penicillin allergy that developed six months ago, the effectiveTime is six months ago. The effectiveTime of the Observation gives an indication of whether or not the underlying condition is resolved, but the current status is documented by a subordinated observation. The effectiveTime/low (a.k.a. "onset date") asserts when the allergy/intolerance became biologically active. The effectiveTime/high (a.k.a. "resolution date") asserts when the allergy/intolerance was biologically resolved. If the date of resolution is not known, then effectiveTime/high will be present with a nullFlavor of "UNK".
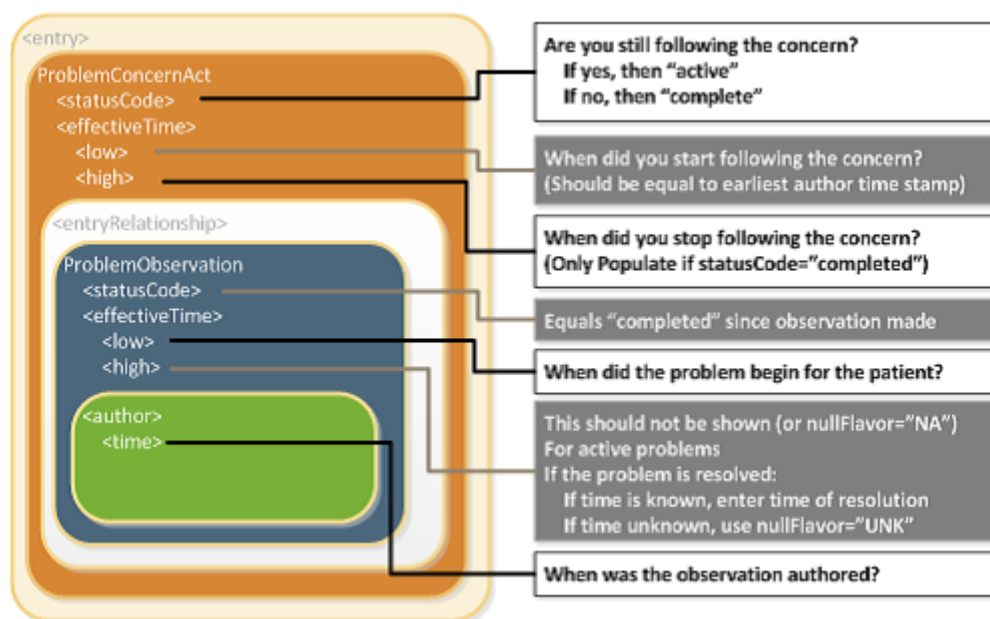

Figure: Problem Concern Act (from C-CDA IG DTSU R2.1 HL7 C-CDA Implementation Guide DSTU R2.1 http://www.hl7.org/implement/standards/product_brief.cfm?product_id=379*)*

Confirmation status

The confirmation status, also noted as verification status or certainty, indicates the certainty associated with a condition (e.g. confirmed, provisional, refuted,…) providing information about the potential risk, for example, of a reaction to the identified substance. The confirmation status of a condition (e.g. a disease, an allergy,..) is recorded by a specialized sub-ordinated observation (IPS certainty Observation), documenting whether the condition is confirmed, unconfirmed, provisional, refuted, et cetera.ge

5.11 The use of medication statements in the summary

A medication list may strongly vary depending on the context of use (e.g. support for prescription or dispensation, drug reconciliation, etc.) and on the type of information reported (e.g. patient-reported medication, prescribed, dispensed or administered medications, active or past medications, etc.).

This is still true also for the medication summary in a Patient Summary. It could be, for instance, a list of "Relevant prescribed medicines whose period of time indicated for the treatment has not yet expired whether it has been dispensed or not, or medicines that influence current health status or are relevant to a clinical decision " (European eHN Guideline on the electronic exchange of health data under Cross-Border Directive 2011/24/EU: Patient Summary. Release 3.3.; a list of actually dispensed medications; a list of relevant medications for the patient (IHE PCC, IHE Patient Care Coordination Technical Framework http://ihe.net/Technical_Frameworks/#pcc); or conversely, it could be a complete history including the full patient's prescription and dispensation history and information about intended drug monitoring (C-CDA [HL7 C-CDA Implementation Guide DSTU R2.1 http://www.hl7.org/implement/standards/product_brief.cfm?product_id=379]).

Moreover, for the scope of the International Patient Summary, it is important to know what medications are being taken by or have been given to a patient; without necessarily providing all the details about the medication order, supply, administration or monitoring. This information need, in line with the IPS principle of minimum non exhaustive data, is well expressed by the concept of Medication Statement (see https://www.hl7.org/fhir/medicationstatement.html). The IPS medication summary is therefore typically a list of relevant medication statements, possibly built from either a prescription list or a dispensation list. In fact, in many practical cases data included in a Patient Summary are derived from the list of the medicines prescribed by a GP and recorded in its EHR-S; or extracted from a regional/national prescribing and/or dispensation systems. In these cases, data obtained from actual dispensation and/or prescription records can be still recorded in the IPS as statements and the original request, supply or administration records referred by the statement if really needed.

5.12 Medicinal Product Identification

The identification of medicinal products is quite easily solved within a single jurisdiction relying on local drug databases. In contrast, it is one of the major open issues for eHealth services across jurisdictions.

The set of ISO standards called IDMP [IDMP standards https://www.idmp1.com/idmp-standards] – designed initially for the regulatory scope, but hopefully extensible to other domains – are the most promising solution for solving this known issue, as also highlighted by the European project UNICOM. The completion of the IDMP implementation guides, the deployment of the needed supporting services, and the development of some companion standards that will allow the seamless flow of the IDMP identifiers and attributes from the regulatory space to the clinical world (and back) are however still in progress. Additional time is needed before these identifiers and attributes will be available in full for practical use.

Following therefore the IPS principles of "implementability", "openness" and "extensibility", the solution proposed here does not rely on IDMP identifiers. Nonetheless, it takes into account, however, relevant IDMP identifiers and attributes which are already usable in the IPS, namely the Pharmaceutical Product Identifiers (PhPIDs), the Medicinal Product Identifier (MPID), and the Medicinal Product Package Identifier (PCID).

Note: IDMP Medicinal Product (MPID) and Medicinal Product Package (PCID) identifiers depend on the market authorization. The "same" product might therefore have different IDs if different authorizations have been received in different countries, while the PhPID should be the same. For the purpose of the IPS, future standards and implementation guides should define global product identifiers that do not depend on the drug registration process (as the Virtual Medicinal Product in SNOMED CT) and relate to IDMP identifiers.

Thus, in the absence of a global identification system for medicinal products, the solution proposed here is based on the approach initially adopted by the European cross-border services (epSOS and currently by the eHDSI project), reused by the IHE Pharmacy templates and more recently adopted (for specific cases) by the HL7 Pharmacy Medication statement templates. The main idea is to integrate local drug identifiers (e.g. product codes) with all the relevant identifying and descriptive attributes that may help the receiver to understand the type of product the sender is referring to, e.g.: active ingredients, administrative dose forms, strength, route of administration and package description.

Medication data is usually represented in the CDA Templates using the manufacturedMaterial class, which includes a code and a name to describe any level of the product: packaged product, medicinal product, classes or clusters or products, and so on.

This information is not however sufficient for covering the requirements of the IPS.
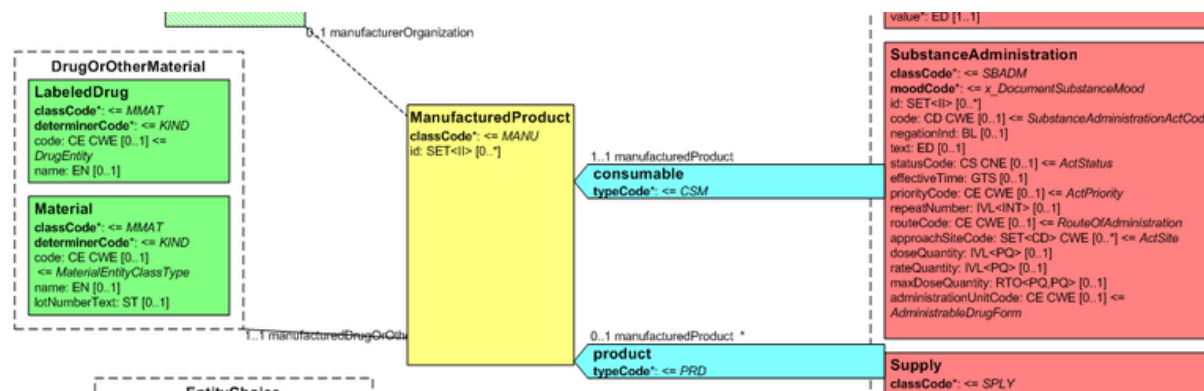

Figure: Representation of medicines in CDA

Hence, in order to describe these attributes the **CDA model has been extended** enhancing the Manufactured Material class with attributes and relationships derived from the latest published version of the R_Medication CMET based on the HL7 Common Product Model (*"The common product model is used to improve the alignment between the different representations of products used within the body of HL7 Version 3 models. One goal of this effort is to make it possible to have a single representation, which could then be used as a common message element type (CMET) across those models."*).

The next figure provides an overview of the CDA model extensions, approach adopted and further developed by the HL7 CDA® R2 Implementation Guide: Pharmacy Templates.

Starting from this IG version, the HL7 CDA IPS medication templates have been defined as specialization of the Pharmacy ones, adopting the pharm (urn:hl7-org:pharm) extensions.
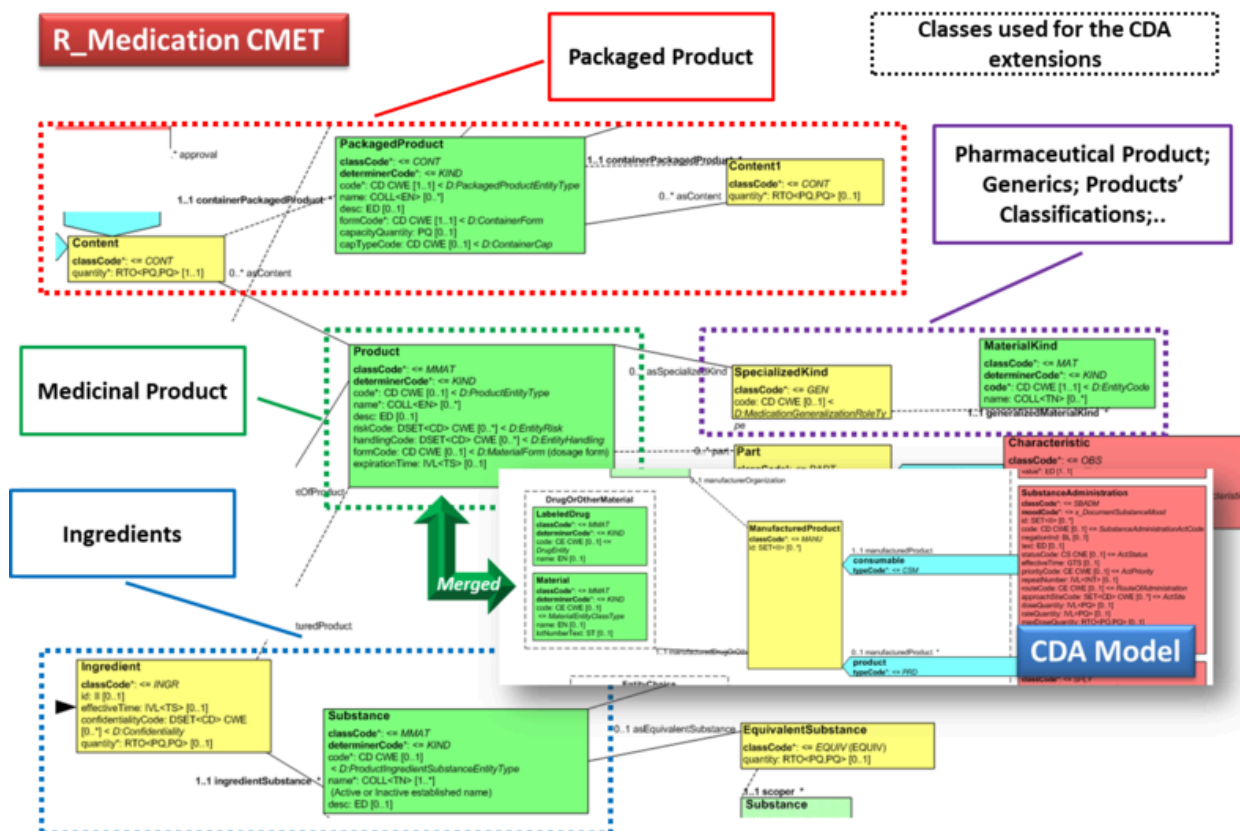

Figure: Extension of the CDA model from the content of the R_Medication CMET.

6 Conformance clause

This section references the requirements, criteria, or conditions to be satisfied in order that a product (tangible) or a service may claim conformance to this guide, and how other artifacts may claim compliance with it. (Note: The concept of conformance and compliance are used coherently with the HL7 Service-Aware Interoperability Framework: Canonical Definition Specification, Release 2 [HL7 Service-Aware Interoperability Framework: Canonical Definition Specification, Release 2 http://www.hl7.org/implement/standards/product_brief.cfm?product_id=3].

The fulfilment of these clauses indirectly assures that a product that is the subject of a "conformity assessment" satisfies the business or the design requirements this specification complies to. It should, however, be clear that compliance with the specified business or design requirements, for example with the EN ISO 17269 IPS, does not imply that the compliant implementations are technically interoperable.

A "conformity assessment" is a process that assesses that any proposition that is true in a given specification is also true in the service or product that implements it. In most real-world cases conformance testing objects are used to technically validate the products. These objects provide a great help in the validation of the instances, even if they are most often not sufficient to guarantee the functional/ semantic conformity: many real-life examples can be made about instances that are technically valid, but not clinically meaningful or correct.

The "rules" and processes for refining the standard through constraint and extension, including which standard artifacts are subject to constraint or extension; the definition of constraint and localization profiles; the criteria for establishing a conformance statement; and the principles guiding who may define extensions to the standards and under what circumstances they apply to the CDA standards are defined in §1.3 CDA Conformance of the CDA and detailed in the HL7 V3 Refinement, Constraint and Localization section (see the CDA R2 Standard [CDA R2 Standard]).

This guide does not provide additional requirements regarding the Recipient and the Originator Responsibilities.

The formal representation used in this implementation guide for expressing the conformance statement is described in chapter "How to read the table view for templates" of this guide and makes use of a tabular representation that may include also computable or textual constraints. The template rules are formalized using the computable format defined by the HL7 Templates Standard: Specification and Use of Reusable Information Constraint Templates, Release 1 [HL7 Templates Standard: Specification and Use of Reusable Information Constraint Templates, Release 1 http://www.hl7.org/implement/standards/product_brief.cfm?product_id=377] in order to facilitate also the automatic generation of consistent testing and validation capabilities.

The HL7 Templates Standard: "Specification and Use of Reusable Information Constraint Templates, Release 1" defines also how derived templates may relate to the templates defined in this guide for example:

- Specialization: "A specialized template is a narrower, more explicit, more constrained template based on a "parent" template.
- Adaptation: "The adapted template is "based on" the original template which means it can be an extension or a specialization (restriction) of the original template design."
- Equivalency: "two templates have the same purpose and the same design; however, their governance and/or metadata and/or details of their design may be different."

Based on this the following way to use this guide may be considered :

- IPS as a document: the conformance is asserted at the document level. All the rules defined by this guide, or by a specialized IPS document level template, are fulfilled. Implementers may take advantage of the template openness to better support specific cases - "extended" parts, however, may not be interoperable among them.

- IPS as a library: the conformance is asserted at the section or the entry level. The templates are used as a library to build, for example, new cross-border documents. For example the immunization section may be used to build an electronic implementation of the WHO yellow card for vaccinations; or the IPS section templates are used to communicate to the country of affiliation minimal and non-exhaustive information about the encounter in which the Patient Summary has been used (cross-border encounter report). Implementers may take advantage of the template openness to better support specific cases - "extended" parts, however, may not be interoperable among them.

- IPS as a reference: the implementation is conformant with templates that are an adaptation of or equivalent to those defined by this guide. In this case some of the rules defined by this guide are not fulfilled and the conformance cannot be asserted. However, differences may be limited and the effort required to achieve the harmonization may not be not large. Typical examples are templates in which alternatives vocabularies are used.

Jurisdictions may also decide to impose the closure of the template in order to limit the implementation optionality.

This should be carefully evaluated in terms of the flexibility of the solution.

7 CDA Document Level Templates

7.1 International Patient Summary

Id	2.16.840.1.113883.10.22.1.2	Effective Date	2024-08-02 13:02:39 Other versions this id: ▪ ◯ HL7-IPS as of 2020-07-14 16:08:21 ▪ ◯ HL7-IPS as of 2020-05-08 12:30:59 ▪ ◯ HL7-IPS as of 2017-04-11
Status	🟡 Draft	**Version Label**	2024
Name	HL7-IPS	**Display Name**	International Patient Summary

Description

The **International Patient Summary** is a **"Minimal and non-exhaustive Patient Summary, specialty-agnostic, condition-independent, but readily usable by all clinicians for the unscheduled (cross-border) care of a patient."**

The IPS templates aim to:

▪ Serve for both cross-jurisdictional (through adaptation/extension for multi-language and realm scenarios, including translation) and national (through localization) patient summaries.

▪ Support emergency care and unplanned care in any country (home and foreign), regardless of language

- Define value sets based on international vocabularies that are usable and understandable in any country

Context	Pathname /
Classification	CDA Document Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	Uses 23 templates			
	Used by	**as**	**Name**	**Version**
	hl7ips-transaction-3	Transaction	🟡 IPS Created (2024)	2024-08-02
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.2.1	Include	🟡 IPS CDA recordTarget (2021)	DYNAMIC
	2.16.840.1.113883.10.22.2.2	Include	🟠 IPS CDA author (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.2.3	Include	🟡 IPS CDA custodian (2021)	DYNAMIC
	2.16.840.1.113883.10.22.2.4	Include	🟠 IPS CDA legalAuthenticator (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.2.5	Include	🟠 IPS Patient Contacts (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.2.6	Include	🟠 IPS CDA documentationOf (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.2.7	Include	🟠 IPS CDA relatedDocument (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.3.1	Containment	🟠 IPS Medication Summary Section (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.3.2	Containment	🟡 IPS Allergies and Intolerances Section (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.3.3	Containment	🟠 IPS Problems Section (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.3.4	Containment	🟠 IPS History of Procedures Section (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.3.5	Containment	🟠 IPS Immunizations Section (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.3.6	Containment	🟡 IPS Medical Devices Section (2021)	DYNAMIC

2.16.840.1.113883.10.22.3.14	Containment 🟠	IPS Results Section (STU1)	DYNAMIC
1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2	Containment 🟢	IHE Coded Vital Signs Section (2014)	DYNAMIC
2.16.840.1.113883.10.22.3.7	Containment 🟠	IPS History of Past Illness Section (STU1)	DYNAMIC
2.16.840.1.113883.10.22.3.8	Containment 🟠	IPS Functional Status Section (TI-2020)	DYNAMIC
2.16.840.1.113883.10.22.3.9	Containment 🟠	IPS Plan of Care Section (TI-2020)	DYNAMIC
2.16.840.1.113883.10.22.3.10	Containment 🟠	IPS Social History Section (TI-2020)	DYNAMIC
2.16.840.1.113883.10.22.3.11	Containment 🟠	IPS History of Pregnancy Section (TI-2020)	DYNAMIC
2.16.840.1.113883.10.22.3.12	Containment 🟠	IPS Advance Directives Section (TI-2020)	DYNAMIC
2.16.840.1.113883.10.22.15	Containment 🟡	IPS Alerts Section	DYNAMIC
2.16.840.1.113883.10.22.16	Containment 🟡	IPS Patient Story Section	DYNAMIC

Relationship

Specialization: template 2.16.840.1.113883.10.22.1.1 *International Patient Summary* (2020-07-14 16:08:21)
Version: template 2.16.840.1.113883.10.22.1.1 *International Patient Summary* (2020-05-08 12:30:59)
Version: template 2.16.840.1.113883.10.22.1.1 *International Patient Summary* (2017-04-11)
Adaptation: template 1.3.6.1.4.1.12559.11.10.1.3.1.1.3 *epSOS-Patient Summary* (2013-12-20) `ref epsos-`
Adaptation: template 2.16.840.1.113883.10.12.1 *CDA ClinicalDocument* (2005-09-07) `ref ad1bbr-`

Example

Example

```xml
<ClinicalDocument>
  <realmCode code="ES"/>
  <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
  <templateId root="2.16.840.1.113883.10.22.1.1"/>
  <id root="2.16.724.4.8.10.200.10" extension="PSCTD0160f274530a031"/>
  <code displayName="Patient Summary" code="60591-5" codeSystem="2.16.840.1.113883.6.1">
    <title>Patient Summary</title>
    <effectiveTime value="20111113125600+0200"/>
    <confidentialityCode code="N" displayName="normal" codeSystem="2.16.840.1.113883.5.25"/>
    <languageCode code="es-ES"/>
    <setId root="2.16.724.4.8.10.200.10" extension="PSCTD0160f274530a031S"/>
    <versionNumber value="2"/>
    <!-- include template 2.16.840.1.113883.10.22.2.1 'IPS CDA recordTarget' (dynamic) 1..1 M -->
    <!-- include template 2.16.840.1.113883.10.22.2.2 'IPS CDA author' (dynamic) 1..* M -->
    <!-- include template 2.16.840.1.113883.10.22.2.3 'IPS CDA custodian' (dynamic) 1..1 M -->
    <!-- include template 2.16.840.1.113883.10.22.2.4 'IPS CDA legalAuthenticator' (dynamic) 0..1 R -->
    <!-- include template 2.16.840.1.113883.10.22.2.5 'IPS Patient Contacts' (dynamic) 0..* O -->
    <!-- include template 2.16.840.1.113883.10.22.2.6 'IPS CDA documentationOf ' (dynamic) 1..1 M -->
```

```xml
<!-- include template 2.16.840.1.113883.10.22.2.7 'IPS CDA relatedDocument' (dynamic) 0..* R -->
<component>
  <structuredBody classCode="DOCBODY">
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.1 'IPS Medication Summary Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.2 'IPS Allergies and Intolerances Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.3 'IPS Problems Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.4 'IPS History of Procedures Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.5 'IPS Immunizations Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.6 'IPS Medical Devices Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.7 'IPS History of Past Illness Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.14 'IPS Results Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.8 'IPS Functional Status Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.9 'IPS Plan of Treatment Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.10 'IPS Social History Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.11 'IPS History of Pregnancy Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.12 'IPS Advance Directives Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.15 'IPS Alerts Section' (dynamic) -->
    </component>
    <component>
      <!-- template 2.16.840.1.113883.10.22.16 'IPS Patient Story Section' (dynamic) -->
    </component>
  </structuredBody>
```

```
        </component>
      </code>
</ClinicalDocument>
```

Item	DT	Card	Conf	Description	Label
hl7:ClinicalDocument			R	CDA header	(HL7-IPS)
└ **hl7:realmCode**	**CS**	**0 … 1**	R		(HL7-IPS)
└ **hl7:typeId**	**II**	**1 … 1**	M	The clinical document typeId identifies the constraints imposed by CDA R2 on the content, essentially acting as a version identifier.	(HL7-IPS)
└ **@root**	uid	**1 … 1**	F	2.16.840.1.113883.1.3	
└ **@extension**	st	**1 … 1**	F	POCD_HD000040	
Example				`<typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>`	
└ **hl7:templateId**	**II**	**1 … 1**	M		(HL7-IPS)
└ **@root**	uid	**1 … 1**	F	2.16.840.1.113883.10.22.1.1	
└ **hl7:id**	**II**	**1 … 1**	M	Unique identifier of this instance of the Patient Summary.	(HL7-IPS)
└ **hl7:code**	**CE.IPS**	**1 … 1**	M	Determines the document type that is the "Patient Summary" document	(HL7-IPS)
└ **@displayName**		**1 … 1**	R		
└ **@code**	CONF	**1 … 1**	F	60591-5	
└ **@codeSystem**		**1 … 1**	F	2.16.840.1.113883.6.1 (LOINC)	
Example				`<code code="60591-5" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="Patient Summary"/>`	

└ **hl7:translation**	CD.IPS	0 ... *	R	This element can be here used either to provide the originally used document code if this IPS is the result of a transformation.	(HL7-IPS)
└ **hl7:title**	ST	1 ... 1	M	ClinicalDocument/title is used for display purposes.	(HL7-IPS)
└ **hl7:effectiveTime**	TS.IPS.TZ	1 ... 1	M	Time of creation of the Patient Summary	(HL7-IPS)
	Example			`<effectiveTime value="20111113125600+0200"/>`	
└ **hl7:confidentialityCode**	CE.IPS	1 ... 1	R		(HL7-IPS)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.16926 *HL7 Basic-ConfidentialityKind* (DYNAMIC)	
	Example			`<confidentialityCode code="N" codeSystem="2.16.840.1.113883.5.25" displayName="normal"/>`	
└ **hl7:languageCode**	CS	1 ... 1	M	Document Language Code	(HL7-IPS)
	Constraint			The two characters form SHALL be used when available; otherwise the three characters representation SHALL be adopted	
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.4.642.3.21 *All Languages* (DYNAMIC)	
	Example			`<languageCode code="en-GB"/>`	
	Example			`<languageCode code="fil-PH"/>`	
	Schematron assert	role	error		
		test	matches(@code,'[a-z]{2,3}-[A-Z]{2,3}')		
		Message	The language code SHALL be in the form nn-CC or nnn-CCC, in accordance with BCP 47 (e.g. nn is the ISO language code; CC is ISO country code)		
└ **hl7:setId**	II	0 ... 1	R	This attribute "represents an identifier that is common across all document revisions".	(HL7-IPS)

				In the case the IPS instance is generated as result of one or more transformations (translation/transcoding) the setId is supposed to remain unchanged across all those transformations. Implementers are recommended to use this attribute.	
└ `hl7:versionNumber`		**0 … 1**	**R**		(HL7-IPS)
Included		**1 … 1**	**M**	from 2.16.840.1.113883.10.22.2.1 *IPS CDA recordTarget* (DYNAMIC)	
└ `hl7:recordTarget`		**1 … 1**	**M**		(HL7-IPS)
└ `@typeCode`	cs	**0 … 1**	**F**	RCT	
└ `@contextControlCode`	cs	**0 … 1**	**F**	OP	
	Example				

```xml
<recordTarget typeCode="RCT" contextControlCode="OP">
  <patientRole classCode="PAT">
    <id root="1.2.3.999" extension="__example only__"/>
    <addr>
      <streetAddressLine>HSE M CASSAR STR</streetAddressLine>
      <city>ISLA</city>
      <country>MT</country>
    </addr>
    <telecom use="HP" value="tel:+356124567891"/>
    <telecom use="WP" value="mailto:elif@foo.too.mt"/>
    <patient>
      <name>
        <family>BORG</family>
        <given>TANIA</given>
      </name>
      <administrativeGenderCode code="F" codeSystem="2.16.840.1.113883.5.1" displayName="Fe-
male"/>
      <birthTime value="19430130"/>
      <!-- Optional guardian information ; see example below-->
      <!-- Optional languageCommunication information see example below -->
    </patient>
  </patientRole>
```

				`</recordTarget>`	
└ **hl7:patientRole**		**1 … 1**	**M**		(HL7-IPS)
	◎ hl7ips-dataelement-2.1		🟡 Patient Attributes		🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**0 … 1**	F	PAT	
└ **hl7:id**	II	**1 … ***	**R**	Patient Identifiers: Primary Patient Identifier (Regional/National Health Id), Secondary Patient Identifier (Social/Insurance Number)	(HL7-IPS)
	◎ hl7ips-dataelement-202		🟡 Healthcare related Identifiers		🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-7		🟡 Insurance identifier		🟡 CEN/TC 251 prEN 17269
└ **hl7:addr**	**AD.IPS**	**1 … ***	**R**	The patient address.	(HL7-IPS)
	◎ hl7ips-dataelement-162		🟡 Address		🟡 CEN/TC 251 prEN 17269
	Constraint		When used for cross-border exchange the country address part has to be provided.		
Included			from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)		
└ **@use**	set_cs	**0 … 1**			
	CONF		The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddressUse* (2005-05-01)		
└ **@nullFlavor**	cs	**0 … 1**	F	NI	
	Constraint		SHALL NOT have mixed content except for white space If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.		
	Schematron assert	role	error		
		test	@nullFlavor or hl7:*		
		Message	If addr is not nullflavored at least one sub element has to be provided		

└ `hl7:streetAddressLine`	**ADXP**	**0 … ***	C	Subject's or Organization's Street Address Line	(HL7-IPS)

Schematron assert	role	error
	test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)
	Message	If the address line is included either the city or the zip code has to be provided

└ `hl7:city`	**ADXP**	**0 … 1**	C	Subject's or Organization's City	(HL7-IPS)
└ `hl7:postalCode`	**ADXP**	**0 … 1**	C	Subject's or Organization's Postal Code	(HL7-IPS)
└ `hl7:state`	**ADXP**	**0 … 1**	C	Subject's or Organization's State or Province	(HL7-IPS)
└ `hl7:country`	**ADXP**	**0 … 1**	C	Subject's Country.	(HL7-IPS)

Constraint	The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.

└ `hl7:telecom`	**TEL**	**1 … ***	R	Patient's telecom information : e.g. telephone number, e-mail address.	(HL7-IPS)

◎ hl7ips-dataelement-100	🟡 Telecoms	🟡 CEN/TC 251 prEN 17269

└ `@use`	set_cs	**0 … 1**			

CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *TelecommunicationAddressUse* (DYNAMIC)

└ `@nullFlavor`	cs	**0 … 1**	F	NI	

Constraint	If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present.
Example	`<telecom use="HP" value="tel:+356124567891"/>`
Example	`<telecom use="WP" value="mailto:elif@foo.too.mt"/>`

		Example		`<telecom nullFlavor="NI"/>`		
└ **hl7:patient**			**1 … 1**	**M**		(HL7-IPS)
└ **@classCode**		cs	**0 … 1**	F	PSN	
└ **@determinerCode**		cs	**0 … 1**	F	INSTANCE	

	Example	Japanese example (Person Name)
		`<patient>`
		  `<name use="IDE">`
		    `<family>`木村`</family>`
		    `<given>`通男`</given>`
		  `</name>`
		  `<name use="SYL">`
		    `<family>`きむら`</family>`
		    `<given>`みちお`</given>`
		  `</name>`
		  `<name use="ABC">`
		    `<family>`KIMURA`</family>`
		    `<given>`MICHIO`</given>`
		  `</name>`
		  `<administrativeGenderCode code="M" codeSystem="2.16.840.1.113883.5.1" displayName="Male"/>`
		  `<birthTime nullFlavor="UNK"/>`
		`</patient>`

└ **hl7:name**		PN	**1 … ***	**M**	Patient Name	(HL7-IPS)
	◎ hl7ips-dataelement-3		🟡 Patient's name		🟡 CEN/TC 251 prEN 17269	
	Constraint		The Alphabetic representation of the name SHALL be always provided			
└ **hl7:family**			**1 … ***	**R**	Patient's Family Name/Surname	(HL7-IPS)
└ **hl7:given**			**1 … ***	**R**	Patient's Given Name	(HL7-IPS)
└ **hl7:administrativeGenderCode**		**CE.IPS**	**1 … 1**	**R**	Patient's Gender	(HL7-IPS)
	◎ hl7ips-dataelement-4		🟡 Administrative gender		🟡 CEN/TC 251 prEN 17269	

└ `@nullFlavor`	cs	0 … 1	F	UNK	
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.1 *Administrative Gender (HL7 V3)* (DYNAMIC)	

	Example			`<administrativeGenderCode code="F" codeSystem="2.16.840.1.113883.5.1" displayName="Female">`
				`  <translation code="2" codeSystem="2.16.840.1.113883.3.129.1.2.21" codeSystemName="Cinsiyet" displayName="Kadın"/>`
				`</administrativeGenderCode>`	

└ `hl7:birthTime`	TS	1 … 1	R	Patient's Date of Birth. The patient date of birth may be a partial date such as only the year.	(HL7-IPS)
	◎ hl7ips-dataelement-5		🟡 Date of birth		🟡 CEN/TC 251 prEN 17269
└ `hl7:guardian`		0 … *	R	The guardians of a patient. Other patient contacts are described using the /ClinicalDocument/ participant structure. The <associatedEntity> element defines the type of contact.	(HL7-IPS)
└ `@classCode`	cs	1 … 1	F	GUARD	

	Example			`<guardian classCode="GUARD">`
				`  <code code="AUNT" displayName="tante" codeSystem="2.16.840.1.113883.5.111"/>`
				`  <addr nullFlavor="NI"/>`
				`  <telecom use="MC" value="tel:+33-12345678"/>`
				`  <guardianPerson>`
				`    <name>`
				`      <family>Curie</family>`
				`      <given>Marie</given>`
				`    </name>`
				`  </guardianPerson>`
				`</guardian>`	

└ `hl7:code`	CD.IPS	0 … 1	R	The relationship between the patient and the guardian or other contact may be recorded in the `element`.	(HL7-IPS)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19563 *PersonalRela-*	

				tionshipRoleType (DYNAMIC)	
└ **hl7:addr**	AD.IPS	1 ... *	R		(HL7-IPS)
	Constraint		If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.		
Included			from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)		
└ **@use**	set_cs	0 ... 1			
	CONF		The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddressUse* (2005-05-01)		
└ **@nullFlavor**	cs	0 ... 1	F	NI	
	Constraint		SHALL NOT have mixed content except for white space If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.		
	Schematron assert	role	error		
		test	@nullFlavor or hl7:*		
		Message	If addr is not nullflavored at least one sub element has to be provided		
└ **hl7:streetAddressLine**	ADXP	0 ... *	C	Subject's or Organization's Street Address Line	(HL7-IPS)
	Schematron assert	role	error		
		test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)		
		Message	If the address line is included either the city or the zip code has to be provided		
└ **hl7:city**	ADXP	0 ... 1	C	Subject's or Organization's City	(HL7-IPS)
└ **hl7:postalCode**	ADXP	0 ... 1	C	Subject's or Organization's Postal Code	(HL7-IPS)

└ `hl7:state`	ADXP	0 … 1	C	Subject's or Organization's State or Province	(HL7-IPS)
└ `hl7:country`	ADXP	0 … 1	C	Subject's Country.	(HL7-IPS)
	Constraint			The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.	
└ `hl7:telecom`	TEL	1 … *	R	Guardian's telecom information: e.g. telephone number; e-mail address.	(HL7-IPS)
└ `@use`	set_cs	0 … 1			
	CONF			The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *TelecommunicationAddressUse* (DYNAMIC)	
└ `@nullFlavor`	cs	0 … 1	F	NI	
	Constraint			If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present.	
└ `hl7:guardianPerson`		1 … 1	R		(HL7-IPS)
└ `hl7:name`	PN	1 … *	R	Patient Guardian's Name	(HL7-IPS)
└ `hl7:family`	ENXP	1 … *	R	Patient Guardian's Family Name/Surname	(HL7-IPS)
└ `hl7:given`	ENXP	1 … *	R	Patient Guardian's Given Name	(HL7-IPS)
└ `hl7:languageCommunication`		0 … *	R		(HL7-IPS)
└ `hl7:languageCode`	CS	1 … 1	R	Patient's language	(HL7-IPS)
	◎ hl7ips-dataelement-135			🟡 Patient's preferred language 🟡 CEN/TC 251 prEN 17269	
	Constraint			The two characters form SHALL be used when available; otherwise the three characters repre-	

		sentation SHALL be adopted		
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.4.642.3.21 *All Languages* (DYNAMIC)		
	Example	British English `<languageCode code="en-GB"/>`		
	Example	Amurdak (Australia) `<languageCode code="amg-AU"/>`		
	Schematron assert	role	error	
		test	matches(@code,'[a-z]{2,3}-[A-Z]{2,3}')	
		Message	The language code SHALL be in the form nn-CC or nnn-CCC, in accordance with BCP 47 (e.g. nn is the ISO language code; CC is ISO country code)	

Included		**1 ... ***	**M**	from 2.16.840.1.113883.10.22.2.2 *IPS CDA author* (DYNAMIC)	
└ `hl7:author`		**1 ... ***	**M**		(HL7-IPS)
└ `@typeCode`	cs	**0 ... 1**	F	AUT	
└ `@contextControlCode`	cs	**0 ... 1**	F	OP	

Example	```xml
	<author>
	  <time value="201212290600+0100"/>
	  <assignedAuthor>
	    <id root="2.16.840.1.113883.2.9.4.3.2" extension="RSSMRA00A01F205F" assigningAuthorityName="Ministero Economia e Finanze"/>
	    <addr use="WP">
	      <streetAddressLine>Viale della Cristallina 3</streetAddressLine>
	      <city>Bologna</city>
	      <state>BO</state>
	      <postalCode>40121</postalCode>
	      <country>IT</country>
	    </addr>
	    <telecom use="WP" value="tel:+39-051-34343434"/>
	    <assignedPerson>
	      <name>
	        <given>Paolo</given>
	        <family>Rossi</family>
	      </name>
	    </assignedPerson>
	``

		```</assignedAuthor> <representedOrganization> <!-- template 'IPS CDA Organization' (dynamic) --> </representedOrganization> </author>```			
└ **hl7:functionCode**	**CE.IPS**	**0 ... 1**	**R**		(HL7-IPS)
└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1**	**R**	The author/time element represents the start time of the author's participation in the creation of the clinical document.	(HL7-IPS)
	Example	`<time value="201212290600+0100"/>`			
└ **hl7:assignedAuthor**		**1 ... 1**	**R**		(HL7-IPS)
└ **@classCode**	cs	**0 ... 1**	F	ASSIGNED	
└ **hl7:id**	II	**1 ... ***	**R**	Author Identifier(s)	(HL7-IPS)
└ **@nullFlavor**	cs	**0 ... 1**			
└ **hl7:code**	**CE.IPS** (extensible)	**0 ... 1**	**R**	A code, which identifies the profession/competence/specialty of the author when it is a person.	(HL7-IPS)
	CONF	The value of @code should be drawn from value set 2.16.840.1.113883.11.22.53 *IPS Healthcare Professional Roles* (DYNAMIC)			
	Example	`<code code="221" codeSystem="2.16.840.1.113883.2.9.6.2.7" codeSystemName="ISCO" displayName="Medical doctors"/>`			
└ **hl7:addr**	**AD.IPS**	**1 ... ***	**R**		(HL7-IPS)
	Example	```<addr use="WP"> <streetAddressLine>Viale della Cristallina 3</streetAddressLine> <city>Bologna</city> <state>BO</state> <postalCode>40121</postalCode> <country>IT</country> </addr>```			
└ **hl7:telecom**	**TEL.IPS**	**1 ... ***	**R**		(HL7-IPS)
└ **@use**	set_cs	**0 ... 1**			

	CONF		The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *TelecommunicationaddressUse* (DYNAMIC)		
└─ **@value**	url	**0 … 1**			
	Example		`<telecom use="WP" value="tel:+39-051-34343434"/>`		
	Example		`<telecom nullFlavor="NI"/>`		

Choice		**1 … 1**	Elements to choose from:
			  ▪ hl7:assignedPerson
			  ▪ hl7:assignedAuthoringDevice		

└─ **hl7:assignedPerson**		**0 … 1**	C		(HL7-IPS)
└─ **@classCode**	cs	**0 … 1**	F	PSN	
└─ **@determinerCode**	cs	**0 … 1**	F	INSTANCE	
└─ **hl7:name**	**PN**	**1 … ***	R	Name of the person (e.g. the Healthcare Professional) authoring this document	(HL7-IPS)

	Example		`<name>`
			`  <given>John</given>`
			`  <family>Español Smith</family>`
			`</name>`		

└─ **hl7:family**		**1 … ***	R		(HL7-IPS)
└─ **hl7:given**		**1 … ***	R		(HL7-IPS)
└─ **hl7:assignedAuthoringDevice**		**0 … 1**	C		(HL7-IPS)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			`  <softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`		

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)		

└ **@classCode**	cs	**0 … 1**	F	DEV	
└ **@determinerCode**	cs	**0 … 1**	F	INSTANCE	
└ **hl7:code**	**CE**	**0 … 1**			(HL7-IPS)
└ **hl7:manufacturerModel Name**	**SC**	**0 … 1**			(HL7-IPS)
└ **hl7:softwareName**	**SC**	**0 … 1**			(HL7-IPS)
└ **hl7:representedOrganization**		**0 … 1**	**R**		(HL7-IPS)
Included				from 2.16.840.1.113883.10.22.9.1 *IPS CDA Organization* (DYNAMIC)	
└ **@classCode**	cs	**1 … 1**	F	ORG	
└ **@determinerCode**	cs	**1 … 1**	F	INSTANCE	
└ **hl7:id**	**II**	**1 … ***	**R**		(HL7-IPS)
└ **@nullFlavor**	cs	**0 … 1**			
└ **hl7:name**	**ON**	**1 … 1**	**R**		(HL7-IPS)
└ **@nullFlavor**	cs	**0 … 1**			
└ **hl7:telecom**	**TEL**	**1 … ***	**R**		(HL7-IPS)
└ **@use**	set_cs	**1 … 1**	R		
	CONF			The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunicationuse* (DYNAMIC)	
└ **@nullFlavor**	cs	**0 … 1**			

	Constraint		If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present.			
└ **hl7:addr**	AD.IPS	1 … 1	R			(HL7-IPS)
Included			from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)			
└ **@use**	set_cs	0 … 1				
	CONF		The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddressUse* (2005-05-01)			
└ **@nullFlavor**	cs	0 … 1	F	NI		
	Constraint		SHALL NOT have mixed content except for white space If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.			
	Schematron assert	role	error			
		test	@nullFlavor or hl7:*			
		Message	If addr is not nullflavored at least one sub element has to be provided			
└ **hl7:streetAddressLine**	ADXP	0 … *	C	Subject's or Organization's Street Address Line		(HL7-IPS)
	Schematron assert	role	error			
		test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)			
		Message	If the address line is included either the city or the zip code has to be provided			
└ **hl7:city**	ADXP	0 … 1	C	Subject's or Organization's City		(HL7-IPS)
└ **hl7:postalCode**	ADXP	0 … 1	C	Subject's or Organization's Postal Code		(HL7-IPS)
└ **hl7:state**	ADXP	0 … 1	C	Subject's or Organization's State or Province		(HL7-IPS)

└ **hl7:country**	ADXP	**0 … 1**	C	Subject's Country.	(HL7-IPS)
	Constraint			The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.	
Included		**1 … 1**	M	from 2.16.840.1.113883.10.22.2.3 *IPS CDA custodian* (DYNAMIC)	
└ **hl7:custodian**		**1 … 1**	M		(HL7-IPS)
└ **@typeCode**	cs	**0 … 1**	F	CST	

	Example			`<custodian typeCode="CST">`
				`  <assignedCustodian classCode="ASSIGNED">`
				`    <representedCustodianOrganization classCode="ORG" determinerCode="INSTANCE">`
				`      <!-- template 'IPS CDA Organization' (dynamic) -->`
				`    </representedCustodianOrganization>`
				`  </assignedCustodian>`
				`</custodian>`	

└ **hl7:assignedCustodian**		**1 … 1**	R		(HL7-IPS)
└ **@classCode**	cs	**0 … 1**	F	ASSIGNED	
└ **hl7:representedCustodianOrga-nization**		**1 … 1**	R		(HL7-IPS)
└ **@classCode**	cs	**0 … 1**	F	ORG	
└ **@determinerCode**	cs	**0 … 1**	F	INSTANCE	
└ **hl7:id**	II	**1 … ***	R		(HL7-IPS)
└ **@nullFlavor**	cs	**0 … 1**			
└ **hl7:name**	ON	**1 … 1**	R		(HL7-IPS)
└ **@nullFlavor**	cs	**0 … 1**			

└ **hl7:telecom**	**TEL**	**1 … 1**	**R**		(HL7-IPS)
└ **@use**	set_cs	**1 … 1**	R		
	CONF		The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunica-tionAddressUse* (DYNAMIC)		
└ **@nullFlavor**	cs	**0 … 1**			
	Constraint		If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present.		
└ **hl7:addr**	**AD.IPS**	**1 … 1**	**R**		(HL7-IPS)
Included			from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)		
└ **@use**	set_cs	**0 … 1**			
	CONF		The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddres-sUse* (2005-05-01)		
└ **@nullFlavor**	cs	**0 … 1**	F	NI	

	Constraint		SHALL NOT have mixed content except for white space If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.
	Schematron assert	role	error
		test	@nullFlavor or hl7:*
		Message	If addr is not nullflavored at least one sub element has to be provided

└ **hl7:streetAddressLine**	**ADXP**	**0 … ***	**C**	Subject's or Organization's Street Address Line	(HL7-IPS)
	Schematron assert	role	error		
		test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)		

			Message		If the address line is included either the city or the zip code has to be provided	
└ **hl7:city**	ADXP	0 … 1	C	Subject's or Organization's City		(HL7-IPS)
└ **hl7:postalCode**	ADXP	0 … 1	C	Subject's or Organization's Postal Code		(HL7-IPS)
└ **hl7:state**	ADXP	0 … 1	C	Subject's or Organization's State or Province		(HL7-IPS)
└ **hl7:country**	ADXP	0 … 1	C	Subject's Country.		(HL7-IPS)
		Constraint	The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.			
Included			0 … 1	R	from 2.16.840.1.113883.10.22.2.4 *IPS CDA legalAuthenticator* (DYNAMIC)	
└ **hl7:legalAuthenticator**			0 … 1	R		(HL7-IPS)

Example:
```xml
<legalAuthenticator>
  <time value="20111013150937-0800"/>
  <signatureCode code="S"/>
  <assignedEntity>
    <id extension="admin" root="2.16.17.710.780.1000.903.1.1.3.3"/>
    <assignedPerson>
      <name>
        <given>John</given>
        <family>Español Smith</family>
      </name>
    </assignedPerson>
    <representedOrganization>
      <name>Healthcare Facility's name</name>
      <addr>
        <country>NL</country>
        <streetName>Duinweg</streetName>
        <houseNumber>23</houseNumber>
        <postalCode>7364 RX</postalCode>
        <city>Amsterdam</city>
      </addr>
    </representedOrganization>
  </assignedEntity>
</legalAuthenticator>
```

└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1**	**M**	Time of signing the document		(HL7-IPS)
└ **hl7:signatureCode**	**CS**	**0 ... 1**	**R**	Signature code		(HL7-IPS)
└ **@code**	CONF	**0 ... 1**	**F**	S		
└ **hl7:assignedEntity**		**0 ... 1**	**R**	The entity that is responsible for the legal authentication of the CDA document		(HL7-IPS)
└ **hl7:id**		**1 ... ***	**R**	Unique identification of legal authenticator		(HL7-IPS)
└ **hl7:addr**	**AD.IPS**	**1 ... ***	**R**			(HL7-IPS)
└ **hl7:telecom**	**TEL.IPS**	**1 ... ***	**R**			(HL7-IPS)
└ **hl7:assignedPerson**		**1 ... 1**	**R**			(HL7-IPS)
└ **@classCode**	cs	**0 ... 1**	**F**	PSN		
└ **@determinerCode**	cs	**0 ... 1**	**F**	INSTANCE		
└ **hl7:name**	**PN**	**1 ... ***	**R**	Name of the legal authenticator		(HL7-IPS)

	Example			`<name>`
				  `<given>`John`</given>`
				  `<family>`Español Smith`</family>`
				`</name>`		

└ **hl7:family**		**1 ... ***	**R**	HP Family Name/Surname		(HL7-IPS)
└ **hl7:given**		**1 ... ***	**R**	HP Given Name		(HL7-IPS)
└ **hl7:representedOrganization**		**1 ... 1**	**M**	Organization the legal authenticator is acting for Contains 2.16.840.1.113883.10.22.9.1 *IPS CDA Organization* (DYNAMIC)		(HL7-IPS)
Included		**0 ... ***		from 2.16.840.1.113883.10.22.2.5 *IPS Patient Contacts* (DYNAMIC)		

└ **hl7:participant**		0 … *	R	Patient contacts or the Preferred Health Professional to contact in case of emergency.	(HL7-IPS)
where *[hl7:templateId/@root='2.16.840.1.113883.10.22.2.5']*					

◎ hl7ips-dataelement-154	🟡 Patient's Address Book	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-163	🟡 Preferred Healthcare providers	🟡 CEN/TC 251 prEN 17269

└ **@typeCode**	cs	1 … 1	F	IND	

Example

```xml
<participant typeCode="IND">
  <templateId root="2.16.840.1.113883.10.22.2.5"/>
  <associatedEntity classCode="NOK">
    <addr>
      <streetAddressLine>Promenade des Anglais 111</streetAddressLine>
      <city>Lyon</city>
      <postalCode>69001</postalCode>
      <country>FR</country>
    </addr>
    <telecom value="tel:(+33)555-20036" use="WP"/>
    <associatedPerson>
      <name>
        <given>Martha</given>
        <family>Mum</family>
      </name>
    </associatedPerson>
  </associatedEntity>
</participant>
```

└ **hl7:templateId**	II	1 … 1	M		(HL7-IPS)
└ **@root**	uid	1 … 1	F	2.16.840.1.113883.10.22.2.5	
└ **hl7:functionCode**		0 … 1	C	The <functionCode> element may be used to indicate that this participant is the preferred Health Professional to contact in case of emergency.</functionCode>	(HL7-IPS)
└ **@code**	CONF	0 … 1	F	PCP	
└ **@codeSystem**		0 … 1	F	2.16.840.1.113883.5.88 (Participation Function)	
└ **hl7:associatedEntity**			R	The <associatedEntity> element identifies the type of contact. </associatedEntity>	(HL7-IPS)

@classCode	cs	1 … 1	R	

CONF	The value of @classCode shall be drawn from value set 2.16.840.1.113883.11.20.9.33 *INDRole-classCodes* (DYNAMIC)

| Example | ```xml
<associatedEntity classCode="ECON">
  <addr>
    <streetAddressLine>Karl Strasse</streetAddressLine>
    <city>Freiberg</city>
    <postalCode>09599</postalCode>
    <country>DE</country>
  </addr>
  <telecom value="tel:+49-761-11110000" use="WP"/>
  <associatedPerson>
    <name>
      <given>Arzt</given>
      <family>Guter</family>
    </name>
  </associatedPerson>
</associatedEntity>
``` |
|---|---|

hl7:code	CV.IPS	0 … 1	R	This element indicates the relationship between the patient and this participant.	(HL7-IPS)

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.54 *IPS Personal Relationship* (DYNAMIC) or The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.53 *IPS Healthcare Professional Roles* (DYNAMIC)

Example	`<code code="AUNT" displayName="θεία" codeSystem="2.16.840.1.113883.5.111"/>`

hl7:addr	AD.IPS	1 … *	R	Patient Contact's / Preferred HP's Address	(HL7-IPS)

Schematron assert	role	error
	test	@nullFlavor or hl7:*
	Message	If addr is not nullflavored at least one sub element has to be provided from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)

Included

@use	set_cs	0 … 1		

	CONF			The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddressUse* (2005-05-01)	
└ **@nullFlavor**	cs	0 … 1	F	NI		
	Constraint			SHALL NOT have mixed content except for white space If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.	
	Schematron assert	role	error			
		test	@nullFlavor or hl7:*			
		Message	If addr is not nullflavored at least one sub element has to be provided			
└ **hl7:streetAddressLine**	ADXP	0 … *	C	Subject's or Organization's Street Address Line		(HL7-IPS)
	Schematron assert	role	error			
		test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)			
		Message	If the address line is included either the city or the zip code has to be provided			
└ **hl7:city**	ADXP	0 … 1	C	Subject's or Organization's City		(HL7-IPS)
└ **hl7:postalCode**	ADXP	0 … 1	C	Subject's or Organization's Postal Code		(HL7-IPS)
└ **hl7:state**	ADXP	0 … 1	C	Subject's or Organization's State or Province		(HL7-IPS)
└ **hl7:country**	ADXP	0 … 1	C	Subject's Country.		(HL7-IPS)
	Constraint			The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.	
└ **hl7:telecom**	TEL	1 … *	R	Patient Contact's / Preferred HP's/Legal Organization telephone or e-mail <telecom> element is required.</telecom>		(HL7-IPS)

	◎ hl7ips-dataelement-169	🟡 Telecoms	🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-174	🟡 Telecoms	🟡 CEN/TC 251 prEN 17269	

└ **@use**	set_cs	0 … 1			

CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunicationa- tionAddressUse* (DYNAMIC)

└ **@nullFlavor**	cs	0 … 1	F	NI

Constraint	If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present
Example	`<telecom use="WP" value="tel:+45 20 7025 6161"/>` `<telecom use="HP" value="mailto:jsmith@myprovider.co.uk"/>`

Elements to choose from:

	1 … 2	▪ hl7:associatedPerson
Choice		▪ hl7:scopingOrganization

└ **hl7:associatedPerson**	0 … 1	C	Or the associatedPerson, or the scopingOrganization, or both elements shall be provided	(HL7-IPS)

	◎ hl7ips-dataelement-165	🟡 Healthcare Provider (person)	🟡 CEN/TC 251 prEN 17269

└ **hl7:name**	PN	1 … *	R	Patient Contact's Name / Preferred HP's Name	(HL7-IPS)

	◎ hl7ips-dataelement-121	🟡 Name	🟡 CEN/TC 251 prEN 17269

Example	`<name>`
	`  <given>John</given>`
	`  <family>Español Smith</family>`
	`</name>`

└ **hl7:family**		1 … *	R	Patient Contact's Family Name/Surname / Preferred HP's Family Name/Surname	(HL7-IPS)

└ **hl7:given**		**1 ... ***	R	Patient Contact's Given Name / Preferred HP's Given Name	(HL7-IPS)
└ **hl7:scopingOrganization**		**0 ... 1**	C	Or the associatedPerson, or the scopingOrganization, or both elements shall be provided	(HL7-IPS)
	◎ hl7ips-dataelement-166		🟡 Healthcare Provider (organisation)	🟡 CEN/TC 251 prEN 17269	
└ **hl7:name**	**ON**	**1 ... ***	R	Organization's Name	(HL7-IPS)
	◎ hl7ips-dataelement-172		🟡 Organisation's Name	🟡 CEN/TC 251 prEN 17269	
Included		**1 ... 1**	M	from 2.16.840.1.113883.10.22.2.6 *IPS CDA documentationOf* (DYNAMIC)	
└ **hl7:documentationOf**		**1 ... 1**	M	The documentationOf relationship in an International Patient Summary contains the representation of providers who are wholly or partially responsible for the safety and well-being of a subject of care.	(HL7-IPS)
└ **@typeCode**	cs	**0 ... 1**	F	DOC	

<table>
<tr><td>Example</td><td>

```
<documentationOf>
  <serviceEvent classCode="PCPR">
    <effectiveTime>
      <low nullFlavor="NI"/>
      <high value="20110308"/>
    </effectiveTime>
    <performer typeCode="PRF">
      <!-- See example below -->
    </performer>
  </serviceEvent>
</documentationOf>
```

</td></tr>
</table>

└ **hl7:serviceEvent**		**1 ... 1**	R	The main activity being described by a IPS is the provision of healthcare over a period of time. This is shown by setting the value of serviceEvent/@classCode to "PCPR" (care provision) and indicating the duration over which care was provided in serviceEvent/effectiveTime. Additional data from outside this duration may also be included if it is relevant to care provided during that time range (e.g., reviewed during the stated time range). For example if the IPS is generated by a GP based on information recorded in his/her EHR-S, then the low value should represent the date when the treatment relationship between the patient and the GP	(HL7-IPS)

					started; and the high value the date of the latest care event.	
└ **@classCode**	cs	**1 ... 1**	F	PCPR		
└ **@moodCode**	cs	**1 ... 1**	F	EVN		
└ **hl7:id**	II	**0 ... ***	R			(HL7-IPS)
└ **hl7:effectiveTime**	IVL_TS	**1 ... 1**	R			(HL7-IPS)
└ **hl7:low**	TS	**1 ... 1**	R			(HL7-IPS)
└ **hl7:high**	TS	**1 ... 1**	R			(HL7-IPS)
└ **hl7:performer**		**0 ... ***	R	It represents the healthcare providers involved in the current or pertinent historical care of the patient. Preferably, the patient's key healthcare providers would be listed, particularly their primary physician and any active consulting physicians, therapists, and counselors		(HL7-IPS)
└ **@typeCode**	cs	**1 ... 1**	R			

CONF	The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19601 *x_ServiceEventPerformer* (DYNAMIC)
| Example | ```xml
<performer typeCode="PRF">
  <assignedEntity>
    <id assigningAuthorityName="MEF" displayable="false" extension="DVLMMG57R07F205G" root="2.16.840.1.113883.2.9.4.3.2"/>
    <code code="221" codeSystem="2.16.840.1.113883.2.9.6.2.7" codeSystemName="ISCO" displayName="Medical doctors">
      <translation codeSystem="2.16.840.1.113883.2.9.5.1.111" code="MMG" displayName="Medico di Medicina Generale"/>
    </code>
    <addr nullFlavor="NI"/>
    <telecom nullFlavor="NI"/>
    <assignedPerson>
      <name>
        <family>DVALUNO</family>
        <given>MMG</given>
      </name>
    </assignedPerson>
    <representedOrganization>
``` |

```
                        <id assigningAuthorityName="A.S.L. DELLA PROVINCIA DI LECCO" extension="030305"
                    root="2.16.840.1.113883.2.9.4.1.1"/>
                        <name>A.S.L. DELLA PROVINCIA DI LECCO</name>
                        <telecom nullFlavor="NI"/>
                        <addr>
                          <state>LECCO</state>
                          <city>LECCO</city>
                          <country>IT</country>
                          <postalCode>23900</postalCode>
                          <streetAddressLine>CORSO CARLO ALBERTO,120</streetAddressLine>
                        </addr>
                      </representedOrganization>
                    </assignedEntity>
                  </performer>
```

└ **hl7:functionCode**	CE.IPS	0 … 1	R		(HL7-IPS)
└ **hl7:time**	IVL_TS.IPS.TZ	0 … 1	R		(HL7-IPS)
└ **hl7:assignedEntity**		1 … 1	M		(HL7-IPS)
└ **hl7:id**	II	1 … *	R	Healthcare provider ID number	(HL7-IPS)
└ **hl7:code**	CE.IPS (extensible)	0 … 1	R	It describes the professional role of the healthcare provider involved in the current or pertinent historical care of the patient.	(HL7-IPS)
	CONF			The value of @code should be drawn from value set 2.16.840.1.113883.11.22.53 *IPS Health-care Professional Roles* (DYNAMIC)	
└ **hl7:addr**	AD.IPS	1 … *	R		(HL7-IPS)
└ **hl7:telecom**	TEL.IPS	1 … *	R		(HL7-IPS)
└ **hl7:assignedPerson**		0 … 1			(HL7-IPS)
Included				from 2.16.840.1.113883.10.22.9.3 *IPS CDA Person* (DYNAMIC)	
└ **@classCode**	cs	0 … 1	F	PSN	
└ **@determinerCode**	cs	0 … 1	F	INSTANCE	

└ `h17:name`	**PN**	**1 ... ***	**R**		(HL7-IPS)
└ `h17:representedOrganiza-tion`		**0 ... 1**		Contains 2.16.840.1.113883.10.22.9.1 *IPS CDA Organization* (DYNAMIC)	(HL7-IPS)
Included		**0 ... 2**	**R**	from 2.16.840.1.113883.10.22.2.7 *IPS CDA relatedDocument* (DYNAMIC)	
	Constraint			A conformant CDA document can have: ▪ a single relatedDocument with typeCode "APND"; OR ▪ a single relatedDocument with typeCode "RPLC"; OR ▪ a single relatedDocument with typeCode "XFRM"; OR ▪ a combination of two relatedDocuments with typeCodes "XFRM" and "RPLC"; OR ▪ a combination of two relatedDocuments with typeCodes "XFRM" and "APND". No other combinations are allowed.	
└ `h17:relatedDocument`		**0 ... 2**	**R**		(HL7-IPS)
└ `@typeCode`	cs	**1 ... 1**	R		
	CONF			The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.11610 *x_ActRelationshipDocument* (DYNAMIC)	
└ `h17:parentDocument`		**1 ... 1**	**R**		(HL7-IPS)
└ `@classCode`	cs	**0 ... 1**	F	DOCCLIN	
└ `@moodCode`	cs	**0 ... 1**	F	EVN	
└ `h17:id`	**II**	**1 ... ***	**R**		(HL7-IPS)
└ `h17:code`	**CD.IPS**	**0 ... 1**	**R**		(HL7-IPS)

└ **@codeSystem**	CONF	**0 … 1**	F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:text**	ED	**0 … 1**	R		(HL7-IPS)
└ **hl7:setId**	II	**0 … 1**	R		(HL7-IPS)
└ **hl7:versionNumber**	INT	**0 … 1**	R		(HL7-IPS)
└ **hl7:component**		**1 … 1**	M		(HL7-IPS)
└ **hl7:structuredBody**		**1 … 1**	M	Note: the proposed order of the sections hereafter indicated is not mandatory	(HL7-IPS)
└ **@classCode**	cs	**0 … 1**	F	DOCBODY	
└ **hl7:component**		**1 … 1**	M	Contains 2.16.840.1.113883.10.22.3.1 *IPS Medication Summary Section* (DYNAMIC)	(HL7-IPS)
└ **hl7:component**		**1 … 1**	M	Contains 2.16.840.1.113883.10.22.3.2 *IPS Allergies and Intolerances Section* (DYNAMIC)	(HL7-IPS)
└ **hl7:component**		**1 … 1**	M	Contains 2.16.840.1.113883.10.22.3.3 *IPS Problems Section* (DYNAMIC)	(HL7-IPS)
└ **hl7:component**		**0 … 1**	R	Contains 2.16.840.1.113883.10.22.3.4 *IPS History of Procedures Section* (DYNAMIC)	(HL7-IPS)
└ **hl7:component**		**0 … 1**	R	Contains 2.16.840.1.113883.10.22.3.5 *IPS Immunizations Section* (DYNAMIC)	(HL7-IPS)
└ **hl7:component**		**0 … 1**	R	Contains 2.16.840.1.113883.10.22.3.6 *IPS Medical Devices Section* (DYNAMIC)	(HL7-IPS)
└ **hl7:component**		**0 … 1**	R	Contains 2.16.840.1.113883.10.22.3.14 *IPS Results Section* (DYNAMIC)	(HL7-IPS)
└ **hl7:component**		**0 … 1**	R	Contains 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2 *IHE Coded Vital Signs Section* (DYNAMIC)	(HL7-IPS)
└ **hl7:component**		**0 … 1**		Contains 2.16.840.1.113883.10.22.3.7 *IPS History of Past Illness Section* (DYNAMIC)	(HL7-IPS)

└ `hl7:component`	0 … 1	Contains 2.16.840.1.113883.10.22.3.8 *IPS Functional Status Section* (DYNAMIC)	(HL7-IPS)
└ `hl7:component`	0 … 1	Contains 2.16.840.1.113883.10.22.3.9 *IPS Plan of Care Section* (DYNAMIC)	(HL7-IPS)
└ `hl7:component`	0 … 1	Contains 2.16.840.1.113883.10.22.3.10 *IPS Social History Section* (DYNAMIC)	(HL7-IPS)
└ `hl7:component`	0 … 1	Contains 2.16.840.1.113883.10.22.3.11 *IPS History of Pregnancy Section* (DYNAMIC)	(HL7-IPS)
└ `hl7:component`	0 … 1	Contains 2.16.840.1.113883.10.22.3.12 *IPS Advance Directives Section* (DYNAMIC)	(HL7-IPS)
└ `hl7:component`	0 … 1	Contains 2.16.840.1.113883.10.22.15 *IPS Alerts Section* (DYNAMIC)	(HL7-IPS)
└ `hl7:component`	0 … 1	Contains 2.16.840.1.113883.10.22.16 *IPS Patient Story Section* (DYNAMIC)	(HL7-IPS)

8 CDA Header Level Templates

8.1 IPS CDA author

Id	2.16.840.1.113883.10.22.2.2	**Effective Date**	2017-04-11
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSCDAauthor	**Display Name**	IPS CDA author

Description

A CDA document shall have at least one author. Authors could be either human (ClinicalDocument/author/assignedAuthor/assignedPerson) either devices (ClinicalDocument/author/assignedAuthor/assignedAuthoringDevice).

For definition "The author element represents the creator of the clinical document. If the role of the actor is the **entry of information from his or her own knowledge or application of skills**, that actor is the author. If one actor provides information to another actor **who filters, reasons, or algorithmically creates new information**, then that second actor **is also an author, having created information from his or her own knowledge or skills."** [From Implementation Guide for CDA Release 2: Imaging Integration – UV Realm, March 2009].

According to this definition, not any device that generates the electronic document has to be considered as an author:

- a spider collecting and filtering information from different repositories, according to defined rules and policies, for the scope of creating a Patient Summary is definitely a document author (and in some cases the only one);
- an application that transforms a Patient Summary record into this CDA format may not be an author;
- For cross-border exchange purposes, a device, which modifies the concepts conveyed (e.g. applying code system mappings), should appear as one of the authors. In this case (document generated through a transformation process) the authors of the parent (original) patient summary should appear as authors as well.

Further to this, authorship can give information about the nature of Patient Summary :

- if there is a person author only, then the Patient Summary is the result of a practitioner clinical act;

- if there are device authors only, the summary was automatically generated according to well defined rules defined by the responsible organization.

The CDA standard allows to provide detailed information about what was authored by whom in the Patient Summary, allowing the specification of authorship at the whole document level, at the section level and also at the entry level. In any case it is not required to repeat this information for each of the mentioned levels, taking advantage of the context conduction propriety.
In fact "context that is specified on an outer tag holds true for all nested tags, unless overridden on a nested tag. Context specified on a tag within the CDA body always overrides context propagated from an outer tag. For instance, the specification of authorship at a document section level overrides all authorship propagated from outer tags." (HL7 CDA R2 Standard).

Classification	CDA Header Level Template			
Open/Closed	Open (other than defined elements are allowed)			
Uses	**Uses 2 templates**			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.9.2	Include	🟠 IPS CDA Device (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.9.1	Include	🟠 IPS CDA Organization (STU1)	DYNAMIC
Relationship	Adaptation: template 2.16.840.1.113883.10.12.102 *CDA author* (2005-09-07) ref ad1bbr-			
Example	**Human Author**			

```
<author>
  <time value="201212290600+0100"/>
  <assignedAuthor>
    <id root="2.16.840.1.113883.2.9.4.3.2" extension="RSSMRA00A01F205F" assigningAuthorityName="Ministero Economia e Finanze"/>
    <code code="221" codeSystem="2.16.840.1.113883.2.9.6.2.7" codeSystemName="ISCO" displayName="Medico"/>
    <addr use="WP">
      <streetAddressLine>Viale della Cristallina 3</streetAddressLine>
      <city>Bologna</city>
      <state>BO</state>
      <postalCode>40121</postalCode>
```

```xml
          <country>IT</country>
        </addr>
        <telecom use="WP" value="tel:+39-051-34343434"/>
        <assignedPerson>
          <name>
            <given>Paolo</given>
            <family>Rossi</family>
          </name>
        </assignedPerson>
        <representedOrganization>
          <!-- template 'IPS CDA Organization' (dynamic) -->
        </representedOrganization>
      </assignedAuthor>
  </author>
```

Example

Device Author

```xml
<author>
  <time value="201212290600+0100"/>
  <assignedAuthor>
    <id root="1.2.3.999" extension="__example only__"/>
    <addr use="WP">
      <state>Castilla-La Mancha</state>
      <city>Toledo</city>
      <precinct>Toledo</precinct>
      <country>ES</country>
      <postalCode>45071</postalCode>
      <streetAddressLine>Av. Río Guadiana, 4</streetAddressLine>
    </addr>
    <telecom nullFlavor="NI"/>
    <assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">
      <softwareName displayName="Turriano"/>
    </assignedAuthoringDevice>
    <representedOrganization classCode="ORG" determinerCode="INSTANCE">
      <id root="1.2.3.999" extension="__example only__"/>
      <name>SESCAM</name>
      <telecom use="WP" value="tel:+34925274100"/>
      <addr use="WP">
        <state>Castilla-La Mancha</state>
        <city>Toledo</city>
        <precinct>Toledo</precinct>
        <country>ES</country>
        <postalCode>45071</postalCode>
        <streetAddressLine>Av. Río Guadiana, 4</streetAddressLine>
      </addr>
    </representedOrganization>
  </assignedAuthor>
</author>
```

Item	DT	Card	Conf	Description	Label
hl7:author		**1 ... ***	**R**		(IPS...hor)
└ **@typeCode**	cs	**0 ... 1**	F	AUT	
└ **@contextControlCode**	cs	**0 ... 1**	F	OP	

	Example			```<author>```
				 ` <time value="201212290600+0100"/>`
				 ` <assignedAuthor>`
				 ` <id root="2.16.840.1.113883.2.9.4.3.2" extension="RSSMRA00A01F205F" assigningAuthority-Name="Ministero Economia e Finanze"/>`
				 ` <addr use="WP">`
				 ` <streetAddressLine>Viale della Cristallina 3</streetAddressLine>`
				 ` <city>Bologna</city>`
				 ` <state>BO</state>`
				 ` <postalCode>40121</postalCode>`
				 ` <country>IT</country>`
				 ` </addr>`
				 ` <telecom use="WP" value="tel:+39-051-34343434"/>`
				 ` <assignedPerson>`
				 ` <name>`
				 ` <given>Paolo</given>`
				 ` <family>Rossi</family>`
				 ` </name>`
				 ` </assignedPerson>`
				 ` </assignedAuthor>`
				 ` <representedOrganization>`
				 ` <!-- template 'IPS CDA Organization' (dynamic) -->`
				 ` </representedOrganization>`
				 `</author>`	

└ **hl7:functionCode**	**CE.IPS**	**0 ... 1**	**R**		(IPS...hor)
└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1**	**R**	The author/time element represents the start time of the author's participation in the creation of the clinical document.	(IPS...hor)
	Example			`<time value="201212290600+0100"/>`	
└ **hl7:assignedAuthor**		**1 ... 1**	**R**		(IPS...hor)
└ **@classCode**	cs	**0 ... 1**	F	ASSIGNED	

└ **hl7:id**	II	**1 ... ***	**R**	Author Identifier(s)	(IPS...hor)
└ **@nullFlavor**	cs	**0 ... 1**			
└ **hl7:code**	CE.IPS (extensible)	**0 ... 1**	**R**	A code, which identifies the profession/competence/specialty of the author when it is a person.	(IPS...hor)

CONF	The value of @code should be drawn from value set 2.16.840.1.113883.11.22.53 *IPS Healthcare Professional Roles* (DYNAMIC)
Example	`<code code="221" codeSystem="2.16.840.1.113883.2.9.6.2.7" codeSystemName="ISCO" display-Name="Medical doctors"/>`

└ **hl7:addr**	**AD.IPS**	**1 ... ***	**R**	(IPS...hor)

Example	`<addr use="WP">`
	`  <streetAddressLine>Viale della Cristallina 3</streetAddressLine>`
	`  <city>Bologna</city>`
	`  <state>BO</state>`
	`  <postalCode>40121</postalCode>`
	`  <country>IT</country>`
	`</addr>`

└ **hl7:telecom**	**TEL.IPS**	**1 ... ***	**R**	(IPS...hor)
└ **@use**	set_cs	**0 ... 1**		

CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunication-AddressUse* (DYNAMIC)

└ **@value**	url	**0 ... 1**		

Example	`<telecom use="WP" value="tel:+39-051-34343434"/>`
Example	`<telecom nullFlavor="NI"/>`

Elements to choose from:

Choice		**1 ... 1**	▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice

└ **hl7:assignedPerson**		**0 ... 1**	**C**		(IPS...hor)
└ **@classCode**	cs	**0 ... 1**	F	PSN	
└ **@determinerCode**	cs	**0 ... 1**	F	INSTANCE	
└ **hl7:name**	**PN**	**1 ... ***	**R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...hor)

	Example			`<name>`
				  `<given>`John`</given>`
				  `<family>`Español Smith`</family>`
				`</name>`	

└ **hl7:family**		**1 ... ***	**R**		(IPS...hor)
└ **hl7:given**		**1 ... ***	**R**		(IPS...hor)
└ **hl7:assignedAuthoringDevice**		**0 ... 1**	**C**		(IPS...hor)

	Example			`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
				  `<softwareName displayName="Turriano"/>`
				`</assignedAuthoringDevice>`	

Included				from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 ... 1**	F	DEV	
└ **@determinerCode**	cs	**0 ... 1**	F	INSTANCE	
└ **hl7:code**	**CE**	**0 ... 1**			(IPS...hor)
└ **hl7:manufacturerModel Name**	**SC**	**0 ... 1**			(IPS...hor)
└ **hl7:softwareName**	**SC**	**0 ... 1**			(IPS...hor)
└ **hl7:representedOrganization**		**0 ... 1**	**R**		(IPS...hor)
Included				from 2.16.840.1.113883.10.22.9.1 *IPS CDA Organization* (DYNAMIC)	

└ **@classCode**	cs	**1 … 1**	F	ORG	
└ **@determinerCode**	cs	**1 … 1**	F	INSTANCE	
└ **hl7:id**	II	**1 … ***	R		(IPS...hor)
└ **@nullFlavor**	cs	**0 … 1**			
└ **hl7:name**	**ON**	**1 … 1**	R		(IPS...hor)
└ **@nullFlavor**	cs	**0 … 1**			
└ **hl7:telecom**	**TEL**	**1 … ***	R		(IPS...hor)
└ **@use**	set_cs	**1 … 1**	R		

CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunication-AddressUse* (DYNAMIC)

└ **@nullFlavor**	cs	**0 … 1**			

Constraint	If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present.

└ **hl7:addr**	**AD.IPS**	**1 … 1**	R		(IPS...hor)
Included				from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)	
└ **@use**	set_cs	**0 … 1**			

CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddressUse* (2005-05-01)

└ **@nullFlavor**	cs	**0 … 1**	F	NI	

Constraint	SHALL NOT have mixed content except for white space

		If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.				
	Schematron assert	role	error			
		test	@nullFlavor or hl7:*			
		Message	If addr is not nullflavored at least one sub element has to be provided			
└ **hl7:streetAddressLine**	**ADXP**	**0 ... ***	**C**	Subject's or Organization's Street Address Line		(IPS...hor)
	Schematron assert	role	error			
		test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)			
		Message	If the address line is included either the city or the zip code has to be provided			
└ **hl7:city**	**ADXP**	**0 ... 1**	**C**	Subject's or Organization's City		(IPS...hor)
└ **hl7:postalCode**	**ADXP**	**0 ... 1**	**C**	Subject's or Organization's Postal Code		(IPS...hor)
└ **hl7:state**	**ADXP**	**0 ... 1**	**C**	Subject's or Organization's State or Province		(IPS...hor)
└ **hl7:country**	**ADXP**	**0 ... 1**	**C**	Subject's Country.		(IPS...hor)
	Constraint	The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.				

8.2 IPS CDA custodian

Id	2.16.840.1.113883.10.22.2.3	Effective Date	2021-08-04 12:13:07 Other versions this id:

				▪ ◯ IPSCDAcustodian as of 2017-04-11

Status	🟡 Draft	Version Label	2021
Name	IPSCDAcustodian	Display Name	IPS CDA custodian

Description

The custodian element represents the organization that is in charge of maintaining and is entrusted with the care of the document.

This information is required by the CDA R2 standard and shall be recorded in the **ClinicalDocument/custodian/assignedCustodian/ representedCustodianOrganization** element.

There is only one custodian per CDA document. Allowing that a CDA document may not represent the original form of the authenticated document, the custodian represents the steward of the original source document. The custodian may be the document originator, a health information exchange, or other responsible party.

Classification	CDA Header Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	**Uses 1 template**			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.11	Include	🟡 IPS Address (STU1)	DYNAMIC

Relationship	Version: template 2.16.840.1.113883.10.22.2.3 *IPS CDA custodian* (2017-04-11) Adaptation: template 2.16.840.1.113883.10.12.104 *CDA custodian* (2005-09-07) `ref ad1bbr-`

Example	**Example**
	`<custodian typeCode="CST">`

```
<assignedCustodian classCode="ASSIGNED">
  <representedCustodianOrganization classCode="ORG" determinerCode="INSTANCE">
    <!-- template 'IPS CDA Organization' (dynamic) -->
  </representedCustodianOrganization>
</assignedCustodian>
</custodian>
```

Item	DT	Card	Conf	Description	Label
hl7:custodian		**1 ... 1**	**R**		(IPS...ian)
└ **@typeCode**	cs	**0 ... 1**	F	CST	

	Example			`<custodian typeCode="CST">`
				`  <assignedCustodian classCode="ASSIGNED">`
				`    <representedCustodianOrganization classCode="ORG" determinerCode="INSTANCE">`
				`      <!-- template 'IPS CDA Organization' (dynamic) -->`
				`    </representedCustodianOrganization>`
				`  </assignedCustodian>`
				`</custodian>`	

└ **hl7:assignedCustodian**		**1 ... 1**	**R**		(IPS...ian)
└ **@classCode**	cs	**0 ... 1**	F	ASSIGNED	
└ **hl7:representedCustodianOrganization**		**1 ... 1**	**R**		(IPS...ian)
└ **@classCode**	cs	**0 ... 1**	F	ORG	
└ **@determinerCode**	cs	**0 ... 1**	F	INSTANCE	
└ **hl7:id**	II	**1 ... ***	**R**		(IPS...ian)
└ **@nullFlavor**	cs	**0 ... 1**			
└ **hl7:name**	ON	**1 ... 1**	**R**		(IPS...ian)
└ **@nullFlavor**	cs	**0 ... 1**			

└ **hl7:telecom**	**TEL**	**1 ... 1**	**R**		(IPS...ian)
└ **@use**	set_cs	**1 ... 1**	R		
	CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunication-AddressUse* (DYNAMIC)			
└ **@nullFlavor**	cs	**0 ... 1**			
	Constraint	If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present.			
└ **hl7:addr**	**AD.IPS**	**1 ... 1**	**R**		(IPS...ian)
Included		from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)			
└ **@use**	set_cs	**0 ... 1**			
	CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddressUse* (2005-05-01)			
└ **@nullFlavor**	cs	**0 ... 1**	F	NI	
	Constraint	SHALL NOT have mixed content except for white space If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.			
	Schematron assert	role	error		
		test	@nullFlavor or hl7:*		
		Message	If addr is not nullflavored at least one sub element has to be provided		
└ **hl7:streetAddressLine**	**ADXP**	**0 ... ***	**C**	Subject's or Organization's Street Address Line	(IPS...ian)
	Schematron assert	role	error		
		test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)		

		Message	If the address line is included either the city or the zip code has to be provided			
└ **hl7:city**	ADXP	**0 … 1**	C	Subject's or Organization's City		(IPS...ian)
└ **hl7:postalCode**	ADXP	**0 … 1**	C	Subject's or Organization's Postal Code		(IPS...ian)
└ **hl7:state**	ADXP	**0 … 1**	C	Subject's or Organization's State or Province		(IPS...ian)
└ **hl7:country**	ADXP	**0 … 1**	C	Subject's Country.		(IPS...ian)
	Constraint		The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.			

8.3 IPS CDA documentationOf

Id	2.16.840.1.113883.10.22.2.6	**Effective Date**	2017-04-12
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSdocumentationOfPCPR	**Display Name**	IPS CDA documentationOf

Description

The documentationOf relationship in an International Patient Summary contains the representation of providers who are wholly or partially responsible for the safety and well-being of a subject of care.

The main activity being described by a IPS is the provision of healthcare over a period of time. This is shown by setting the value of serviceEvent/@classCode to "PCPR" (care provision) and indicating the duration over which care was provided in serviceEvent/effectiveTime. Additional data from outside this duration may also be included if it is relevant to care provided during that time range (e.g., reviewed during the stated time range).

For example if the IPS is generated by a GP based on information recorded in his/her EHR-S, then the low value should represent the date when the treatment relationship

between the patient and the GP started; and the high value the date of the latest care event.

Classification	CDA Header Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	Uses 2 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.9.3	Include	🟠 IPS CDA Person (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.9.1	Containment	🟠 IPS CDA Organization (STU1)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.10.12.110 *CDA documentationOf* (2005-09-07) `ref ad1bbr-`

Example	Example
| | ```xml
<documentationOf typeCode="DOC">
  <serviceEvent classCode="PCPR" moodCode="EVN">
    <id root="1.2.3.999" extension="__example only__"/>
    <effectiveTime>
      <low nullFlavor="UNK"/>
      <high value="20170613124706"/>
    </effectiveTime>
    <performer typeCode="PRF">
      <assignedEntity>
        <id root="1.2.3.999" extension="__example only__"/>
        <code code="22" displayName="Health professionals" codeSystem="2.16.840.1.113883.2.9.6.2.7"/>
        <addr nullFlavor="NI"/>
        <telecom nullFlavor="NI"/>
        <assignedPerson>
          <!-- template 'IPS CDA Person' (dynamic) -->
        </assignedPerson>
        <representedOrganization>
          <!-- template 'IPS CDA Organization' (dynamic) -->
        </representedOrganization>
      </assignedEntity>
    </performer>
  </serviceEvent>
</documentationOf>
``` |

Item	DT	Card	Conf	Description	Label

hl7:documentationOf		0 ... * R	The documentationOf relationship in an International Patient Summary contains the representation of providers who are wholly or partially responsible for the safety and well-being of a subject of care.	(IPS...CPR)
└ @typeCode	cs	0 ... 1 F	DOC	
	Example			

```
<documentationOf>
  <serviceEvent classCode="PCPR">
    <effectiveTime>
      <low nullFlavor="NI"/>
      <high value="20110308"/>
    </effectiveTime>
    <performer typeCode="PRF">
      <!-- See example below -->
    </performer>
  </serviceEvent>
</documentationOf>
```

└ hl7:serviceEvent		1 ... 1 R	The main activity being described by a IPS is the provision of healthcare over a period of time. This is shown by setting the value of serviceEvent/@classCode to "PCPR" (care provision) and indicating the duration over which care was provided in serviceEvent/effectiveTime. Additional data from outside this duration may also be included if it is relevant to care provided during that time range (e.g., reviewed during the stated time range).

For example if the IPS is generated by a GP based on information recorded in his/her EHR-S, then the low value should represent the date when the treatment relationship between the patient and the GP started; and the high value the date of the latest care event. | (IPS...CPR) |
└ @classCode	cs	1 ... 1 F	PCPR	
└ @moodCode	cs	1 ... 1 F	EVN	
└ hl7:id	II	0 ... * R		(IPS...CPR)
└ hl7:effectiveTime	IVL_TS	1 ... 1 R		(IPS...CPR)
└ hl7:low	TS	1 ... 1 R		(IPS...CPR)

└ **hl7:high**	TS	**1 ... 1 R**	(IPS...CPR)
└ **hl7:performer**		**0 ... * R**	It represents the healthcare providers involved in the current or pertinent historical care of the patient. Preferably, the patient's key healthcare providers would be listed, particularly their primary physician and any active consulting physicians, therapists, and counselors	(IPS...CPR)
└ **@typeCode**	cs	**1 ... 1 R**	

CONF	The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19601 *x_ServiceEventPerformer* (DYNAMIC)
| Example | ```xml
<performer typeCode="PRF">
  <assignedEntity>
    <id assigningAuthorityName="MEF" displayable="false" extension="DVLMMG57R07F205G" root="2.16.840.1.113883.2.9.4.3.2"/>
    <code code="221" codeSystem="2.16.840.1.113883.2.9.6.2.7" codeSystemName="ISCO" displayName="Medical doctors">
      <translation codeSystem="2.16.840.1.113883.2.9.5.1.111" code="MMG" displayName="Medico di Medicina Generale"/>
    </code>
    <addr nullFlavor="NI"/>
    <telecom nullFlavor="NI"/>
    <assignedPerson>
      <name>
        <family>DVALUNO</family>
        <given>MMG</given>
      </name>
    </assignedPerson>
    <representedOrganization>
      <id assigningAuthorityName="A.S.L. DELLA PROVINCIA DI LECCO" extension="030305" root="2.16.840.1.113883.2.9.4.1.1"/>
      <name>A.S.L. DELLA PROVINCIA DI LECCO</name>
      <telecom nullFlavor="NI"/>
      <addr>
        <state>LECCO</state>
        <city>LECCO</city>
        <country>IT</country>
        <postalCode>23900</postalCode>
        <streetAddressLine>CORSO CARLO ALBERTO,120</streetAddressLine>
      </addr>
    </representedOrganization>
  </assignedEntity>
</performer>
``` |

└ `hl7:functionCode`	CE.IPS	**0 ... 1 R**		(IPS...CPR)
└ `hl7:time`	IVL_TS.IPS.TZ	**0 ... 1 R**		(IPS...CPR)
└ `hl7:assignedEntity`		**1 ... 1 M**		(IPS...CPR)
└ `hl7:id`	II	**1 ... * R**	Healthcare provider ID number	(IPS...CPR)
└ `hl7:code`	CE.IPS (extensible)	**0 ... 1 R**	It describes the professional role of the healthcare provider involved in the current or pertinent historical care of the patient.	(IPS...CPR)
	CONF		The value of @code should be drawn from value set 2.16.840.1.113883.11.22.53 *IPS Healthcare Professional Roles* (DYNAMIC)	
└ `hl7:addr`	AD.IPS	**1 ... * R**		(IPS...CPR)
└ `hl7:telecom`	TEL.IPS	**1 ... * R**		(IPS...CPR)
└ `hl7:assignedPerson`		**0 ... 1**		(IPS...CPR)
Included			from 2.16.840.1.113883.10.22.9.3 *IPS CDA Person* (DYNAMIC)	
└ `@classCode`	cs	**0 ... 1 F**	PSN	
└ `@determinerCode`	cs	**0 ... 1 F**	INSTANCE	
└ `hl7:name`	PN	**1 ... * R**		(IPS...CPR)
└ `hl7:representedOrganization`		**0 ... 1**	Contains 2.16.840.1.113883.10.22.9.1 *IPS CDA Organization* (DYNAMIC)	(IPS...CPR)

8.4 IPS CDA legalAuthenticator

Id	2.16.840.1.113883.10.22.2.4	Effective Date	2017-04-11
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSCDAlegalAuthenticator	Display Name	IPS CDA legalAuthenticator

Description

The legalAuthenticator identifies the single person legally responsible for the document and must be present if the document has been legally authenticated. A clinical document that does not contain this element has not been legally authenticated.
The act of legal authentication requires a certain privilege be granted to the legal authenticator depending upon local policy. Based on local practice, clinical documents may be released before legal authentication.
All clinical documents have the potential for legal authentication, given the appropriate credentials.

Local policies MAY choose to delegate the function of legal authentication to a device or system that generates the clinical document. In these cases, the legal authenticator is a person accepting responsibility for the document, not the generating device or system.
Note that the legal authenticator, if present, must be a person.

Classification	CDA Header Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	**Uses 1 template**
		Uses	as	Name	Version	
	2.16.840.1.113883.10.22.9.1	Containment	🟠 IPS CDA Organization (STU1)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.10.12.106 *CDA legalAuthenticator* (2005-09-07) ref ad1bbr-

Example	**Example**
| | ```xml
<legalAuthenticator>
  <time value="20111013150937-0800"/>
  <signatureCode code="S"/>
  <assignedEntity>
    <id extension="admin" root="2.16.17.710.780.1000.903.1.1.3.3"/>
    <assignedPerson>
      <name>
        <given>John</given>
        <family>Español Smith</family>
``` |

```
        </name>
      </assignedPerson>
      <representedOrganization>
        <name>Healthcare Facility's name</name>
        <addr>
          <country>NL</country>
          <streetName>Duinweg</streetName>
          <houseNumber>23</houseNumber>
          <postalCode>7364 RX</postalCode>
          <city>Amsterdam</city>
        </addr>
      </representedOrganization>
    </assignedEntity>
  </legalAuthenticator>
```

Item	DT	Card	Conf	Description	Label
hl7:legalAuthenticator			**R**		(IPS...tor)
	Example				
└ **hl7:time**	TS.IPS.TZ	1 ... 1	M	Time of signing the document	(IPS...tor)
└ **hl7:signatureCode**	CS	0 ... 1	R	Signature code	(IPS...tor)

```
<legalAuthenticator>
  <time value="20111013150937-0800"/>
  <signatureCode code="S"/>
  <assignedEntity>
    <id extension="admin" root="2.16.17.710.780.1000.903.1.1.3.3"/>
    <assignedPerson>
      <name>
        <given>John</given>
        <family>Español Smith</family>
      </name>
    </assignedPerson>
    <representedOrganization>
      <name>Healthcare Facility's name</name>
      <addr>
        <country>NL</country>
        <streetName>Duinweg</streetName>
        <houseNumber>23</houseNumber>
        <postalCode>7364 RX</postalCode>
        <city>Amsterdam</city>
      </addr>
    </representedOrganization>
  </assignedEntity>
</legalAuthenticator>
```

└ **@code**	CONF	**0 ... 1 F**	S	
└ **hl7:assignedEntity**		**0 ... 1 R**	The entity that is responsible for the legal authentication of the CDA document	(IPS...tor)
└ **hl7:id**		**1 ... * R**	Unique identification of legal authenticator	(IPS...tor)
└ **hl7:addr**	**AD.IPS**	**1 ... * R**		(IPS...tor)
└ **hl7:telecom**	**TEL.IPS**	**1 ... * R**		(IPS...tor)
└ **hl7:assignedPerson**		**1 ... 1 R**		(IPS...tor)
└ **@classCode**	CS	**0 ... 1** F	PSN	
└ **@determinerCode**	CS	**0 ... 1** F	INSTANCE	
└ **hl7:name**	**PN**	**1 ... * R**	Name of the legal authenticator	(IPS...tor)

	Example		`<name>`
			  `<given>John</given>`
			  `<family>Español Smith</family>`
			`</name>`	

└ **hl7:family**		**1 ... * R**	HP Family Name/Surname	(IPS...tor)
└ **hl7:given**		**1 ... * R**	HP Given Name	(IPS...tor)
└ **hl7:representedOrganization**		**1 ... 1 M**	Organization the legal authenticator is acting for Contains 2.16.840.1.113883.10.22.9.1 *IPS CDA Organization* (DYNAMIC)	(IPS...tor)

8.5 IPS CDA Organization

Id	2.16.840.1.113883.10.22.9.1	**Effective Date**	2017-04-11

Status	🟠 Under pre-publication review		Version Label	STU1
Name	IPSCDAOrganization		Display Name	IPS CDA Organization
Description	This is a reusable template providing essential information for describing / identifying an organization.			
Classification	CDA Header Level Template			
Open/Closed	Open (other than defined elements are allowed)			

Uses

Uses 1 template

Uses	as	Name	Version
2.16.840.1.113883.10.22.11	Include 🟠	IPS Address (STU1)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.3.1937.777.11.10.111 *epSOS CDA Organization* (2013-12-20) `ref epsos-`

Example

```
<id root="1.2.3.999" extension="__example only__"/>
<name>name</name>
<name>SESCAM</name>
<telecom use="WP" value="tel:+34925274100"/>
<telecom use="WP" value="mailto:best.organization@foo.too.es"/>
<addr use="WP">
  <state>Castilla-La Mancha</state>
  <city>Toledo</city>
  <precinct>Toledo</precinct>
  <country>ES</country>
  <postalCode>45071</postalCode>
  <streetAddressLine>Av. Río Guadiana, 4</streetAddressLine>
</addr>
```

Item	DT	Card	Conf	Description	Label
@classCode	cs	1 ... 1	F	ORG	
@determinerCode	cs	1 ... 1	F	INSTANCE	
hl7:id	II	1 ... *	R		(IPS...ion)

└ **@nullFlavor**	cs	**0 … 1**		
hl7:name	**ON**	**1 … 1**	**R**	(IPS...ion)
└ **@nullFlavor**	cs	**0 … 1**		
hl7:telecom	**TEL**	**1 … ***	**R**	(IPS...ion)
└ **@use**	set_cs	**1 … 1**	R	

CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunication-AddressUse* (DYNAMIC)

└ **@nullFlavor**	cs	**0 … 1**	

Constraint	If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present.

hl7:addr	**AD.IPS**	**1 … 1**	**R**	(IPS...ion)
Included		from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)		
└ **@use**	set_cs	**0 … 1**		

CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddressUse* (2005-05-01)

└ **@nullFlavor**	cs	**0 … 1**	F	NI

Constraint	SHALL NOT have mixed content except for white space If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.

Schematron assert	role	error
	test	@nullFlavor or hl7:*
	Message	If addr is not nullflavored at least one sub element has to be provided

└ **hl7:streetAddressLine**	ADXP	0 ... *	C	Subject's or Organization's Street Address Line	(IPS...ion)

	role	error
Schematron assert	test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)
	Message	If the address line is included either the city or the zip code has to be provided

└ **hl7:city**	ADXP	0 ... 1	C	Subject's or Organization's City	(IPS...ion)
└ **hl7:postalCode**	ADXP	0 ... 1	C	Subject's or Organization's Postal Code	(IPS...ion)
└ **hl7:state**	ADXP	0 ... 1	C	Subject's or Organization's State or Province	(IPS...ion)
└ **hl7:country**	ADXP	0 ... 1	C	Subject's Country.	(IPS...ion)

Constraint	The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.

8.6 IPS CDA Person

Id	2.16.840.1.113883.10.22.9.3	**Effective Date**	2017-04-12
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSCDAPerson	**Display Name**	IPS CDA Person
Description	Person name		
Classification	CDA Header Level Template		
Open/Closed	Open (other than defined elements are allowed)		

Relationship	Adaptation: template 2.16.840.1.113883.10.12.152 *CDA Person* (2005-09-07) ref ad1bbr-

Item	DT	Card	Conf	Description	Label
@classCode	cs	**0 ... 1** F		PSN	
@determinerCode	cs	**0 ... 1** F		INSTANCE	
hl7:name	PN	**1 ... * R**			(IPS...son)

8.7 IPS CDA recordTarget

Id	2.16.840.1.113883.10.22.2.1	**Effective Date**	2021-09-02 12:10:24 Other versions this id: ▪ ◯ IPSCDArecordTarget as of 2020-07-14 16:56:08 ▪ ◯ IPSCDArecordTarget as of 2017-04-11
Status	🟡 Draft	**Version Label**	2021
Name	IPSCDArecordTarget	**Display Name**	IPS CDA recordTarget

Description
The recordTarget records the administrative and demographic data of the patient whose health information is described by the clinical document; each recordTarget must contain at least one patientRole element.

Classification	CDA Header Level Template
Open/Closed	Open (other than defined elements are allowed)
Associated with	Associated with 9 concepts

	Id	Name	Data Set
	hl7ips-dataelement-100	🟡 Telecoms	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-135	🟡 Patient's preferred language	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-162	🟡 Address	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-2.1	🟡 Patient Attributes	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-202	🟡 Healthcare related Identifiers	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-3	🟡 Patient's name	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-4	🟡 Administrative gender	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-5	🟡 Date of birth	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-7	🟡 Insurance identifier	🟡 CEN/TC 251 prEN 17269

Uses	Uses 1 template			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.11	Include	🟠 IPS Address (STU1)	DYNAMIC

Relationship	Version: template 2.16.840.1.113883.10.22.2.1 *IPS CDA recordTarget* (2020-07-14 16:56:08) Adaptation: template 2.16.840.1.113883.3.1937.777.11.10.100 *epSOS CDA recordTarget* (2013-12-20) `ref epsos-` Adaptation: template 2.16.840.1.113883.10.12.101 *CDA recordTarget* (2005-09-07) `ref ad1bbr-`

Example	Example
	`<recordTarget typeCode="RCT" contextControlCode="OP">`

```
<patientRole classCode="PAT">
  <id root="1.2.3.999" extension="__example only__"/>
  <addr>
    <streetAddressLine>HSE M CASSAR STR</streetAddressLine>
    <city>ISLA</city>
    <country>MT</country>
  </addr>
  <telecom use="HP" value="tel:+356124567891"/>
  <telecom use="WP" value="mailto:elif@foo.too.mt"/>
  <patient>
    <name>
      <family>BORG</family>
      <given>TANIA</given>
    </name>
    <administrativeGenderCode code="F" codeSystem="2.16.840.1.113883.5.1" displayName="Female"/>
    <birthTime value="19430130"/>
    <!-- Optional guardian information ; see example below-->
    <!-- Optional languageCommunication information see example below -->
  </patient>
</patientRole>
</recordTarget>
```

Item	DT	Card	Conf	Description	Label
hl7:recordTarget		**1 ... ***	**R**		(IPS...get)
└ **@typeCode**	cs	**0 ... 1**	F	RCT	
└ **@contextControlCode**	cs	**0 ... 1**	F	OP	
				Example	

```
<recordTarget typeCode="RCT" contextControlCode="OP">
  <patientRole classCode="PAT">
    <id root="1.2.3.999" extension="__example only__"/>
    <addr>
      <streetAddressLine>HSE M CASSAR STR</streetAddressLine>
      <city>ISLA</city>
      <country>MT</country>
    </addr>
    <telecom use="HP" value="tel:+356124567891"/>
    <telecom use="WP" value="mailto:elif@foo.too.mt"/>
    <patient>
      <name>
        <family>BORG</family>
        <given>TANIA</given>
      </name>
      <administrativeGenderCode code="F" codeSystem="2.16.840.1.113883.5.1" displayName="Fe-
```

```
                                        male"/>
                                            <birthTime value="19430130"/>
                                            <!-- Optional guardian information ; see example below-->
                                            <!-- Optional languageCommunication information see example below -->
                                        </patient>
                                    </patientRole>
                                </recordTarget>
```

└ **hl7:patientRole**		**1 ... 1**	**M**		(IPS...get)
	◎ hl7ips-dataelement-2.1		🟡 Patient Attributes	🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	**0 ... 1**	F	PAT	
└ **hl7:id**	II	**1 ... ***	R	Patient Identifiers: Primary Patient Identifier (Regional/National Health Id), Secondary Patient Identifier (Social/Insurance Number)	(IPS...get)
	◎ hl7ips-dataelement-202		🟡 Healthcare related Identifiers	🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-7		🟡 Insurance identifier	🟡 CEN/TC 251 prEN 17269	
└ **hl7:addr**	AD.IPS	**1 ... ***	R	The patient address.	(IPS...get)
	◎ hl7ips-dataelement-162		🟡 Address	🟡 CEN/TC 251 prEN 17269	
	Constraint		When used for cross-border exchange the country address part has to be provided.		
Included				from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)	
└ **@use**	set_cs	**0 ... 1**			
	CONF		The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddressUse* (2005-05-01)		
└ **@nullFlavor**	cs	**0 ... 1**	F	NI	
	Constraint		SHALL NOT have mixed content except for white space. If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.		
	Schematron assert	role		error	

		test		@nullFlavor or hl7:*		
		Message		If addr is not nullflavored at least one sub element has to be provided		
└ **hl7:streetAddressLine**	**ADXP**	**0 ... ***	**C**	Subject's or Organization's Street Address Line	(IPS...get)	
		role	error			
	Schematron assert	test		hl7:streetAddressLine and (hl7:city or hl7:postalCode)		
		Message		If the address line is included either the city or the zip code has to be provided		
└ **hl7:city**	**ADXP**	**0 ... 1**	**C**	Subject's or Organization's City	(IPS...get)	
└ **hl7:postalCode**	**ADXP**	**0 ... 1**	**C**	Subject's or Organization's Postal Code	(IPS...get)	
└ **hl7:state**	**ADXP**	**0 ... 1**	**C**	Subject's or Organization's State or Province	(IPS...get)	
└ **hl7:country**	**ADXP**	**0 ... 1**	**C**	Subject's Country.	(IPS...get)	
	Constraint			The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.		
└ **hl7:telecom**	**TEL**	**1 ... ***	**R**	Patient's telecom information : e.g. telephone number, e-mail address.	(IPS...get)	
	◎ hl7ips-dataelement-100		🟡 Telecoms		🟡 CEN/TC 251 prEN 17269	
└ **@use**	set_cs	**0 ... 1**				
	CONF			The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunication-AddressUse* (DYNAMIC)		
└ **@nullFlavor**	cs	**0 ... 1**	F	NI		
	Constraint			If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present.		
	Example			`<telecom use="HP" value="tel:+356124567891"/>`		

	Example				`<telecom use="WP" value="mailto:elif@foo.too.mt"/>`	
	Example				`<telecom nullFlavor="NI"/>`	
hl7:patient			**1 … 1**	**M**		(IPS...get)
@classCode	cs		**0 … 1**	F	PSN	
@determinerCode	cs		**0 … 1**	F	INSTANCE	
	Example				Japanese example (Person Name)	

```xml
<patient>
  <name use="IDE">
    <family>木村</family>
    <given>通男</given>
  </name>
  <name use="SYL">
    <family>きむら</family>
    <given>みちお</given>
  </name>
  <name use="ABC">
    <family>KIMURA</family>
    <given>MICHIO</given>
  </name>
  <administrativeGenderCode code="M" codeSystem="2.16.840.1.113883.5.1" displayName="Male"/>
  <birthTime nullFlavor="UNK"/>
</patient>
```

hl7:name	PN		**1 … ***	**M**	Patient Name	(IPS...get)
	◎ hl7ips-dataelement-3		🟡 Patient's name		🟡 CEN/TC 251 prEN 17269	
	Constraint		The Alphabetic representation of the name SHALL be always provided			
hl7:family			**1 … ***	R	Patient's Family Name/Surname	(IPS...get)
hl7:given			**1 … ***	R	Patient's Given Name	(IPS...get)
hl7:administrativeGenderCode	CE.IPS		**1 … 1**	R	Patient's Gender	(IPS...get)
	◎ hl7ips-dataelement-4		🟡 Administrative gender		🟡 CEN/TC 251 prEN 17269	

└ **@nullFlavor**	cs	**0 … 1**	F	UNK

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.1 *Administrative Gender (HL7 V3)* (DYNAMIC)
Example	```<administrativeGenderCode code="F" codeSystem="2.16.840.1.113883.5.1" displayName="Female">
<translation code="2" codeSystem="2.16.840.1.113883.3.129.1.2.21" codeSystemName="Cinsiyet"
displayName="Kadın"/>
</administrativeGenderCode>```

└ **hl7:birthTime**	TS	**1 … 1**	R	Patient's Date of Birth. The patient date of birth may be a partial date such as only the year.	(IPS...get)

◎ hl7ips-dataelement-5	🟡 Date of birth	🟡 CEN/TC 251 prEN 17269

└ **hl7:guardian**		**0 … ***	R	The guardians of a patient. Other patient contacts are described using the /ClinicalDocument/participant structure. The \<associatedEntity\> element defines the type of contact.	(IPS...get)

└ **@classCode**	cs	**1 … 1**	F	GUARD	

| Example | ```<guardian classCode="GUARD">
  <code code="AUNT" displayName="tante" codeSystem="2.16.840.1.113883.5.111"/>
  <addr nullFlavor="NI"/>
  <telecom use="MC" value="tel:+33-12345678"/>
  <guardianPerson>
    <name>
      <family>Curie</family>
      <given>Marie</given>
    </name>
  </guardianPerson>
</guardian>``` |
|---|---|

└ **hl7:code**	**CD.IPS**	**0 … 1**	R	The relationship between the patient and the guardian or other contact may be recorded in the `element`.	(IPS...get)

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19563 *PersonalRelation-*

		shipRoleType (DYNAMIC)			
└ **hl7:addr**	AD.IPS	**1 … ***	**R**		(IPS...get)
	Constraint	If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.			
Included		from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)			
└ **@use**	set_cs	**0 … 1**			
	CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddressUse* (2005-05-01)			
└ **@nullFlavor**	cs	**0 … 1**	F	NI	
	Constraint	SHALL NOT have mixed content except for white space If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts listed below shall be present.			
	Schematron assert	role	error		
		test	@nullFlavor or hl7:*		
		Message	If addr is not nullflavored at least one sub element has to be provided		
└ **hl7:streetAddressLine**	ADXP	**0 … ***	C	Subject's or Organization's Street Address Line	(IPS...get)
	Schematron assert	role	error		
		test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)		
		Message	If the address line is included either the city or the zip code has to be provided		
└ **hl7:city**	ADXP	**0 … 1**	C	Subject's or Organization's City	(IPS...get)
└ **hl7:postalCode**	ADXP	**0 … 1**	C	Subject's or Organization's Postal Code	(IPS...get)
└ **hl7:state**	ADXP	**0 … 1**	C	Subject's or Organization's State or Province	(IPS...get)

└ `hl7:country`	ADXP	0 … 1	C	Subject's Country.	(IPS...get)
	Constraint			The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.	
└ `hl7:telecom`	TEL	1 … *	R	Guardian's telecom information: e.g. telephone number; e-mail address.	(IPS...get)
└ `@use`	set_cs	0 … 1			
	CONF			The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunication-AddressUse* (DYNAMIC)	
└ `@nullFlavor`	cs	0 … 1	F	NI	
	Constraint			If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present.	
└ `hl7:guardianPerson`		1 … 1	R		(IPS...get)
└ `hl7:name`	PN	1 … *	R	Patient Guardian's Name	(IPS...get)
└ `hl7:family`	ENXP	1 … *	R	Patient Guardian's Family Name/Surname	(IPS...get)
└ `hl7:given`	ENXP	1 … *	R	Patient Guardian's Given Name	(IPS...get)
└ `hl7:languageCommunication`		0 … *	R		(IPS...get)
└ `hl7:languageCode`	CS	1 … 1	R	Patient's language	(IPS...get)
	◎ hl7ips-dataelement-135		🟡 Patient's preferred language		🟡 CEN/TC 251 prEN 17269
	Constraint			The two characters form SHALL be used when available; otherwise the three characters representation SHALL be adopted	
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.4.642.3.21 *All Lan-*	

	guages (DYNAMIC)		
Example	British English `<languageCode code="en-GB"/>`		
Example	Amurdak (Australia) `<languageCode code="amg-AU"/>`		
Schematron assert	role	error	
	test	matches(@code,'[a-z]{2,3}-[A-Z]{2,3}')	
	Message	The language code SHALL be in the form nn-CC or nnn-CCC, in accordance with BCP 47 (e.g. nn is the ISO language code; CC is ISO country code)	

8.8 IPS CDA relatedDocument

Id	2.16.840.1.113883.10.22.2.7	**Effective Date**	2017-04-12
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSCDArelatedDocument	**Display Name**	IPS CDA relatedDocument

Description

An IPS may have three types of parent document:

- A superseded version that the present instance of the document wholly replaces (typeCode = RPLC).

- A source document from which the present document is transformed (typeCode = XFRM). An IPS may be created by transformation from an already existing local Patient Summary or an IPS document. An example of this case is the creation of a derived instance in which translations are appended in order to facilitate the cross-border usage of this document; or the case in which a local patient summary is transformed to originate a new IPS instance.

- An original version that the present document integrates (typeCode = APND). Some cross-border legal agreements (e.g. the European Digital Service Infrastructure for eHealth) require the

patient summary to be accompanied by a printable representation of the original national data / document this IPS comes from. The relationship between the IPS and this content may be tracked using this relationship.

> *Note 1: even for countries not dealing with real documents in their National Infrastructures (e.g. data collected from local databases), this mechanism could be useful to identify the collection of data used for generating the epSOS CDAs, facilitating the information backtracking. In that case the ID might be that of the epSOS friendly document or of any other kind of intermediate document used for generating the NCP document input.*
>
> *Note 2: even if none of the allowable relationships defined by the CDA standard (XFRM, RPLC, APND) fits perfectly with the described case; the APND relationship seems to be the one that fits the better. In fact "An addendum is a separate document that references the parent document, and may extend or alter the observations in the prior document. The parent document remains a current component of the patient record, and the addendum and its parent are both read by report recipients."*

Classification	CDA Header Level Template
Open/Closed	Open (other than defined elements are allowed)
Relationship	Adaptation: template 2.16.840.1.113883.10.12.111 *CDA relatedDocument* (2005-09-07) ref ad1bbr-

Example	**Example of national document identified by its ID**
	
	``xml
	<relatedDocument typeCode="XFRM">
	  <!-- the IPS is obtained as trasformation of the "aa-bb-cc" document -->
	  <parentDocument>
	    <id root="aa-bb-cc"/>
	  </parentDocument>
	</relatedDocument>
	``

Example	**Reference to the local PS and to supporting documentation**
	
	``xml
	<!-- the example starts here -->
	<relatedDocument typeCode="XFRM">
	  <!-- the IPS is obtained as trasformation of the "aa-bb-cc" Local Patient Summary -->
	  <parentDocument>
	    <id root="aa-bb-cc"/>
	  </parentDocument>
	</relatedDocument>
	``

```
<relatedDocument typeCode="APND">
  <!-- the IPS is integrated by the information provided by the "aa1-bb1-cc1" document -->
  <parentDocument>
    <id root="aa1-bb1-cc1"/>
  </parentDocument>
</relatedDocument>
<!-- the example ends here -->
```

Item	DT	Card	Conf	Description	Label
hl7:relatedDocument		**0 ... ***	**R**		(IPS...ent)
└ **@typeCode**	cs	**1 ... 1**	R		
	CONF			The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.11610 *x_ActRelationship-Document* (DYNAMIC)	
└ **hl7:parentDocument**		**1 ... 1**	**R**		(IPS...ent)
└ **@classCode**	cs	**0 ... 1**	F	DOCCLIN	
└ **@moodCode**	cs	**0 ... 1**	F	EVN	
└ **hl7:id**	II	**1 ... ***	R		(IPS...ent)
└ **hl7:code**	**CD.IPS**	**0 ... 1**	R		(IPS...ent)
└ **@codeSystem**	CONF	**0 ... 1**	F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:text**	ED	**0 ... 1**	R		(IPS...ent)
└ **hl7:setId**	II	**0 ... 1**	R		(IPS...ent)
└ **hl7:versionNumber**	INT	**0 ... 1**	R		(IPS...ent)

8.9 IPS Patient Contacts

Id	2.16.840.1.113883.10.22.2.5	Effective Date	2017-04-12
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSCDAContacts	Display Name	IPS Patient Contacts

Description

The IPS may record several kinds of patient contacts, including parents, relatives, caregivers, and others related in some way to the patient.
A patient contact may be an individual or an organization with a relationship to the patient, including health provider (person or organization) to be contacted in case of emergency.

Classification	CDA Header Level Template
Open/Closed	Open (other than defined elements are allowed)

	Associated with 8 concepts		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-121	🟠 Name	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-154	🟡 Patient's Address Book	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-163	🟡 Preferred Healthcare providers	🟠 CEN/TC 251 prEN 17269
Associated with	hl7ips-dataelement-165	🟠 Healthcare Provider (person)	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-166	🟠 Healthcare Provider (organisation)	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-169	🟡 Telecoms	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-172	🟡 Organisation's Name	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-174	🟠 Telecoms	🟠 CEN/TC 251 prEN

				17269

	Uses 1 template			
Uses	**Uses**	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.11	Include	🟠 IPS Address (STU1)	DYNAMIC

Relationship

Adaptation: template 2.16.840.1.113883.10.12.108 *CDA participant* (DYNAMIC) `ref` `ad1bbr-`
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.2.4 *IHE Patient Contacts* (DYNAMIC) `ref` `IHE-PCC-`

Example

Contact person

```xml
<participant typeCode="IND">
  <templateId root="2.16.840.1.113883.10.22.2.5"/>
  <associatedEntity classCode="NOK">
    <addr>
      <streetAddressLine>Promenade des Anglais 111</streetAddressLine>
      <city>Lyon</city>
      <postalCode>69001</postalCode>
      <country>FR</country>
    </addr>
    <telecom value="tel:(+33)555-20036" use="WP"/>
    <associatedPerson>
      <name>
        <given>Martha</given>
        <family>Mum</family>
      </name>
    </associatedPerson>
  </associatedEntity>
</participant>
```

Example

Preferred Health Professional for emergency contact

```xml
<participant typeCode="IND">
  <templateId root="2.16.840.1.113883.10.22.2.5"/>
  <functionCode code="PCP" codeSystem="2.16.840.1.113883.5.88"/>
  <time value="20070213"/>
  <associatedEntity classCode="ECON">
    <addr>
      <streetAddressLine>Karl Strasse</streetAddressLine>
      <city>Freiberg</city>
      <postalCode>09599</postalCode>
      <country>DE</country>
```

```
      </addr>
      <telecom value="tel:(+49)761-11110000" use="WP"/>
      <associatedPerson>
        <name>
          <given>Arzt</given>
          <family>Guter</family>
        </name>
      </associatedPerson>
    </associatedEntity>
</participant>
```

Item	DT	Card	Conf	Description	Label
hl7:participant			R	Patient contacts or the Preferred Health Professional to contact in case of emergency.	(IPS...cts)
where *[hl7:templateId/@root='2.16.840.1.113883.10.22.2.5']*					

	⦿ hl7ips-dataelement-154	🟡 Patient's Address Book	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-163	🟡 Preferred Healthcare providers	🟡 CEN/TC 251 prEN 17269

Item	DT	Card	Conf	Description	Label
└ **@typeCode**	cs	1 ... 1	F	IND	

```
<participant typeCode="IND">
  <templateId root="2.16.840.1.113883.10.22.2.5"/>
  <associatedEntity classCode="NOK">
    <addr>
      <streetAddressLine>Promenade des Anglais 111</streetAddressLine>
      <city>Lyon</city>
      <postalCode>69001</postalCode>
      <country>FR</country>
    </addr>
    <telecom value="tel:(+33)555-20036" use="WP"/>
    <associatedPerson>
      <name>
        <given>Martha</given>
        <family>Mum</family>
      </name>
    </associatedPerson>
  </associatedEntity>
</participant>
```

Example

Item	DT	Card	Conf	Description	Label
└ **hl7:templateId**	II	1 ... 1	M		(IPS...cts)

└ **@root**	uid		**1 … 1**	F	2.16.840.1.113883.10.22.2.5	
└ **hl7:functionCode**			**0 … 1**	C	The <functionCode> element may be used to indicate that this participant is the preferred Health Professional to contact in case of emergency.</functionCode>	(IPS...cts)
└ **@code**		CONF	**0 … 1**	F	PCP	
└ **@codeSystem**			**0 … 1**	F	2.16.840.1.113883.5.88 (Participation Function)	
└ **hl7:associatedEntity**				R	The <associatedEntity> element identifies the type of contact. </associatedEntity>	(IPS...cts)
└ **@classCode**	cs		**1 … 1**	R		
		CONF			The value of @classCode shall be drawn from value set 2.16.840.1.113883.11.20.9.33 *INDRole-classCodes* (DYNAMIC)	

```xml
<associatedEntity classCode="ECON">
  <addr>
    <streetAddressLine>Karl Strasse</streetAddressLine>
    <city>Freiberg</city>
    <postalCode>09599</postalCode>
    <country>DE</country>
  </addr>
  <telecom value="tel:+49-761-11110000" use="WP"/>
  <associatedPerson>
    <name>
      <given>Arzt</given>
      <family>Guter</family>
    </name>
  </associatedPerson>
</associatedEntity>
```
(labelled: Example)

└ **hl7:code**	**CV.IPS**		**0 … 1**	R	This element indicates the relationship between the patient and this participant.	(IPS...cts)
		CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.54 *IPS Personal Relationship* (DYNAMIC) or The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.53 *IPS Healthcare Professional Roles* (DYNAMIC)	

		Example		`<code code="AUNT" displayName="θεία" codeSystem="2.16.840.1.113883.5.111"/>`		
└ **hl7:addr**		AD.IPS	1 … *	R	Patient Contact's / Preferred HP's Address	(IPS...cts)
		Schematron assert	role	error		
			test	@nullFlavor or hl7:*		
Included			Message	If addr is not nullflavored at least one sub element has to be provided		
				from 2.16.840.1.113883.10.22.11 *IPS Address* (DYNAMIC)		
└ **@use**		set_cs	0 … 1			
		CONF	The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.10637 *PostalAddres- sUse* (2005-05-01)			
└ **@nullFlavor**		cs	0 … 1	F	NI	
		Constraint	SHALL NOT have mixed content except for white space If there is no information, the nullFlavor attribute shall have a value of 'NI' and no address parts shall be present, otherwise there shall be no nullFlavor attribute, and at least one of the address parts list- ed below shall be present.			
		Schematron assert	role	error		
			test	@nullFlavor or hl7:*		
			Message	If addr is not nullflavored at least one sub element has to be provided		
└ **hl7:streetAddressLine**		ADXP	0 … *	C	Subject's or Organization's Street Address Line	(IPS...cts)
		Schematron assert	role	error		
			test	hl7:streetAddressLine and (hl7:city or hl7:postalCode)		
			Message	If the address line is included either the city or the zip code has to be provided		
└ **hl7:city**		ADXP	0 … 1	C	Subject's or Organization's City	(IPS...cts)
└ **hl7:postalCode**		ADXP	0 … 1	C	Subject's or Organization's Postal Code	(IPS...cts)
└ **hl7:state**		ADXP	0 … 1	C	Subject's or Organization's State or Province	(IPS...cts)

└ **hl7:country**	ADXP	0 … 1	C	Subject's Country.		(IPS...cts)
	Constraint			The content of this element SHALL be selected EITHER from ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300 DYNAMIC OR MAY be selected from ISO Country Alpha-3 2.16.840.1.113883.1.11.171 DYNAMIC, IF the country is not specified in ValueSet ISO Country Alpha-2 urn:oid:2.16.840.1.113883.1.11.20300.		
└ **hl7:telecom**	TEL	1 … *	R	Patient Contact's / Preferred HP's/Legal Organization telephone or e-mail \<telecom\> element is required.\</telecom\>		(IPS...cts)
	◎ hl7ips-dataelement-169			🟡 Telecoms	🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-174			🟡 Telecoms	🟡 CEN/TC 251 prEN 17269	
└ **@use**	set_cs	0 … 1				
	CONF			The value of @use shall be drawn from value set 2.16.840.1.113883.1.11.201 *Telecommunication-AddressUse* (DYNAMIC)		
└ **@nullFlavor**	cs	0 … 1	F	NI		
	Constraint			If there is no information, the nullFlavor attribute shall have a value of 'NI' and the "value" and "use" attributes shall be omitted, otherwise the nullFlavor attribute shall not be present, and the "value" and "use" attributes shall be present		
	Example			`<telecom use="WP" value="tel:+45 20 7025 6161"/>` `<telecom use="HP" value="mailto:jsmith@myprovider.co.uk"/>`		
Choice		1 … 2		Elements to choose from: ▪ hl7:associatedPerson ▪ hl7:scopingOrganization		
└ **hl7:associatedPerson**		0 … 1	C	Or the associatedPerson, or the scopingOrganization, or both elements shall be provided		(IPS...cts)
	◎ hl7ips-dataelement-165			🟡 Healthcare Provider (person)	🟡 CEN/TC 251 prEN 17269	
└ **hl7:name**	PN	1 … *	R	Patient Contact's Name / Preferred HP's Name		(IPS...cts)

	hl7ips-dataelement-121		🟡 Name		🟡 CEN/TC 251 prEN 17269

Example		`<name>`
		  `<given>`John`</given>`
		  `<family>`Español Smith`</family>`
		`</name>`			

└ **hl7:family**		1 ... *	R	Patient Contact's Family Name/Surname / Preferred HP's Family Name/ Surname	(IPS...cts)
└ **hl7:given**		1 ... *	R	Patient Contact's Given Name / Preferred HP's Given Name	(IPS...cts)
└ **hl7:scopingOrganization**		0 ... 1	C	Or the associatedPerson, or the scopingOrganization, or both elements shall be provided	(IPS...cts)
	hl7ips-dataelement-166		🟡 Healthcare Provider (organisation)		🟡 CEN/TC 251 prEN 17269
└ **hl7:name**	ON	1 ... *	R	Organization's Name	(IPS...cts)
	hl7ips-dataelement-172		🟡 Organisation's Name		🟡 CEN/TC 251 prEN 17269

9 CDA Section Level Templates

9.1 IHE Coded Vital Signs Section

1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2 (not listed here)

9.2 IPS Advance Directives Section

Id	2.16.840.1.113883.10.22.3.12	Effective Date	2020-05-08 16:38:49 Other versions this id: ▪ ⬭ IPSAdvanceDirectivesSection as of 2017-04-13
Status	🟠 Under pre-publication review	Version Label	TI-2020
Name	IPSAdvanceDirectivesSection	Display Name	IPS Advance Directives Section

Description
The advance directive section shall contain a narrative description of patient's advance directive. The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header. Entries for references to consent and advance directive documents when known will be specified by future versions of this template.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.12
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)
Associated with	**Associated with 2 concepts**
	Id **Name** **Data Set**

	hl7ips-dataelement-26	🟡 Description	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-8	🟡 Advance Directives	🟡 CEN/TC 251 prEN 17269

Uses	Uses 4 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
	2.16.840.1.113883.10.22.4.46	Containment	🟠 IPS Advance Directive Organizer (TI-2020)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment	🟡 IPS Translation Section (2021)	DYNAMIC

Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.3.35 *IHE Coded Advance directives section* (DYNAMIC) `ref` `IHE-PCC-` Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.3.34 *IHE Advance directives section* (DYNAMIC) `ref` `IHE-PCC-` Adaptation: template 2.16.840.1.113883.10.20.22.2.17 *Social History Section (V3)* (DYNAMIC) `ref` `bccdapilot-`

Example	Example
| | ```xml
<cda:section classCode="DOCSECT">
  <hl7:templateId root="2.16.840.1.113883.10.22.3.12"/>
  <hl7:id root="1.2.3.999" extension="--example only--"/>
  <hl7:code code="42348-3" codeSystem="2.16.840.1.113883.6.1"/>
  <hl7:title>title</hl7:title>
  <hl7:text/>
  <hl7:author>
    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (2017-03-02T00:00:00) -->
  </hl7:author>
  <hl7:informant>
    <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (2005-09-07T00:00:00) -->
  </hl7:informant>
  <hl7:entry typeCode="COMP" contextConductionInd="true">
    <!-- template 2.16.840.1.113883.10.22.4.46 'IPS Advance Directive Organizer' (2020-05-08T16:11:48) -->
  </hl7:entry>
  <hl7:component>
    <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (2017-07-12T00:00:00) -->
  </hl7:component>
</cda:section>
``` |

Item	DT	Card	Conf	Description	Label
hl7:section		**1 ... 1**	**M**		(IPS...ion)
	◎ hl7ips-dataelement-8			🟡 Advance Directives	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**0 ... 1**	F	DOCSECT	
└ **hl7:templateId**	II	**1 ... 1**	**M**		(IPS...ion)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.3.12	
└ **hl7:id**	II	**0 ... ***	**R**		(IPS...ion)
└ **hl7:code**	**CE.IPS**	**1 ... 1**	**M**		(IPS...ion)
└ **@code**	CONF	**1 ... 1**	**F**	42348-3	
└ **@codeSystem**		**1 ... 1**	**F**	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	**ST**	**1 ... 1**	**M**	Advance directives	(IPS...ion)
└ **hl7:text**	**SD.TEXT**	**1 ... 1**	**M**		(IPS...ion)
	◎ hl7ips-dataelement-26			🟡 Description	🟡 CEN/TC 251 prEN 17269
Included		**0 ... ***		from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 ... ***			(IPS...ion)
└ **hl7:templateId**	II	**1 ... 1**	**M**		(IPS...ion)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1**	**R**		(IPS...ion)

└ **hl7:assignedAuthor**		**1 ... 1 M**		(IPS...ion)
└ **hl7:id**	II	**1 ... * R**		(IPS...ion)
└ **hl7:code**		**0 ... 1 R**		(IPS...ion)
Choice		**0 ... 1**	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice	
└ **hl7:assignedPerson**		**0 ... 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 ... 1 F**	PSN	
└ **@determinerCode**	cs	**0 ... 1 F**	INSTANCE	
└ **hl7:name**	PN	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example		`<name>`
			  `<given>`John`</given>`
			  `<family>`Español Smith`</family>`
			`</name>`	

└ **hl7:family**		**1 ... * R**		(IPS...ion)
└ **hl7:given**		**1 ... * R**		(IPS...ion)
└ **hl7:assignedAuthoringDe-vice**		**0 ... 1 C**		(IPS...ion)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			  `<softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`	

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 ... 1 F**	DEV	

└ **@determinerCode**	cs	**0 … 1** F	INSTANCE	
└ **hl7:code**	CE	**0 … 1**		(IPS...ion)
└ **hl7:manufacturerModel Name**	SC	**0 … 1**		(IPS...ion)
└ **hl7:softwareName**	SC	**0 … 1**		(IPS...ion)
└ **hl7:representedOrganization**		**0 … 1**		(IPS...ion)
└ **hl7:id**	II	**0 … ***		(IPS...ion)
└ **hl7:name**		**0 … ***		(IPS...ion)
└ **hl7:telecom**	TEL	**0 … ***		(IPS...ion)
└ **hl7:addr**	AD	**0 … ***		(IPS...ion)
└ **hl7:informant**		**0 … ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ion)
└ **hl7:entry**		**0 … ***	Contains 2.16.840.1.113883.10.22.4.46 *IPS Advance Directive Organizer* (DYNAMIC)	(IPS...ion)
└ **@typeCode**	cs	**1 … 1** R		
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)	
└ **@contextConductionInd**	bl	**0 … 1** F	true	
└ **hl7:component**		**0 … ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)	(IPS...ion)

9.3 IPS Alerts Section

Id	2.16.840.1.113883.10.22.15	Effective Date	2024-06-12 08:51:01
Status	🟡 Draft	Version Label	
Name	IPSAlertsSection	Display Name	IPS Alerts Section

Description

The 'Alert' Section brings the most important healthcare information to the fore.

This section highlights extreme problem(s). Previously, 'alerts' were just reported as 'problems', which carried the risk of losing the immediacy and importance of information to the attending clinician.

An alert in meant to be "Information used to warn or call to a state of preparedness. Information flagged (or intended) to raise awareness of a potential danger to/from the subject of the IPS or to/from another individual or awareness of a potential obstacle to care."

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.15
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

	Uses 2 templates			
Uses	**Uses**	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.31	Containment	🟠 IPS Internal Reference (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment	🟡 IPS Translation Section (2021)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) [ref ad1bbr-]

Item	DT	Card	Conf	Description	Label

cda:section					(IPS...ion)
└ cda:templateId	II	1 ... 1 M			(IPS...ion)
└ @root	uid	1 ... 1 F	2.16.840.1.113883.10.22.15		
└ cda:code	CE	1 ... 1 M			(IPS...ion)
└ @code		1 ... 1 F	104605-1		
└ @codeSystem	CONF	1 ... 1 F	2.16.840.1.113883.6.1 (LOINC)		
└ cda:title	ST	1 ... 1 M	Alerts		(IPS...ion)
└ cda:text	SD.TEXT	1 ... 1 M			(IPS...ion)
└ cda:entry		0 ... * R	An internal reference is used to indicate any information (entry) included in this document that is considered to be an alert or a risk. Contains 2.16.840.1.113883.10.22.4.31 *IPS Internal Reference* (DYNAMIC)		(IPS...ion)
└ hl7:component		0 ... *	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)		(IPS...ion)

9.4 IPS Allergies and Intolerances Section

Id	2.16.840.1.113883.10.22.3.2	Effective Date	2024-08-04 10:07:36 Other versions this id:
			▪ ◯ IPSSectionAllergiesOrIntolerances as of 2016-11-11

Status	🟡 Draft	Version Label	STU2
Name	IPSSectionAllergiesOrIntolerances	Display Name	IPS Allergies and Intolerances Section

Description

This section documents the relevant allergies or intolerances (conditions) for that patient, describing the kind of reaction (e.g. rash, anaphylaxis,..); preferably the agents that cause it; and optionally the criticality and the certainty of the allergy.
At a minimum, it should list currently active and any relevant historical allergies and adverse reactions.
If no information about allergies is available, or if no allergies are known this should be clearly documented in the section.

The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.2
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	**Associated with 3 concepts**		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-183	🟡 Description	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-28	🟡 Allergy or Intolerance list	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-9	🟡 Allergies and Intolerances	🟡 CEN/TC 251 prEN 17269

Uses	**Uses 4 templates**			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC

	2.16.840.1.113883.10.22.4.5	Containment 🟡 IPS Allergy and Intolerance Concern (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment 🟡 IPS Translation Section (2021)	DYNAMIC

Relationship

Specialization: template 2.16.840.1.113883.10.22.3.2 *IPS Allergies and Intolerances Section* (2016-11-11)
Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) `ref ad1bbr-`
Adaptation: template 2.16.840.1.113883.10.20.1.2 *Alerts section* (DYNAMIC) `ref ccd1-`

Example

Example

```xml
<section classCode="DOCSECT">
  <templateId root="2.16.840.1.113883.10.22.3.2"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="48765-2" codeSystem="2.16.840.1.113883.6.1" displayName="Allergies and adverse reactions">
    <title>Allergies and Intolerances</title>
    <text>
      <!-- Textual description of the Allergies and Intolerances -->
    </text>
    <author>
      <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
    </author>
    <informant>
      <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (dynamic) -->
    </informant>
    <entry typeCode="COMP" contextConductionInd="true">
      <!-- template 2.16.840.1.113883.10.22.4.5 'IPS Allergy and Intolerance Concern' (dynamic) -->
    </entry>
    <component>
      <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (dynamic) -->
    </component>
  </code>
</section>
```

No information available

Example

```xml
<hl7:section>
  <hl7:templateId root="2.16.840.1.113883.10.22.3.2"/>
  <hl7:id root="1.2.3.999" extension="--example only--"/>
  <hl7:code code="48765-2" codeSystem="2.16.840.1.113883.6.1" displayName="Allergies and adverse reactions"/>
  <hl7:title>Allergies and Intolerances</hl7:title>
  <hl7:text>
    <!-- Textual description of the Allergies and Intolerances -->
  </hl7:text>
  <hl7:entry>
    <hl7:act classCode="ACT" moodCode="EVN">
```

```
<hl7:templateId root="2.16.840.1.113883.10.22.4.5"/>
<hl7:id root="1.2.3.999" extension="__example only__"/>
<hl7:code code="CONC" codeSystem="2.16.840.1.113883.5.6"/>
<hl7:statusCode code="active"/>
<hl7:effectiveTime>
  <hl7:low nullFlavor="NA"/>
</hl7:effectiveTime>
<hl7:entryRelationship typeCode="SUBJ" inversionInd="false">
  <hl7:observation classCode="OBS" moodCode="EVN">
    <hl7:templateId root="2.16.840.1.113883.10.22.4.1"/>
    <hl7:code code="OINT" displayName="Allergy or Intolerance" codeSystem="2.16.840.1.113883.5.4"/>
    <hl7:statusCode code="completed"/>
    <hl7:effectiveTime>
      <hl7:low nullFlavor="NA"/>
    </hl7:effectiveTime>
    <hl7:value code="no-allergy-info" displayName="No information about allergies" codeSys-
tem="2.16.840.1.113883.5.1150.1"/>
  </hl7:observation>
</hl7:entryRelationship>
    </hl7:act>
  </hl7:entry>
</hl7:section>
```

Item	DT	Card	Conf	Description		Label
hl7:section		**1 ... 1**	R			(IPS...ces)
		◎ hl7ips-dataelement-9		🟡 Allergies and Intolerances	🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	**0 ... 1**	F	DOCSECT		
└ **hl7:templateId**	II	**1 ... 1**	M			(IPS...ces)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.3.2		
└ **hl7:id**	II	**0 ... ***	R			(IPS...ces)
└ **hl7:code**	CE.IPS	**1 ... 1**	M			(IPS...ces)
└ **@code**	CONF	**1 ... 1**	F	48765-2		

└ **@codeSystem**		**1 ... 1** F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	ST	**1 ... 1** M		(IPS...ces)
└ **hl7:text**	SD.TEXT	**1 ... 1** M	Section text	(IPS...ces)
	◎ hl7ips-dataelement-183		🟡 Description	🟡 CEN/TC 251 prEN 17269
Included		**0 ... ***	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 ... ***		(IPS...ces)
└ **hl7:templateId**	II	**1 ... 1** M		(IPS...ces)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	TS.IPS.TZ	**1 ... 1** R		(IPS...ces)
└ **hl7:assignedAuthor**		**1 ... 1** M		(IPS...ces)
└ **hl7:id**	II	**1 ... *** R		(IPS...ces)
└ **hl7:code**		**0 ... 1** R		(IPS...ces)
Choice		**0 ... 1**	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice	
└ **hl7:assignedPerson**		**0 ... 1** C		(IPS...ces)
└ **@classCode**	cs	**0 ... 1** F	PSN	
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	

└ `hl7:name`	**PN**	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ces)

	Example	`<name>`
		  `<given>`John`</given>`
		  `<family>`Español Smith`</family>`
		`</name>`		

└ `hl7:family`		**1 ... * R**		(IPS...ces)
└ `hl7:given`		**1 ... * R**		(IPS...ces)
└ `hl7:assignedAuthoringDe-vice`		**0 ... 1 C**		(IPS...ces)

	Example	`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
		  `<softwareName displayName="Turriano"/>`
		`</assignedAuthoringDevice>`		

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ `@classCode`	cs	**0 ... 1 F**	DEV	
└ `@determinerCode`	cs	**0 ... 1 F**	INSTANCE	
└ `hl7:code`	**CE**	**0 ... 1**		(IPS...ces)
└ `hl7:manufacturerModel Name`	**SC**	**0 ... 1**		(IPS...ces)
└ `hl7:softwareName`	**SC**	**0 ... 1**		(IPS...ces)
└ `hl7:representedOrganization`		**0 ... 1**		(IPS...ces)
└ `hl7:id`	II	**0 ... ***		(IPS...ces)
└ `hl7:name`		**0 ... ***		(IPS...ces)
└ `hl7:telecom`	**TEL**	**0 ... ***		(IPS...ces)

└ `hl7:addr`	AD	0 ... *		(IPS...ces)
└ `hl7:informant`		0 ... *	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ces)
└ `hl7:entry`		1 ... * M	Contains 2.16.840.1.113883.10.22.4.5 *IPS Allergy and Intolerance Concern* (DYNAMIC)	(IPS...ces)
		◎ hl7ips-dataelement-28	🟡 Allergy or Intolerance list	🟡 CEN/TC 251 prEN 17269
└ `@typeCode`	cs	1 ... 1 R		
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelationshipEntry* (DYNAMIC)	
└ `@contextConductionInd`	bl	0 ... 1 F	true	
└ `hl7:component`		0 ... *	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)	(IPS...ces)

9.5 IPS Functional Status Section

Id	2.16.840.1.113883.10.22.3.8	**Effective Date**	2020-05-08 19:17:37 Other versions this id: • ○ IPSFunctionalStatusSection as of 2017-04-13
Status	🟡 Under pre-publication review	**Version Label**	TI-2020
Name	IPSFunctionalStatusSection	**Display Name**	IPS Functional Status Section

Description

The functional status section shall contain a narrative description of capability of the patient to perform acts of daily living, including possible needs of the patient to be continu-

ously assessed by third parties. The invalidity status may in fact influence decisions about how to administer treatments.

Coded clinical statements will be specified by future versions of this template.

The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.8
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 3 concepts		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-10	🟡 Functional Status	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-137	🟡 Description	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-197	🟡 Description	🟡 CEN/TC 251 prEN 17269

Uses	Uses 4 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
	2.16.840.1.113883.10.22.4.42	Containment	🟠 IPS Survey Panel (TI-2020)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment	🟡 IPS Translation Section (2021)	DYNAMIC

Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.3.17 *eHDSI Functional Status* (DYNAMIC) `ref` `epsos-` Adaptation: template 2.16.840.1.113883.10.20.1.5 *Functional status section* (DYNAMIC) `ref` `ccd1-`
Example	Example

```
<cda:section classCode="DOCSECT">
  <hl7:templateId root="2.16.840.1.113883.10.22.3.8"/>
  <hl7:id root="1.2.3.999" extension="--example only--"/>
  <hl7:code code="47420-5" codeSystem="2.16.840.1.113883.6.1"/>
  <hl7:title>title</hl7:title>
  <hl7:text/>
  <hl7:author>
    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (2017-03-02T00:00:00) -->
  </hl7:author>
  <hl7:informant>
    <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (2005-09-07T00:00:00) -->
  </hl7:informant>
  <hl7:entry typeCode="COMP" contextConductionInd="true">
    <!-- template 2.16.840.1.113883.10.22.4.42 'IPS Survey Panel' (2020-05-08T19:02:26) -->
  </hl7:entry>
  <hl7:component>
    <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (2017-07-12T00:00:00) -->
  </hl7:component>
</cda:section>
```

Item	DT	Card	Conf	Description	Label
hl7:section		**1 … 1 M**			(IPS...ion)
	◎ hl7ips-dataelement-10	🟡 Functional Status		🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	**0 … 1** F		DOCSECT	
└ **hl7:templateId**	II	**1 … 1 M**			(IPS...ion)
└ **@root**	uid	**1 … 1** F		2.16.840.1.113883.10.22.3.8	
└ **hl7:id**	II	**0 … * R**			(IPS...ion)
└ **hl7:code**	CE.IPS	**1 … 1 M**			(IPS...ion)
└ **@code**	CONF	**1 … 1** F		47420-5	
└ **@codeSystem**		**1 … 1** F		2.16.840.1.113883.6.1 (LOINC)	

└ **hl7:title**	**ST**	**1 ... 1 M**	Functional Status Assessment	(IPS...ion)
└ **hl7:text**	**SD.TEXT**	**1 ... 1 M**		(IPS...ion)

◎ hl7ips-dataelement-137	🟡 Description	🟡 CEN/TC 251 prEN 17269	
hl7ips-dataelement-197	🟡 Description	🟡 CEN/TC 251 prEN 17269	

Included		**0 ... ***	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 ... ***		(IPS...ion)
└ **hl7:templateId**	**II**	**1 ... 1 M**		(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1 R**		(IPS...ion)
└ **hl7:assignedAuthor**		**1 ... 1 M**		(IPS...ion)
└ **hl7:id**	**II**	**1 ... * R**		(IPS...ion)
└ **hl7:code**		**0 ... 1 R**		(IPS...ion)

			Elements to choose from:
Choice		**0 ... 1**	▪ hl7:assignedPerson
			▪ hl7:assignedAuthoringDevice

└ **hl7:assignedPerson**		**0 ... 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 ... 1** F	PSN	
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	

└ `hl7:name`	PN	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

Example	`<name>`
	  `<given>`John`</given>`
	  `<family>`Español Smith`</family>`
	`</name>`

└ `hl7:family`		**1 ... * R**		(IPS...ion)
└ `hl7:given`		**1 ... * R**		(IPS...ion)
└ `hl7:assignedAuthoringDevice`		**0 ... 1 C**		(IPS...ion)

Example	`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
	  `<softwareName displayName="Turriano"/>`
	`</assignedAuthoringDevice>`

Included from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)

└ `@classCode`	cs	**0 ... 1** F	DEV	
└ `@determinerCode`	cs	**0 ... 1** F	INSTANCE	
└ `hl7:code`	CE	**0 ... 1**		(IPS...ion)
└ `hl7:manufacturerModelName`	SC	**0 ... 1**		(IPS...ion)
└ `hl7:softwareName`	SC	**0 ... 1**		(IPS...ion)
└ `hl7:representedOrganization`		**0 ... 1**		(IPS...ion)
└ `hl7:id`	II	**0 ... ***		(IPS...ion)
└ `hl7:name`		**0 ... ***		(IPS...ion)
└ `hl7:telecom`	TEL	**0 ... ***		(IPS...ion)

└ `hl7:addr`	AD	**0 ... ***		(IPS...ion)
└ `hl7:informant`		**0 ... ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ion)
└ `hl7:entry`		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.42 *IPS Survey Panel* (DYNAMIC)	(IPS...ion)
└ `@typeCode`	cs	**1 ... 1** R		
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)	
└ `@contextConductionInd`	bl	**0 ... 1** F	true	
└ `hl7:component`		**0 ... ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)	(IPS...ion)

9.6 IPS History of Past Illness Section

Id	2.16.840.1.113883.10.22.3.7	**Effective Date**	2017-04-12
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSHistoryOfPastIllnessSection	**Display Name**	IPS History of Past Illness Section

Description

The History of Past Illness section contains a narrative description and coded entries of the conditions the patient suffered in the past.
The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.7
Classification	CDA Section Level Template

Open/Closed	Open (other than defined elements are allowed)

Associated with

Associated with 3 concepts

Id	Name	Data Set
hl7ips-dataelement-11	🟡 History of Past Illness	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-31	🟡 Past health conditions and problems list	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-35	🟡 Description	🟡 CEN/TC 251 prEN 17269

Uses

Uses 4 templates

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
2.16.840.1.113883.10.22.4.7	Containment	🟡 IPS Problem Concern Entry (2021)	DYNAMIC
2.16.840.1.113883.10.22.3.15	Containment	🟡 IPS Translation Section (2021)	DYNAMIC

Relationship

Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) `ref ad1bbr-`
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.3.8 *IHE History of Past Illness Section* (2013-12-20) `ref IHE-PCC-`
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.5.1 *IHE Concern Entry* (DYNAMIC) `ref IHE-PCC-`

Example

Example

```xml
<section classCode="DOCSECT">
  <templateId root="2.16.840.1.113883.10.22.3.7"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="11348-0" codeSystem="2.16.840.1.113883.6.1" displayName="History of Past illness"/>
  <title>...</title>
  <text>...</text>
  <author>
    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
  </author>
  <informant>
```

```
              <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (dynamic) -->
            </informant>
            <entry typeCode="COMP" contextConductionInd="true">
              <!-- template 2.16.840.1.113883.10.22.4.7 'IPS Problem Concern Entry' (dynamic) -->
            </entry>
            <component>
              <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (dynamic) -->
            </component>
          </section>
```

Item	DT	Card	Conf	Description	Label
hl7:section		**1 ... 1**	**M**		(IPS...ion)
				◎ hl7ips-dataelement-11　　🟡 History of Past Illness　　🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	**0 ... 1**	F	DOCSECT	
└ **hl7:templateId**	II	**1 ... 1**	**M**		(IPS...ion)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.3.7	
└ **hl7:id**	II	**0 ... ***	R		(IPS...ion)
└ **hl7:code**	CE.IPS	**1 ... 1**	**M**		(IPS...ion)
└ **@code**	CONF	**1 ... 1**	F	11348-0	
└ **@codeSystem**		**1 ... 1**	F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	ST	**1 ... 1**	**M**	History of Past Illness	(IPS...ion)
└ **hl7:text**	SD.TEXT	**1 ... 1**	**M**		(IPS...ion)
				◎ hl7ips-dataelement-35　　🟡 Description　　🟡 CEN/TC 251 prEN 17269	
Included		**0 ... ***		from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	

└ **hl7:author**		**0 … ***	(IPS...ion)
└ **hl7:templateId**	II	**1 … 1 M**	(IPS...ion)
└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.4.14
└ **hl7:time**	TS.IPS.TZ	**1 … 1 R**	(IPS...ion)
└ **hl7:assignedAuthor**		**1 … 1 M**	(IPS...ion)
└ **hl7:id**	II	**1 … * R**	(IPS...ion)
└ **hl7:code**		**0 … 1 R**	(IPS...ion)

Choice		**0 … 1**	Elements to choose from:
			  ▪ hl7:assignedPerson
			  ▪ hl7:assignedAuthoringDevice

└ **hl7:assignedPerson**		**0 … 1 C**	(IPS...ion)
└ **@classCode**	cs	**0 … 1** F	PSN
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE
└ **hl7:name**	PN	**1 … * R**	Name of the person (e.g. the Healthcare Professional) authoring this document (IPS...ion)

	Example		`<name>`
			  `<given>`John`</given>`
			  `<family>`Español Smith`</family>`
			`</name>`

└ **hl7:family**		**1 … * R**	(IPS...ion)
└ **hl7:given**		**1 … * R**	(IPS...ion)

└ **hl7:assignedAuthoringDevice**		**0 ... 1 C**		(IPS...ion)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			`  <softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`	

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 ... 1** F	DEV	
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	
└ **hl7:code**	CE	**0 ... 1**		(IPS...ion)
└ **hl7:manufacturerModelName**	SC	**0 ... 1**		(IPS...ion)
└ **hl7:softwareName**	SC	**0 ... 1**		(IPS...ion)
└ **hl7:representedOrganization**		**0 ... 1**		(IPS...ion)
└ **hl7:id**	II	**0 ... ***		(IPS...ion)
└ **hl7:name**		**0 ... ***		(IPS...ion)
└ **hl7:telecom**	TEL	**0 ... ***		(IPS...ion)
└ **hl7:addr**	AD	**0 ... ***		(IPS...ion)
└ **hl7:informant**		**0 ... ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ion)
└ **hl7:entry**		**1 ... * R**	Contains 2.16.840.1.113883.10.22.4.7 *IPS Problem Concern Entry* (DYNAMIC)	(IPS...ion)
	◎ hl7ips-dataelement-31		🟡 Past health conditions and problems list 🟡 CEN/TC 251 prEN 17269	
└ **@typeCode**	cs	**0 ... 1** F	COMP	

└ `@contextConductionInd`	bl	**0 … 1** F	true	
└ `hl7:component`		**0 … ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)	(IPS...ion)

9.7 IPS History of Pregnancy Section

Id	2.16.840.1.113883.10.22.3.11	**Effective Date**	2020-05-07 18:46:08 Other versions this id: ▪ ◯ IPSHistoryofpregnancysection as of 2018-09-06 09:46:57 ▪ ◯ IPSHistoryofpregnancysection as of 2017-04-13
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSHistoryofpregnancysection	**Display Name**	IPS History of Pregnancy Section

Description

The history of pregnancy section shall contain information about whether the patient is currently pregnant (optional with the Expected Delivery Date) or not.
It may contain addition summarizing information about the outcome of earlier pregnancies.
The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.11
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 5 concepts		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-12	🟡 History of Pregnancy	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-225	🟡 Pregnancy Description	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-37	🟡 Status of pregnancy	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-38	🟡 Previous Pregnancies	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-39	🟡 Previous Pregnancies Description	🟡 CEN/TC 251 prEN 17269

Uses	Uses 6 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
	2.16.840.1.113883.10.22.4.27	Containment	🟡 IPS Pregnancy Status Observation (2021)	DYNAMIC
	2.16.840.1.113883.10.22.4.28	Containment	🟠 IPS Pregnancy Outcome Observation (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.4.36	Containment	🟠 IPS Pregnancy Observation (TI-2020)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment	🟡 IPS Translation Section (2021)	DYNAMIC

Relationship	Version: template 2.16.840.1.113883.10.22.3.11 *IPS History of Pregnancy Section* (2018-09-06 09:46:57) Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) ref ad1bbr- Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4 *eHDSI Pregnancy History* (DYNAMIC) ref epsos-

Example	**Example**

	``xml
	<cda:section classCode="DOCSECT">
	  <hl7:templateId root="2.16.840.1.113883.10.22.3.11"/>
	``

```
<hl7:id root="1.2.3.999" extension="--example only--"/>
<hl7:code code="10162-6" codeSystem="2.16.840.1.113883.6.1"/>
<hl7:title>title</hl7:title>
<hl7:text/>
<hl7:author>
  <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (2017-03-02T00:00:00) -->
</hl7:author>
<hl7:informant>
  <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (2005-09-07T00:00:00) -->
</hl7:informant>
<hl7:entry typeCode="COMP" contextConductionInd="true">
  <!-- template 2.16.840.1.113883.10.22.4.27 'IPS Pregnancy Status Observation' (2020-05-07T19:22:01) -->
</hl7:entry>
<hl7:entry typeCode="COMP" contextConductionInd="true">
  <!-- template 2.16.840.1.113883.10.22.4.28 'IPS Pregnancy Outcome Observation' (2017-04-13T00:00:00) -->
</hl7:entry>
<hl7:entry typeCode="COMP" contextConductionInd="true">
  <!-- template 2.16.840.1.113883.10.22.4.36 'IPS Pregnancy Observation' (2020-05-07T18:36:37) -->
</hl7:entry>
<hl7:component>
  <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (2017-07-12T00:00:00) -->
</hl7:component>
</cda:section>
```

Item	DT	Card	Conf	Description	Label
hl7:section		**1 … 1 M**			(IPS...ion)
		◎ hl7ips-dataelement-12		🟡 History of Pregnancy	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**0 … 1 F**		DOCSECT	
└ **hl7:templateId**	II	**1 … 1 M**			(IPS...ion)
└ **@root**	uid	**1 … 1 F**		2.16.840.1.113883.10.22.3.11	
└ **hl7:id**	II	**0 … * R**			(IPS...ion)
└ **hl7:code**	CE.IPS	**1 … 1 M**			(IPS...ion)
└ **@code**	CONF	**1 … 1 F**		10162-6	

└ **@codeSystem**		**1 … 1 F**	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	ST	**1 … 1 M**	History of pregnancies	(IPS...ion)
└ **hl7:text**	SD.TEXT	**1 … 1 M**		(IPS...ion)

◎ hl7ips-dataelement-225	🟡 Pregnancy Description	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-39	🟡 Previous Pregnancies Description	🟡 CEN/TC 251 prEN 17269

Included		**0 … ***	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 … ***		(IPS...ion)
└ **hl7:templateId**	II	**1 … 1 M**		(IPS...ion)
└ **@root**	uid	**1 … 1 F**	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	TS.IPS.TZ	**1 … 1 R**		(IPS...ion)
└ **hl7:assignedAuthor**		**1 … 1 M**		(IPS...ion)
└ **hl7:id**	II	**1 … * R**		(IPS...ion)
└ **hl7:code**		**0 … 1 R**		(IPS...ion)

			Elements to choose from:
Choice		**0 … 1**	▪ hl7:assignedPerson
			▪ hl7:assignedAuthoringDevice

└ **hl7:assignedPerson**		**0 … 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 … 1 F**	PSN	

└ **@determinerCode**	cs	**0 … 1** F	INSTANCE	
└ **hl7:name**	PN	**1 … * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example		```<name>```
			``` <given>John</given>```
			``` <family>Español Smith</family>```
			```</name>```	

└ **hl7:family**		**1 … * R**		(IPS...ion)
└ **hl7:given**		**1 … * R**		(IPS...ion)
└ **hl7:assignedAuthoringDe-vice**		**0 … 1** C		(IPS...ion)

	Example		```<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">```
			``` <softwareName displayName="Turriano"/>```
			```</assignedAuthoringDevice>```	

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 … 1** F	DEV	
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE	
└ **hl7:code**	CE	**0 … 1**		(IPS...ion)
└ **hl7:manufacturerModel Name**	SC	**0 … 1**		(IPS...ion)
└ **hl7:softwareName**	SC	**0 … 1**		(IPS...ion)
└ **hl7:representedOrganization**		**0 … 1**		(IPS...ion)
└ **hl7:id**	II	**0 … ***		(IPS...ion)
└ **hl7:name**		**0 … ***		(IPS...ion)

└ **hl7:telecom**	**TEL**	**0 ... ***		(IPS...ion)
└ **hl7:addr**	**AD**	**0 ... ***		(IPS...ion)
└ **hl7:informant**		**0 ... ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ion)
└ **hl7:entry**		**0 ... 1 R**	Contains 2.16.840.1.113883.10.22.4.27 *IPS Pregnancy Status Observation* (DYNAMIC)	(IPS...ion)

◎ hl7ips-dataelement-37	🟡 Status of pregnancy	🟡 CEN/TC 251 prEN 17269	

└ **@typeCode**	cs	**1 ... 1** R	
CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelationshipEntry* (DYNAMIC)	
└ **@contextConductionInd**	bl	**0 ... 1** F	true

└ **hl7:entry**		**0 ... * R**	Contains 2.16.840.1.113883.10.22.4.28 *IPS Pregnancy Outcome Observation* (DYNAMIC) (IPS...ion)

◎ hl7ips-dataelement-38	🟡 Previous Pregnancies	🟡 CEN/TC 251 prEN 17269	

└ **@typeCode**	cs	**1 ... 1** R	
CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelationshipEntry* (DYNAMIC)	
└ **@contextConductionInd**	bl	**0 ... 1** F	true

└ **hl7:entry**		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.36 *IPS Pregnancy Observation* (DYNAMIC) (IPS...ion)
└ **@typeCode**	cs	**1 ... 1** R	
CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelationshipEntry* (DYNAMIC)	

└ **@contextConductionInd**	bl	**0 … 1** F	true	
└ **hl7:component**		**0 … ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)	(IPS...ion)

9.8 IPS History of Procedures Section

Id	2.16.840.1.113883.10.22.3.4	**Effective Date**	2017-03-27
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSHistoryofProceduresSection	**Display Name**	IPS History of Procedures Section

Description

The History of Procedures Section contains a description of the patient past procedures that are pertinent to the scope of this document.
Procedures may refer for example to:

1. Invasive Diagnostic procedure:e.g. Cardiac catheterization; (the results of these procedure are documented in the results section)

2. Therapeutic procedure: e.g. dialysis;

3. Surgical procedure: e.g. appendectomy

All those are represented in this template as procedures.

The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.4
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

	Associated with 3 concepts		
Associated with	**Id**	**Name**	**Data Set**
	hl7ips-dataelement-13	🟡 History of Procedures	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-43	🟡 Procedure list	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-51	🟡 Procedure description	🟡 CEN/TC 251 prEN 17269

	Uses 4 templates			
Uses	**Uses**	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
	2.16.840.1.113883.10.22.4.17	Containment	🟡 IPS Procedure Entry (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment	🟡 IPS Translation Section (2021)	DYNAMIC

Relationship

Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) `ref ad1bbr-`
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.1.16.2.2 *IHE History of Surgical Procedures Section* (2017-03-24 14:43:08) `ref IHE-PCC-`

Example

Example

```xml
<section>
  <templateId root="2.16.840.1.113883.10.22.3.4"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="47519-4" codeSystem="2.16.840.1.113883.6.1" displayName="History of procedures"/>
  <title>History of procedures</title>
  <text>...</text>
  <author>
    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
  </author>
  <informant>
    <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (dynamic) -->
  </informant>
  <entry typeCode="COMP" contextConductionInd="true">
```

```
                    <!-- template 2.16.840.1.113883.10.22.4.17 'IPS Procedure Entry' (dynamic) -->
                  </entry>
                  <component>
                    <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (dynamic) -->
                  </component>
                </section>
```

Item	DT	Card	Conf	Description	Label
hl7:section					(IPS...ion)
				◎ hl7ips-dataelement-13 🟡 History of Procedures 🟠 CEN/TC 251 prEN 17269	
└ **hl7:templateId**	II	1 ... 1	M		(IPS...ion)
└ **@root**	uid	1 ... 1	F	2.16.840.1.113883.10.22.3.4	
└ **hl7:id**	II	0 ... *	R		(IPS...ion)
└ **hl7:code**	CE.IPS	1 ... 1	M		(IPS...ion)
└ **@code**	CONF	1 ... 1	F	47519-4	
└ **@codeSystem**		1 ... 1	F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	ST	1 ... 1	M	History of procedures	(IPS...ion)
└ **hl7:text**	SD.TEXT	1 ... 1	R		(IPS...ion)
				◎ hl7ips-dataelement-51 🟡 Procedure description 🟠 CEN/TC 251 prEN 17269	
Included		0 ... *		from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		0 ... *			(IPS...ion)
└ **hl7:templateId**	II	1 ... 1	M		(IPS...ion)

└ `@root`	uid	**1 … 1** F	2.16.840.1.113883.10.22.4.14	
└ `hl7:time`	**TS.IPS.TZ**	**1 … 1** R		(IPS...ion)
└ `hl7:assignedAuthor`		**1 … 1** M		(IPS...ion)
└ `hl7:id`	II	**1 … *** R		(IPS...ion)
└ `hl7:code`		**0 … 1** R		(IPS...ion)
Choice		**0 … 1**	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice	
└ `hl7:assignedPerson`		**0 … 1** C		(IPS...ion)
└ `@classCode`	cs	**0 … 1** F	PSN	
└ `@determinerCode`	cs	**0 … 1** F	INSTANCE	
└ `hl7:name`	**PN**	**1 … *** R	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example		`<name>`
			` <given>`John`</given>`
			` <family>`Español Smith`</family>`
			`</name>`	

└ `hl7:family`		**1 … *** R		(IPS...ion)
└ `hl7:given`		**1 … *** R		(IPS...ion)
└ `hl7:assignedAuthoringDe-vice`		**0 … 1** C		(IPS...ion)
	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">` ` <softwareName displayName="Turriano"/>`	

		</assignedAuthoringDevice>			
Included		from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)			
└ **@classCode**	cs	**0 ... 1** F	DEV		
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE		
└ **hl7:code**	CE	**0 ... 1**			(IPS...ion)
└ **hl7:manufacturerModel Name**	SC	**0 ... 1**			(IPS...ion)
└ **hl7:softwareName**	SC	**0 ... 1**			(IPS...ion)
└ **hl7:representedOrganization**		**0 ... 1**			(IPS...ion)
└ **hl7:id**	II	**0 ... ***			(IPS...ion)
└ **hl7:name**		**0 ... ***			(IPS...ion)
└ **hl7:telecom**	TEL	**0 ... ***			(IPS...ion)
└ **hl7:addr**	AD	**0 ... ***			(IPS...ion)
└ **hl7:informant**		**0 ... ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)		(IPS...ion)
└ **hl7:entry**		**1 ... *** R	Contains 2.16.840.1.113883.10.22.4.17 *IPS Procedure Entry* (DYNAMIC)		(IPS...ion)
		◎ hl7ips-dataelement-43	🟡 Procedure list	🟡 CEN/TC 251 prEN 17269	
└ **@typeCode**	cs	**1 ... 1** R			
	CONF	The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)			
└ **@contextConductionInd**	bl	**0 ... 1** F	true		

| └ `hl7:component` | **0 ... *** | Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC) | (IPS...ion) |

9.9 IPS Immunizations Section

Id	2.16.840.1.113883.10.22.3.5	Effective Date	2017-04-05
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSImmunizationsSection	Display Name	IPS Immunizations Section

Description

The Immunizations Section defines a patient's current immunization status and pertinent immunization history.
The primary use case for the Immunization Section is to enable communication of a patient's immunization status.
The section includes current immunization status, and may contain the entire immunization history that is relevant to the period of time being summarized.
The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.5
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

	Associated with 2 concepts		
	Id	Name	Data Set
Associated with	hl7ips-dataelement-14	🟠 Immunizations	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-50	🟠 Immunizations list	🟠 CEN/TC 251 prEN 17269

Uses	Uses 4 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
	2.16.840.1.113883.10.22.4.15	Containment	🟠 IPS Immunization (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment	🟠 IPS Translation Section (2021)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) `ref ad1bbr-` Adaptation: template 2.16.840.1.113883.10.20.22.2.2.1 *Immunizations Section (entries required) (V3)* (2015-08-01) `ref ccda-` Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) `ref ad1bbr-`

Example	Example
| | ```xml
<section classCode="DOCSECT">
  <templateId root="2.16.840.1.113883.10.22.3.5"/>
  <code code="11369-6" codeSystem="2.16.840.1.113883.6.1" disaplayName="History of Immunization"/>
  <title>History of Immunization</title>
  <text>...</text>
  <author>
    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
  </author>
  <informant>
    <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (dynamic) -->
  </informant>
  <entry typeCode="COMP" contextConductionInd="true">
    <!-- template 2.16.840.1.113883.10.22.4.15 'IPS Immunization' (dynamic) -->
  </entry>
  <component>
    <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (dynamic) -->
  </component>
</section>
``` |

Item	DT	Card	Conf	Description	Label
hl7:section					(IPS...ion)
	◎ hl7ips-dataelement-14			🟠 Immunizations	🟠 CEN/TC 251 prEN 17269

└ **@classCode**	cs	**0 … 1** F	DOCSECT	
└ **hl7:templateId**	II	**1 … 1 M**		(IPS...ion)
└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.3.5	
└ **hl7:id**	II	**0 … *** R		(IPS...ion)
└ **hl7:code**	**CE.IPS**	**1 … 1 M**		(IPS...ion)
└ **@code**	CONF	**1 … 1** F	11369-6	
└ **@codeSystem**		**1 … 1** F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	**ST**	**1 … 1 M**		(IPS...ion)
└ **hl7:text**	**SD.TEXT**	**1 … 1 M**		(IPS...ion)
Included		**0 … ***	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 … ***		(IPS...ion)
└ **hl7:templateId**	II	**1 … 1 M**		(IPS...ion)
└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 … 1 R**		(IPS...ion)
└ **hl7:assignedAuthor**		**1 … 1 M**		(IPS...ion)
└ **hl7:id**	II	**1 … * R**		(IPS...ion)
└ **hl7:code**		**0 … 1 R**		(IPS...ion)
Choice		**0 … 1**	Elements to choose from:	

				• hl7:assignedPerson	
				• hl7:assignedAuthoringDevice	
└ **hl7:assignedPerson**			**0 ... 1 C**		(IPS...ion)
└ **@classCode**	cs		**0 ... 1** F	PSN	
└ **@determinerCode**	cs		**0 ... 1** F	INSTANCE	
└ **hl7:name**	PN		**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example	`<name>`
		  `<given>`John`</given>`
		  `<family>`Español Smith`</family>`
		`</name>`

└ **hl7:family**		**1 ... * R**		(IPS...ion)
└ **hl7:given**		**1 ... * R**		(IPS...ion)
└ **hl7:assignedAuthoringDe-vice**		**0 ... 1 C**		(IPS...ion)

	Example	`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
		  `<softwareName displayName="Turriano"/>`
		`</assignedAuthoringDevice>`

Included				from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs		**0 ... 1** F	DEV	
└ **@determinerCode**	cs		**0 ... 1** F	INSTANCE	
└ **hl7:code**	CE		**0 ... 1**		(IPS...ion)
└ **hl7:manufacturerModel Name**	SC		**0 ... 1**		(IPS...ion)

└ **hl7:softwareName**	SC	0 … 1			(IPS...ion)
└ **hl7:representedOrganization**		0 … 1			(IPS...ion)
└ **hl7:id**	II	0 … *			(IPS...ion)
└ **hl7:name**		0 … *			(IPS...ion)
└ **hl7:telecom**	TEL	0 … *			(IPS...ion)
└ **hl7:addr**	AD	0 … *			(IPS...ion)
└ **hl7:informant**		0 … *	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)		(IPS...ion)
└ **hl7:entry**		1 … * **M**	Contains 2.16.840.1.113883.10.22.4.15 *IPS Immunization* (DYNAMIC)		(IPS...ion)
	◎ hl7ips-dataelement-50		🟡 Immunizations list		🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	1 … 1 R			
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)		
└ **@contextConductionInd**	bl	0 … 1 F	true		
└ **hl7:component**		0 … *	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)		(IPS...ion)

9.10 IPS Medical Devices Section

Id	2.16.840.1.113883.10.22.3.6	**Effective Date**	2021-10-20 17:11:42 Other versions this id:

			▪ ◯ IPSMedicalDevicesSection as of 2017-04-11
Status	🟡 Draft	**Version Label**	2021
Name	IPSMedicalDevicesSection	**Display Name**	IPS Medical Devices Section

Description

The medical devices section contains narrative text and coded entries describing the patient history of medical device use.
Medical devices include, but are not limited to, implanted devices and devices for nutrition.
The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.6
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with

Associated with 2 concepts

Id	Name	Data Set
hl7ips-dataelement-15	🟡 Medical Devices	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-219	🟡 Device List	🟡 CEN/TC 251 prEN 17269

Uses

Uses 5 templates

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
2.16.840.1.113883.10.22.4.26	Containment	🟠 IPS Medical Device (STU1)	DYNAMIC

	2.16.840.1.113883.10.22.4.17	Containment 🟡	IPS Procedure Entry (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment 🟡	IPS Translation Section (2021)	DYNAMIC

Relationship	Version: template 2.16.840.1.113883.10.22.3.6 *IPS Medical Devices Section* (2017-04-11) Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) `ref ad1bbr-` Adaptation: template 1.3.6.1.4.1.12559.11.10.1.3.1.2.4 *Section Medical Devices Coded* (2013-12-20) `ref epsos-` Adaptation: template 2.16.840.1.113883.10.20.1.7 *Medical equipment section* (DYNAMIC) `ref ccd1-` Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.5 *IHE Medical Devices Section* (DYNAMIC) `ref IHE-PCC-`

Example	**Example**
	
	``xml
	<section classCode="DOCSECT">
	  <templateId root="2.16.840.1.113883.10.22.3.6"/>
	  <id root="1.2.3.999" extension="__example only__"/>
	  <code code="46264-8" codeSystem="2.16.840.1.113883.6.1" displayName="History of medical device use"/>
	  <title>History of medical device use</title>
	  <text>...</text>
	  <author>
	    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
	  </author>
	  <informant>
	    <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (dynamic) -->
	  </informant>
	  <entry typeCode="COMP" contextConductionInd="true">
	    <!-- template 2.16.840.1.113883.10.22.4.26 'IPS Medical Device' (dynamic) -->
	  </entry>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (dynamic) -->
	  </component>
	</section>
	``

Item	DT	Card	Conf	Description	Label
hl7:section		**1 ... 1**	**M**		(IPS...ion)
		◎ hl7ips-dataelement-15		🟡 Medical Devices	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**0 ... 1**	F	DOCSECT	
└ **hl7:templateId**	II	**1 ... 1**	**M**		(IPS...ion)

└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.3.6	
└ **hl7:id**	**II**	**0 … *** R		(IPS...ion)
└ **hl7:code**	**CE.IPS**	**1 … 1** M		(IPS...ion)
└ **@code**	CONF	**1 … 1** F	46264-8	
└ **@codeSystem**		**1 … 1** F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	**ST**	**1 … 1** M	Medical Devices	(IPS...ion)
└ **hl7:text**	**SD.TEXT**	**1 … 1** M		(IPS...ion)
Included		**0 … ***	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 … ***		(IPS...ion)
└ **hl7:templateId**	**II**	**1 … 1** M		(IPS...ion)
└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 … 1** R		(IPS...ion)
└ **hl7:assignedAuthor**		**1 … 1** M		(IPS...ion)
└ **hl7:id**	**II**	**1 … *** R		(IPS...ion)
└ **hl7:code**		**0 … 1** R		(IPS...ion)
Choice		**0 … 1**	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice	

└ **hl7:assignedPerson**		**0 ... 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 ... 1** F	PSN	
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	
└ **hl7:name**	PN	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example		`<name>`
			  `<given>`John`</given>`
			  `<family>`Español Smith`</family>`
			`</name>`	

└ **hl7:family**		**1 ... * R**		(IPS...ion)
└ **hl7:given**		**1 ... * R**		(IPS...ion)
└ **hl7:assignedAuthoringDe-vice**		**0 ... 1 C**		(IPS...ion)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			  `<softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`	

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 ... 1** F	DEV	
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	
└ **hl7:code**	CE	**0 ... 1**		(IPS...ion)
└ **hl7:manufacturerModel Name**	SC	**0 ... 1**		(IPS...ion)
└ **hl7:softwareName**	SC	**0 ... 1**		(IPS...ion)
└ **hl7:representedOrganization**		**0 ... 1**		(IPS...ion)

└ `hl7:id`	II	**0 ... ***		(IPS...ion)
└ `hl7:name`		**0 ... ***		(IPS...ion)
└ `hl7:telecom`	TEL	**0 ... ***		(IPS...ion)
└ `hl7:addr`	AD	**0 ... ***		(IPS...ion)
└ `hl7:informant`		**0 ... ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ion)
└ `hl7:entry`		**1 ... * R**	Contains 2.16.840.1.113883.10.22.4.26 *IPS Medical Device* (DYNAMIC)	(IPS...ion)

◎ hl7ips-dataelement-219	🟡 Device List	🟡 CEN/TC 251 prEN 17269

└ `@typeCode`	cs	**1 ... 1** R	
	CONF	The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)	
└ `@contextConductionInd`	bl	**0 ... 1** F	true
└ `hl7:entry`		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.17 *IPS Procedure Entry* (DYNAMIC) (IPS...ion)
└ `@typeCode`	cs	**1 ... 1** R	
	CONF	The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)	
└ `@contextConductionInd`	bl	**0 ... 1** F	true
└ `hl7:component`		**0 ... ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC) (IPS...ion)

9.11 IPS Medication Summary Section

Id	2.16.840.1.113883.10.22.3.1	Effective Date	2016-11-11
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSMedicationSummarySection	Display Name	IPS Medication Summary Section

Description

The medication summary section contains a description of the patient's medications relevant for the scope of the patient summary.
The actual content could depend on the jurisdiction, it could report:

- the currently active medications;

- the current and past medications considered relevant by the authoring GP;

- the patient prescriptions or dispensations automatically extracted by a regional or a national EHR.

In all those cases however medications are documented in the Patient Summary as medication statements.

This section requires either an entry indicating the subject is known not to be on any medications; either an entry indicating that no information is available about medications; or entries summarizing the subject's medications.

The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.1
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

	Associated with 2 concepts		
	Id	Name	Data Set
Associated with	hl7ips-dataelement-16	🟠 Medication Summary	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-61	🟠 List of medication	🟠 CEN/TC 251 prEN 17269

Uses	Uses 4 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
	2.16.840.1.113883.10.22.4.4	Containment	🟠 IPS Medication Statement (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment	🟠 IPS Translation Section (2021)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) `ref ad1bbr-` Adaptation: template 2.16.840.1.113883.10.20.1.8 *Medication section* (DYNAMIC) `ref ccd1-` Adaptation: template 1.3.6.1.4.1.12559.11.10.1.3.1.2.3 *Section Medication Summary* (2013-12-20) `ref epsos-`

Example

```xml
<section classCode="DOCSECT">
  <templateId root="2.16.840.1.113883.10.22.3.1"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="10160-0" codeSystem="2.16.840.1.113883.6.1" displayName="Terapie farmacologiche"/>
  <title>Terapie farmacologiche</title>
  <text>...</text>
  <author>
    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
  </author>
  <informant>
    <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (dynamic) -->
  </informant>
  <entry typeCode="COMP" contextConductionInd="true">
    <!-- template 2.16.840.1.113883.10.22.4.4 'IPS Medication Entry' (dynamic) -->
  </entry>
  <component>
    <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (dynamic) -->
  </component>
</section>
```

Item	DT	Card	Conf	Description	Label
hl7:section		1 ... 1	M		(IPS...ion)
	🎯 hl7ips-dataelement-16		🟠 Medication Summary		🟠 CEN/TC 251 prEN 17269

└ **@classCode**	cs	**0 ... 1** F	DOCSECT	
└ **hl7:templateId**	II	**1 ... 1** M		(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.3.1	
└ **hl7:id**	II	**0 ... ***		(IPS...ion)
└ **hl7:code**	**CE.IPS**	**1 ... 1** M	History of medication use	(IPS...ion)
└ **@code**	CONF	**1 ... 1** F	10160-0	
└ **@codeSystem**		**1 ... 1** F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	**ST**	**1 ... 1** M	Medication Summary	(IPS...ion)
└ **hl7:text**	**SD.TEXT**	**1 ... 1** M	Section text	(IPS...ion)
Included		**0 ... ***	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 ... ***		(IPS...ion)
└ **hl7:templateId**	II	**1 ... 1** M		(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1** R		(IPS...ion)
└ **hl7:assignedAuthor**		**1 ... 1** M		(IPS...ion)
└ **hl7:id**	II	**1 ... *** R		(IPS...ion)
└ **hl7:code**		**0 ... 1** R		(IPS...ion)
Choice		**0 ... 1**	Elements to choose from:	

- hl7:assignedPerson
- hl7:assignedAuthoringDevice

└ **hl7:assignedPerson**			**0 … 1 C**		(IPS...ion)
└ **@classCode**	cs		**0 … 1** F	PSN	
└ **@determinerCode**	cs		**0 … 1** F	INSTANCE	
└ **hl7:name**	PN		**1 … * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

Example	```<name>``` `<given>John</given>` `<family>Español Smith</family>` ```</name>```

└ **hl7:family**			**1 … * R**		(IPS...ion)
└ **hl7:given**			**1 … * R**		(IPS...ion)
└ **hl7:assignedAuthoringDevice**			**0 … 1 C**		(IPS...ion)

Example	`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">` `<softwareName displayName="Turriano"/>` `</assignedAuthoringDevice>`

Included				from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs		**0 … 1** F	DEV	
└ **@determinerCode**	cs		**0 … 1** F	INSTANCE	
└ **hl7:code**	CE		**0 … 1**		(IPS...ion)
└ **hl7:manufacturerModelName**	SC		**0 … 1**		(IPS...ion)

└ **hl7:softwareName**	SC	**0 ... 1**			(IPS...ion)
└ **hl7:representedOrganization**		**0 ... 1**			(IPS...ion)
└ **hl7:id**	II	**0 ... ***			(IPS...ion)
└ **hl7:name**		**0 ... ***			(IPS...ion)
└ **hl7:telecom**	TEL	**0 ... ***			(IPS...ion)
└ **hl7:addr**	AD	**0 ... ***			(IPS...ion)
└ **hl7:informant**		**0 ... ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)		(IPS...ion)
└ **hl7:entry**		**1 ... * R**	Contains 2.16.840.1.113883.10.22.4.4 *IPS Medication Statement* (DYNAMIC)		(IPS...ion)
	◎ hl7ips-dataelement-61		🟡 List of medication		🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	**1 ... 1** R			
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)		
└ **@contextConductionInd**	bl	**0 ... 1** F	true		
└ **hl7:component**		**0 ... ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)		(IPS...ion)

9.12 IPS Patient Story Section

Id	2.16.840.1.113883.10.22.16	**Effective Date**	2024-06-12 09:26:02

Status	🟡 Draft		Version Label	
Name	IPSPatientStorySection		**Display Name**	IPS Patient Story Section

Description

A concise narrative from the patient's perspective about their present health state. This is a record of the things that a person feels it is important to communicate about their needs, strengths, values, concerns and preferences to others providing support and care.

Patients unable to communicate can be supported by a proxy author. The patient's story, provided here, may be told by the patient or by a proxy.

Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

	Uses 3 templates

	Uses	**as**	**Name**	**Version**
Uses	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment	🟡 IPS Translation Section (2021)	DYNAMIC

Item	**DT**	**Card**	**Conf**	**Description**	**Label**
hl7:section		**1 … 1**	**M**		(IPS...ion)
└ **@classCode**	cs	**0 … 1**	F	DOCSECT	
└ **hl7:templateId**	II	**1 … 1**	**M**		(IPS...ion)

└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.16	
└ **hl7:id**	II	**0 … * R**		(IPS...ion)
└ **hl7:code**	CE.IPS	**1 … 1 M**		(IPS...ion)
└ **@code**	CONF	**1 … 1** F	81338-6	
└ **@codeSystem**		**1 … 1** F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	ST	**1 … 1 M**	Patient's story	(IPS...ion)
└ **hl7:text**	SD.TEXT	**1 … 1 M**		(IPS...ion)
Included		**0 … ***	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 … ***		(IPS...ion)
└ **hl7:templateId**	II	**1 … 1 M**		(IPS...ion)
└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	TS.IPS.TZ	**1 … 1 R**		(IPS...ion)
└ **hl7:assignedAuthor**		**1 … 1 M**		(IPS...ion)
└ **hl7:id**	II	**1 … * R**		(IPS...ion)
└ **hl7:code**		**0 … 1 R**		(IPS...ion)
Choice		**0 … 1**	Elements to choose from: ▪ hl7:assignedPerson	

- hl7:assignedAuthoringDevice

└ **hl7:assignedPerson**		**0 ... 1 C**			(IPS...ion)
└ **@classCode**	cs	**0 ... 1** F	PSN		
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE		
└ **hl7:name**	**PN**	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document		(IPS...ion)

Example	```xml
	<name>
	  <given>John</given>
	  <family>Español Smith</family>
	</name>
	``

└ **hl7:family**	**1 ... * R**		(IPS...ion)
└ **hl7:given**	**1 ... * R**		(IPS...ion)
└ **hl7:assignedAuthoringDe- vice**	**0 ... 1 C**		(IPS...ion)

Example	```xml
	<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">
	  <softwareName displayName="Turriano"/>
	</assignedAuthoringDevice>
	``

Included — from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)

└ **@classCode**	cs	**0 ... 1** F	DEV		
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE		
└ **hl7:code**	CE	**0 ... 1**			(IPS...ion)
└ **hl7:manufacturerModel Name**	SC	**0 ... 1**			(IPS...ion)
└ **hl7:softwareName**	SC	**0 ... 1**			(IPS...ion)

└ **hl7:representedOrganization**		**0 ... 1**		(IPS...ion)
└ **hl7:id**	II	**0 ... ***		(IPS...ion)
└ **hl7:name**		**0 ... ***		(IPS...ion)
└ **hl7:telecom**	TEL	**0 ... ***		(IPS...ion)
└ **hl7:addr**	AD	**0 ... ***		(IPS...ion)
└ **hl7:informant**		**0 ... ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ion)
└ **hl7:component**		**0 ... ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)	(IPS...ion)

9.13 IPS Plan of Care Section

Id	2.16.840.1.113883.10.22.3.9	**Effective Date**	2020-05-08 18:28:38 Other versions this id: ▪ ○ IPSPlanofCareSection as of 2017-04-13
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSPlanofCareSection	**Display Name**	IPS Plan of Care Section

Description

The care plan section contains a narrative description of the expectations for care including proposals, goals, and order requests for monitoring, tracking, or improving the condition of the patient.
The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.9
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with

Associated with 2 concepts

Id	Name		Data Set
hl7ips-dataelement-110	🟡	Plan Description	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-17	🟡	Plan Of Care	🟡 CEN/TC 251 prEN 17269

Uses

Uses 8 templates

Uses	as		Name	Version
2.16.840.1.113883.10.22.4.14	Include	🟠	IPS Body Author (STU1)	DYNAMIC
2.16.840.1.113883.10.12.319	Containment	🟢	CDA Informant (Body)	DYNAMIC
2.16.840.1.113883.10.22.4.41	Containment	🟠	IPS Planned Observation (TI-2020)	DYNAMIC
2.16.840.1.113883.10.22.4.38	Containment	🟠	IPS Planned Procedure (TI-2020)	DYNAMIC
2.16.840.1.113883.10.22.4.40	Containment	🟠	IPS Planned Encounter (TI-2020)	DYNAMIC
2.16.840.1.113883.10.22.4.47	Containment	🟠	IPS Planned Immunization (TI-2020)	DYNAMIC
2.16.840.1.113883.10.22.4.39	Containment	🟡	IPS Planned Act (2022)	DYNAMIC
2.16.840.1.113883.10.22.3.15	Containment	🟡	IPS Translation Section (2021)	DYNAMIC

Relationship

Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.3.31 *IHE Care Plan Section* (DYNAMIC) `ref IHE-PCC-`
Adaptation: template 2.16.840.1.113883.10.20.1.10 *Plan of care section* (DYNAMIC) `ref ccd1-`
Adaptation: template 2.16.840.1.113883.10.20.22.2.10 *Plan of Treatment Section (V2)* (DYNAMIC) `ref bccdapilot-`

Example

Example

```
<cda:section classCode="DOCSECT">
```

```
<hl7:templateId root="2.16.840.1.113883.10.22.3.9"/>
<hl7:id root="1.2.3.999" extension="--example only--"/>
<hl7:code code="18776-5" codeSystem="2.16.840.1.113883.6.1"/>
<hl7:title>title</hl7:title>
<hl7:text/>
<hl7:author>
  <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (2017-03-02T00:00:00) -->
</hl7:author>
<hl7:informant>
  <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (2005-09-07T00:00:00) -->
</hl7:informant>
<hl7:entry typeCode="COMP" contextConductionInd="true">
  <!-- template 2.16.840.1.113883.10.22.4.41 'IPS Planned Observation' (2020-05-08T18:34:42) -->
</hl7:entry>
<hl7:entry typeCode="COMP" contextConductionInd="true">
  <!-- template 2.16.840.1.113883.10.22.4.38 'IPS Planned Procedure' (2020-05-08T17:38:48) -->
</hl7:entry>
<hl7:entry typeCode="COMP" contextConductionInd="true">
  <!-- template 2.16.840.1.113883.10.22.4.40 'IPS Planned Encounter' (2020-05-08T18:18:38) -->
</hl7:entry>
<hl7:entry typeCode="COMP" contextConductionInd="true">
  <!-- template 2.16.840.1.113883.10.22.4.47 'IPS Planned Immunization' (2020-05-08T17:29:18) -->
</hl7:entry>
<hl7:entry typeCode="COMP" contextConductionInd="true">
  <!-- template 2.16.840.1.113883.10.22.4.39 'IPS Planned Act' (2020-05-08T18:08:52) -->
</hl7:entry>
<hl7:component>
  <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (2017-07-12T00:00:00) -->
</hl7:component>
</cda:section>
```

Item	DT	Card	Conf	Description	Label
hl7:section		**1 … 1 M**			(IPS...ion)
				◎ hl7ips-dataelement-17 🟡 Plan Of Care 🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	**0 … 1**	F	DOCSECT	
└ **hl7:templateId**	II	**1 … 1 M**			(IPS...ion)
└ **@root**	uid	**1 … 1**	F	2.16.840.1.113883.10.22.3.9	

└ `hl7:id`	II	0 ... * R		(IPS...ion)
└ `hl7:code`	CE.IPS	1 ... 1 M		(IPS...ion)
└ `@code`	CONF	1 ... 1 F	18776-5	
└ `@codeSystem`		1 ... 1 F	2.16.840.1.113883.6.1 (LOINC)	
└ `hl7:title`	ST	1 ... 1 M	Plan of Care	(IPS...ion)
└ `hl7:text`	SD.TEXT	1 ... 1 M		(IPS...ion)
			◎ hl7ips-dataelement-110 🟡 Plan Description 🟡 CEN/TC 251 prEN 17269	
Included		0 ... *	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ `hl7:author`		0 ... *		(IPS...ion)
└ `hl7:templateId`	II	1 ... 1 M		(IPS...ion)
└ `@root`	uid	1 ... 1 F	2.16.840.1.113883.10.22.4.14	
└ `hl7:time`	TS.IPS.TZ	1 ... 1 R		(IPS...ion)
└ `hl7:assignedAuthor`		1 ... 1 M		(IPS...ion)
└ `hl7:id`	II	1 ... * R		(IPS...ion)
└ `hl7:code`		0 ... 1 R		(IPS...ion)
Choice		0 ... 1	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice	

└ **hl7:assignedPerson**		**0 … 1 C**			(IPS...ion)
└ **@classCode**	cs	**0 … 1** F	PSN		
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE		
└ **hl7:name**	PN	**1 … * R**	Name of the person (e.g. the Healthcare Professional) authoring this document		(IPS...ion)

	Example		`<name>`
			  `<given>`John`</given>`
			  `<family>`Español Smith`</family>`
			`</name>`		

└ **hl7:family**		**1 … * R**			(IPS...ion)
└ **hl7:given**		**1 … * R**			(IPS...ion)
└ **hl7:assignedAuthoringDevice**		**0 … 1 C**			(IPS...ion)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			  `<softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`		

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)		
└ **@classCode**	cs	**0 … 1** F	DEV		
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE		
└ **hl7:code**	CE	**0 … 1**			(IPS...ion)
└ **hl7:manufacturerModelName**	SC	**0 … 1**			(IPS...ion)
└ **hl7:softwareName**	SC	**0 … 1**			(IPS...ion)
└ **hl7:representedOrganization**		**0 … 1**			(IPS...ion)

└ **hl7:id**	II	**0 ... ***		(IPS...ion)
└ **hl7:name**		**0 ... ***		(IPS...ion)
└ **hl7:telecom**	TEL	**0 ... ***		(IPS...ion)
└ **hl7:addr**	AD	**0 ... ***		(IPS...ion)
└ **hl7:informant**		**0 ... ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ion)
└ **hl7:entry**		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.41 *IPS Planned Observation* (DYNAMIC)	(IPS...ion)
└ **@typeCode**	cs	**1 ... 1** R		
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)	
└ **@contextConductionInd**	bl	**0 ... 1** F	true	
└ **hl7:entry**		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.38 *IPS Planned Procedure* (DYNAMIC)	(IPS...ion)
└ **@typeCode**	cs	**1 ... 1** R		
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)	
└ **@contextConductionInd**	bl	**0 ... 1** F	true	
└ **hl7:entry**		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.40 *IPS Planned Encounter* (DYNAMIC)	(IPS...ion)
└ **@typeCode**	cs	**1 ... 1** R		
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)	

└ **@contextConductionInd**	bl	**0 ... 1** F	true	
└ **hl7:entry**		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.47 *IPS Planned Immunization* (DYNAMIC)	(IPS...ion)
└ **@typeCode**	cs	**1 ... 1** R		

CONF	The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)

└ **@contextConductionInd**	bl	**0 ... 1** F	true	
└ **hl7:entry**		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.39 *IPS Planned Act* (DYNAMIC)	(IPS...ion)
└ **@typeCode**	cs	**1 ... 1** R		

CONF	The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)

└ **@contextConductionInd**	bl	**0 ... 1** F	true	
└ **hl7:component**		**0 ... ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)	(IPS...ion)

9.14 IPS Problems Section

Id	2.16.840.1.113883.10.22.3.3	**Effective Date**	2017-02-15
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSProblemList	**Display Name**	IPS Problems Section

Description

The IPS problem section lists and describes clinical problems or conditions currently being monitored for the patient. This section can record different kinds of problems as, but not limited to, chronic diseases (e.g. COPD, diabetes, hypertension); contagious diseases; nutritional problems (e.g. metabolic diseases); and so on.The optional author and informant elements are used, when necessary, to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.3
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with

Associated with 3 concepts

Id	Name	Data Set
hl7ips-dataelement-130	🟡 Description	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-139	🟡 Problem list	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-18	🟡 Problems	🟡 CEN/TC 251 prEN 17269

Uses

Uses 4 templates

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
2.16.840.1.113883.10.22.4.7	Containment	🟡 IPS Problem Concern Entry (2021)	DYNAMIC
2.16.840.1.113883.10.22.3.15	Containment	🟡 IPS Translation Section (2021)	DYNAMIC

Relationship

Specialization: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) `ref ad1bbr-`
Adaptation: template 2.16.840.1.113883.10.20.1.11 *Problem section* (DYNAMIC) `ref ccd1-`
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.3.6 *Section Active Problems* (2013-12-20) `ref epsos-`

	Example

Example	**Example**
	
	``xml
	<section classCode="DOCSECT">
	  <templateId root="2.16.840.1.113883.10.22.3.3"/>
	  <id root="1.2.3.999" extension="__example only__"/>
	  <code code="11450-4" codeSystem="2.16.840.1.113883.6.1" displayName="Problem List"/>
	  <title>Active Problems</title>
	  <text>Narrative text of the Problem List sections</text>
	  <author>
	    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
	  </author>
	  <informant>
	    <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (dynamic) -->
	  </informant>
	  <entry typeCode="COMP" contextConductionInd="true">
	    <!-- template 2.16.840.1.113883.10.22.4.7 'IPS Problem Concern Entry' (dynamic) -->
	  </entry>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (dynamic) -->
	  </component>
	</section>
	``

Item	DT	Card	Conf	Description	Label
hl7:section		**1 ... 1 M**			(IPS...ist)
	⊚ hl7ips-dataelement-18		🟡 Problems		🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**0 ... 1** F		DOCSECT	
└ **hl7:templateId**	II	**1 ... 1 M**			(IPS...ist)
└ **@root**	uid	**1 ... 1** F		2.16.840.1.113883.10.22.3.3	
└ **hl7:id**	II	**0 ... * R**			(IPS...ist)
└ **hl7:code**	CE.IPS	**1 ... 1 M**			(IPS...ist)
└ **@code**	CONF	**1 ... 1** F		11450-4	
└ **@codeSystem**		**1 ... 1** F		2.16.840.1.113883.6.1 (LOINC)	

└ **hl7:title**	**ST**	**1 ... 1 M**		(IPS...ist)
└ **hl7:text**	**SD.TEXT**	**1 ... 1 M**	Section text	(IPS...ist)
	⊙ hl7ips-dataelement-130	🟡 Description	🟡 CEN/TC 251 prEN 17269	
Included		**0 ... ***	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 ... ***		(IPS...ist)
└ **hl7:templateId**	**II**	**1 ... 1 M**		(IPS...ist)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1 R**		(IPS...ist)
└ **hl7:assignedAuthor**		**1 ... 1 M**		(IPS...ist)
└ **hl7:id**	**II**	**1 ... * R**		(IPS...ist)
└ **hl7:code**		**0 ... 1 R**		(IPS...ist)
			Elements to choose from:	
Choice		**0 ... 1**	▪ hl7:assignedPerson	
			▪ hl7:assignedAuthoringDevice	
└ **hl7:assignedPerson**		**0 ... 1 C**		(IPS...ist)
└ **@classCode**	cs	**0 ... 1** F	PSN	
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	
└ **hl7:name**	**PN**	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ist)

	Example	`<name>`
		  `<given>`John`</given>`
		  `<family>`Español Smith`</family>`
		`</name>`		

└ **hl7:family**			1 ... * R	(IPS...ist)
└ **hl7:given**			1 ... * R	(IPS...ist)
└ **hl7:assignedAuthoringDevice**			0 ... 1 C	(IPS...ist)

	Example	`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
		  `<softwareName displayName="Turriano"/>`
		`</assignedAuthoringDevice>`		

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	0 ... 1 F	DEV	
└ **@determinerCode**	cs	0 ... 1 F	INSTANCE	
└ **hl7:code**	CE	0 ... 1		(IPS...ist)
└ **hl7:manufacturerModelName**	SC	0 ... 1		(IPS...ist)
└ **hl7:softwareName**	SC	0 ... 1		(IPS...ist)
└ **hl7:representedOrganization**		0 ... 1		(IPS...ist)
└ **hl7:id**	II	0 ... *		(IPS...ist)
└ **hl7:name**		0 ... *		(IPS...ist)
└ **hl7:telecom**	TEL	0 ... *		(IPS...ist)
└ **hl7:addr**	AD	0 ... *		(IPS...ist)

hl7:informant		0 ... *	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ist)
hl7:entry		1 ... * R	Contains 2.16.840.1.113883.10.22.4.7 *IPS Problem Concern Entry* (DYNAMIC)	(IPS...ist)

◎ hl7ips-dataelement-139	🟡 Problem list	🟡 CEN/TC 251 prEN 17269

@typeCode	cs	1 ... 1 R	
	CONF	The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)	
@contextConductionInd	bl	0 ... 1 F	true

hl7:component		0 ... *	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)	(IPS...ist)

9.15 IPS Results Section

Id	2.16.840.1.113883.10.22.3.14	Effective Date	2017-04-30
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSResultsSection	Display Name	IPS Results Section

Description

This section assembles relevant observation results collected on the patient or produced on in-vitro biologic specimens collected from the patient. Some of these results may be laboratory results, others may be anatomic pathology results, others, radiology results, and others, clinical results.

The structured, machine-processable content of this section is sorted out between as many Result Organizer entries as needed. One Result Organizer entry groups results, which have a common context of production:

- common specialty (imaging, bacteriology, serology, chemistry, surgical pathology, clinical, radiology ...),

- common overall interpretation, (which interprets the set of results of the Organizer),

- common biologic specimen for in vitro diagnostic observations,

- common associated illustrative image.

The optional author and informant elements of the section are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

In case this section assembles results from multiple authors (e.g.; results authored by a clinical laboratory, and results produced by a radiology center), the authors are listed in the section, and each Result Organizer of the section indicates its own author(s).

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.14
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with

Associated with 3 concepts

Id	Name	Data Set
hl7ips-dataelement-126	🟠 Observations results list	🟠 CEN/TC 251 prEN 17269
hl7ips-dataelement-142	🟠 Result Description	🟠 CEN/TC 251 prEN 17269
hl7ips-dataelement-19	🟠 Results	🟠 CEN/TC 251 prEN 17269

Uses

Uses 4 templates

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
2.16.840.1.113883.10.22.4.9	Containment	🟠 IPS Result Organizer (STU1)	DYNAMIC

	2.16.840.1.113883.10.22.3.15 Containment 🟡 IPS Translation Section (2021)	DYNAMIC
Relationship	Adaptation: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) ref ad1bbr-	

Example

Example

```xml
<section classCode="DOCSECT" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.3.14"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="30954-2" codeSystem="2.16.840.1.113883.6.1" displayName="Relevant diagnostic tests/laboratory data Narra-
tive"/>
  <title>MOST SIGNIFICANT RESULTS</title>
  <text>
    <!-- some clinical laboratory results and some surgical pathology results presented to the human reader -->
  </text>
  <author>
    <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' - 1st author: a clinical lab director -->
  </author>
  <author>
    <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' - 2nd author: a pathologist -->
  </author>
  <entry typeCode="COMP" contextConductionInd="true">
    <!--- 1st Organizer: chemistry observations on blood serum specimen produced and interpreted by a clinical laboratory
-->
    <organizer classCode="BATTERY" moodCode="EVN">
      <templateId root="2.16.840.1.113883.10.22.4.9"/>
      <code code="18719-5" displayName="Chemistry studies (set)" codeSystemName="LOINC" codeSys-
tem="2.16.840.1.113883.6.1"/>
      <satusCode code="completed"/>
      <author>
        <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' - 1st author: a clinical lab director -->
      </author>
      <component>
        <!-- template 2.16.840.1.113883.10.22.4.13 'IPS Laboratory Result Observation' -->
      </component>
      <component>
        <!-- template 2.16.840.1.113883.10.22.4.13 'IPS Laboratory Result Observation' -->
      </component>
      <component>
        <!-- template 2.16.840.1.113883.10.22.4.30 'IPS Specimen Collection' - common blood serum specimen -->
      </component>
      <component>
        <!-- template 2.16.840.1.113883.10.22.4.22 'IPS Comment Activity' - interpretation of chemistry results -->
      </component>
    </organizer>
  </entry>
  <entry>
```

```xml
            <organizer classCode="BATTERY" moodCode="EVN">
              <templateId root="2.16.840.1.113883.10.22.4.9"/>
              <code code="18723-7" displayName="Hematology studies (set)" codeSystemName="LOINC" codeSys-
tem="2.16.840.1.113883.6.1"/>
              <satusCode code="completed"/>
              <author>
                <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' – 1st author: a clinical lab director -->
              </author>
              <component>
                <!-- template 2.16.840.1.113883.10.22.4.13 'IPS Laboratory Result Observation' -->
              </component>
              <component>
                <!-- template 2.16.840.1.113883.10.22.4.13 'IPS Laboratory Result Observation' -->
              </component>
              <component>
                <!-- template 2.16.840.1.113883.10.22.4.30 'IPS Specimen Collection' - venous blood total specimen -->
              </component>
              <component>
                <!-- template 2.16.840.1.113883.10.22.4.22 'IPS Comment Activity' - interpretation of hematology results -->
              </component>
            </organizer>
          </entry>
          <entry>
            <organizer classCode="BATTERY" moodCode="EVN">
              <templateId root="2.16.840.1.113883.10.22.4.9"/>
              <code code="11529-5" displayName="Surgical pathology studies (set)" codeSystemName="LOINC" codeSys-
tem="2.16.840.1.113883.6.1"/>
              <satusCode code="completed"/>
              <author>
                <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' - 2nd author: a pathologist -->
              </author>
              <component>
                <!-- template 2.16.840.1.113883.10.22.4.11 'IPS Pathology Result Observation' -->
              </component>
              <component>
                <!-- template 2.16.840.1.113883.10.22.4.30 'IPS Specimen Collection' - excised tissue specimen -->
              </component>
              <component>
                <!-- template 2.16.840.1.113883.10.22.4.22 'IPS Comment Activity' - pathologist's interpretation -->
              </component>
              <component>
                <!-- template 2.16.840.1.113883.10.22.4.23 'IPS ObservationMedia' - an illustrative slide image -->
              </component>
            </organizer>
          </entry>
        </section>
```

Item	DT	Card	Conf	Description	Label
hl7:section					(IPS...ion)
		◉ hl7ips-dataelement-19		🟡 Results	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**0 ... 1**	F	DOCSECT	
└ **@moodCode**	cs	**0 ... 1**	F	EVN	
└ **hl7:templateId**	II	**1 ... 1**	R		(IPS...ion)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.3.14	
└ **hl7:id**	II	**0 ... ***	R		(IPS...ion)
└ **hl7:code**	**CE.IPS**	**1 ... 1**	M		(IPS...ion)
└ **@code**	CONF	**1 ... 1**	F	30954-2	
└ **@codeSystem**		**1 ... 1**	F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	**ST**	**1 ... 1**	M		(IPS...ion)
└ **hl7:text**	**SD.TEXT**	**1 ... 1**	M		(IPS...ion)
		◉ hl7ips-dataelement-142		🟡 Result Description	🟡 CEN/TC 251 prEN 17269
Included		**0 ... ***		from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 ... ***			(IPS...ion)
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...ion)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.14	

└ **hl7:time**	TS.IPS.TZ	**1 ... 1 R**		(IPS...ion)
└ **hl7:assignedAuthor**		**1 ... 1 M**		(IPS...ion)
└ **hl7:id**	II	**1 ... * R**		(IPS...ion)
└ **hl7:code**		**0 ... 1 R**		(IPS...ion)
Choice		**0 ... 1**	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice	
└ **hl7:assignedPerson**		**0 ... 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 ... 1 F**	PSN	
└ **@determinerCode**	cs	**0 ... 1 F**	INSTANCE	
└ **hl7:name**	PN	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example		`<name>`
			`  <given>John</given>`
			`  <family>Español Smith</family>`
			`</name>`	

└ **hl7:family**		**1 ... * R**		(IPS...ion)
└ **hl7:given**		**1 ... * R**		(IPS...ion)
└ **hl7:assignedAuthoringDe-vice**		**0 ... 1 C**		(IPS...ion)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			`  <softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`	

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	

└ **@classCode**	cs	**0 … 1** F	DEV	
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE	
└ **hl7:code**	CE	**0 … 1**		(IPS...ion)
└ **hl7:manufacturerModel Name**	SC	**0 … 1**		(IPS...ion)
└ **hl7:softwareName**	SC	**0 … 1**		(IPS...ion)
└ **hl7:representedOrganization**		**0 … 1**		(IPS...ion)
└ **hl7:id**	II	**0 … ***		(IPS...ion)
└ **hl7:name**		**0 … ***		(IPS...ion)
└ **hl7:telecom**	TEL	**0 … ***		(IPS...ion)
└ **hl7:addr**	AD	**0 … ***		(IPS...ion)
└ **hl7:informant**		**0 … ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ion)
└ **hl7:entry**		**1 … * M**	Contains 2.16.840.1.113883.10.22.4.9 *IPS Result Organizer* (DYNAMIC)	(IPS...ion)

◎ hl7ips-dataelement-126	🟡 Observations results list	🟡 CEN/TC 251 prEN 17269

└ **@typeCode**	cs	**1 … 1** R		
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelation-shipEntry* (DYNAMIC)	
└ **@contextConductionInd**	bl	**0 … 1** F	true	
└ **hl7:component**		**0 … ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)	(IPS...ion)

9.16 IPS Social History Section

Id	2.16.840.1.113883.10.22.3.10	**Effective Date**	2020-05-10 18:52:32 Other versions this id: ▪ ○ IPSSocialHistorySection as of 2020-05-10 18:52:19 ▪ ○ IPSSocialHistorySection as of 2017-04-13
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSSocialHistorySection	**Display Name**	IPS Social History Section

Description
The social history section contains a description of the person's Health related "lifestyle factors" or "lifestyle observations" (e.g. smoke habits; alcohol consumption; diets, risky habits.) The optional author and informant elements are used when necessary to convey the provenance and authoring of the section content in case it is different from what is announced in the CDA header.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.10
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 3 concepts		
	Id	Name	Data Set
	hl7ips-dataelement-147	🟡 Life Style Factor list	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-149	🟡 Description	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-20	🟡 Social History	🟡 CEN/TC 251 prEN 17269

Uses	Uses 6 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.12.319	Containment	🟢 CDA Informant (Body)	DYNAMIC
	2.16.840.1.113883.10.22.4.34	Containment	🟠 IPS Social History Tobacco Use (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.4.35	Containment	🟠 IPS Social History Alcohol Use (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.4.48	Containment	🟠 IPS Social History Observation (TI-2020)	DYNAMIC
	2.16.840.1.113883.10.22.3.15	Containment	🟡 IPS Translation Section (2021)	DYNAMIC

Relationship

Version: template 2.16.840.1.113883.10.22.3.10 *IPS Social History Section* (2017-04-13)
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.3.16 *IHE Social History Section* (DYNAMIC) `ref IHE-PCC-`
Adaptation: template 2.16.840.1.113883.10.20.1.15 *Social history section* (DYNAMIC) `ref ccd1-`
Adaptation: template 2.16.840.1.113883.10.20.22.2.17 *Social History Section (V3)* (DYNAMIC) `ref bccdapilot-`

Example

```xml
<section classCode="DOCSECT">
  <templateId root="2.16.840.1.113883.10.22.3.10"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="29762-2" codeSystem="2.16.840.1.113883.6.1" displayName="Social history Narrative"/>
  <title>Social History</title>
  <text> Social History text </text>
  <author>
    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
  </author>
  <informant>
    <!-- template 2.16.840.1.113883.10.12.319 'CDA Informant (Body)' (dynamic) -->
  </informant>
  <entry typeCode="COMP" contextConductionInd="true">
    <!-- template 2.16.840.1.113883.10.22.4.34 'IPS Social History Tobacco Use' (dynamic) -->
  </entry>
  <entry typeCode="COMP" contextConductionInd="true">
    <!-- template 2.16.840.1.113883.10.22.4.35 'IPS Social History Alcohol Use' (dynamic) -->
  </entry>
  <component>
    <!-- template 2.16.840.1.113883.10.22.3.15 'IPS Translation Section' (dynamic) -->
  </component>
</section>
```

Item	DT	Card	Conf	Description	Label
hl7:section		**1 … 1**	**M**		(IPS...ion)
	◎ hl7ips-dataelement-20			🟡 Social History	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**0 … 1**	F	DOCSECT	
└ **hl7:templateId**	II	**1 … 1**	**M**		(IPS...ion)
└ **@root**	uid	**1 … 1**	F	2.16.840.1.113883.10.22.3.10	
└ **hl7:id**	II	**0 … ***	**R**		(IPS...ion)
└ **hl7:code**	**CE.IPS**	**1 … 1**	**M**		(IPS...ion)
└ **@code**	CONF	**1 … 1**	**F**	29762-2	
└ **@codeSystem**		**1 … 1**	**F**	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:title**	**ST**	**1 … 1**	**M**	Social History	(IPS...ion)
└ **hl7:text**	**SD.TEXT**	**1 … 1**	**M**		(IPS...ion)
	◎ hl7ips-dataelement-149			🟡 Description	🟡 CEN/TC 251 prEN 17269
Included		**0 … ***		from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 … ***			(IPS...ion)
└ **hl7:templateId**	II	**1 … 1**	**M**		(IPS...ion)
└ **@root**	uid	**1 … 1**	F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 … 1**	**R**		(IPS...ion)

└ **hl7:assignedAuthor**		**1 ... 1 M**		(IPS...ion)
└ **hl7:id**	II	**1 ... * R**		(IPS...ion)
└ **hl7:code**		**0 ... 1 R**		(IPS...ion)
Choice		**0 ... 1**	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice	
└ **hl7:assignedPerson**		**0 ... 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 ... 1 F**	PSN	
└ **@determinerCode**	cs	**0 ... 1 F**	INSTANCE	
└ **hl7:name**	PN	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example		```xml
			<name>
			  <given>John</given>
			  <family>Español Smith</family>
			</name>
			``	

└ **hl7:family**		**1 ... * R**		(IPS...ion)
└ **hl7:given**		**1 ... * R**		(IPS...ion)
└ **hl7:assignedAuthoringDevice**		**0 ... 1 C**		(IPS...ion)

	Example		```xml
			<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">
			  <softwareName displayName="Turriano"/>
			</assignedAuthoringDevice>
			``	

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 ... 1 F**	DEV	

└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	
└ **hl7:code**	CE	**0 ... 1**		(IPS...ion)
└ **hl7:manufacturerModel Name**	SC	**0 ... 1**		(IPS...ion)
└ **hl7:softwareName**	SC	**0 ... 1**		(IPS...ion)
└ **hl7:representedOrganization**		**0 ... 1**		(IPS...ion)
└ **hl7:id**	II	**0 ... ***		(IPS...ion)
└ **hl7:name**		**0 ... ***		(IPS...ion)
└ **hl7:telecom**	TEL	**0 ... ***		(IPS...ion)
└ **hl7:addr**	AD	**0 ... ***		(IPS...ion)
└ **hl7:informant**		**0 ... ***	Contains 2.16.840.1.113883.10.12.319 *CDA Informant (Body)* (DYNAMIC)	(IPS...ion)
└ **hl7:entry**		**0 ... 1**	Contains 2.16.840.1.113883.10.22.4.34 *IPS Social History Tobacco Use* (DYNAMIC)	(IPS...ion)
	◎ hl7ips-dataelement-147		🟡 Life Style Factor list 🟡 CEN/TC 251 prEN 17269	
└ **@typeCode**	cs	**1 ... 1** R		
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelationshipEntry* (DYNAMIC)	
└ **@contextConductionInd**	bl	**0 ... 1** F	true	
└ **hl7:entry**		**0 ... 1**	Contains 2.16.840.1.113883.10.22.4.35 *IPS Social History Alcohol Use* (DYNAMIC)	(IPS...ion)
	◎ hl7ips-dataelement-147		🟡 Life Style Factor list 🟡 CEN/TC 251 prEN 17269	

└ **@typeCode**	cs	**1 ... 1** R	
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelationshipEntry* (DYNAMIC)
└ **@contextConductionInd**	bl	**0 ... 1** F	true
└ **hl7:entry**		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.48 *IPS Social History Observation* (DYNAMIC)
			(IPS...ion)
└ **@typeCode**	cs	**1 ... 1** R	
	CONF		The value of @typeCode shall be drawn from value set 2.16.840.1.113883.1.11.19446 *x_ActRelationshipEntry* (DYNAMIC)
└ **@contextConductionInd**	bl	**0 ... 1** F	true
└ **hl7:component**		**0 ... ***	Contains 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (DYNAMIC)
			(IPS...ion)

9.17 IPS Translation Section

Id	2.16.840.1.113883.10.22.3.15	**Effective Date**	2021-09-02 12:04:41 Other versions this id: ▪ ◯ IPSTranslationSection as of 2017-07-12
Status	🟡 Draft	**Version Label**	2021
Name	IPSTranslationSection	**Display Name**	IPS Translation Section
Description	Template CDA Section to carry the translations of a Parent Section		

Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)
Relationship	Version: template 2.16.840.1.113883.10.22.3.15 *IPS Translation Section* (2017-07-12) Specialization: template 2.16.840.1.113883.10.12.201 *CDA Section* (2005-09-07) `ref ad1bbr-`

Example
Example

```
<section>
  <title>Translated title</title>
  <!-- subordinate section carrying a translation of the parent section -->
  <text>This is an English text</text>
  <languageCode code="en-US"/>
</section>
```

Item	DT	Card	Conf	Description	Label
hl7:section					(IPS...ion)
└ **hl7:id**	II	0 ... *	R		(IPS...ion)
└ **hl7:title**	ST	1 ... 1	R		(IPS...ion)
└ **hl7:text**	SD.TEXT	1 ... 1	R		(IPS...ion)
└ **hl7:languageCode**	CS	1 ... 1	R		(IPS...ion)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.4.642.3.21 *All Languages* (DYNAMIC)	

10 CDA Entry Level Templates

10.1 CDA Author (Body)

Id	2.16.840.1.113883.10.12.318 `ref ad1bbr-`	**Effective Date**	2005-09-07
Status	🟢 Active	**Version Label**	
Name	CDAAuthorBody	**Display Name**	CDA Author (Body)
Description	Template CDA Author (prototype, directly derived from POCD_RM000040 MIF)		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		

Uses 3 templates

Uses	as	Name	Version
Uses	2.16.840.1.113883.10.12.152	Containment	🟢 CDA Person	DYNAMIC
	2.16.840.1.113883.10.12.315	Containment	🟢 CDA Device	DYNAMIC
	2.16.840.1.113883.10.12.151	Containment	🟢 CDA Organization	DYNAMIC

Item	DT	Card	Conf	Description	Label
@typeCode		0 ... 1	F	AUT	
@contextControlCode		0 ... 1	F	OP	
hl7:functionCode	CE	0 ... 1			(CDA...ody)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.10267 *ParticipationFunction* (DYNAMIC)	

hl7:time	TS	**1 ... 1 R**	(CDA...ody)
hl7:assignedAuthor		**1 ... 1**	(CDA...ody)
└ **@classCode**		**0 ... 1** F	ASSIGNED
└ **hl7:id**	II	**1 ... * R**	(CDA...ody)
└ **hl7:code**	CE	**0 ... 1**	(CDA...ody)
	CONF	shall be drawn from concept domain "RoleCode"	
└ **hl7:addr**	AD	**0 ... ***	(CDA...ody)
└ **hl7:telecom**	TEL	**0 ... ***	(CDA...ody)
Choice		**0 ... 1**	Elements to choose from: ▪ hl7:assignedPerson containing template 2.16.840.1.113883.10.12.152 *CDA Person* (DYNAMIC) ▪ hl7:assignedAuthoringDevice containing template 2.16.840.1.113883.10.12.315 *CDA Device* (DY-NAMIC)
└ **hl7:assignedPerson**			Contains 2.16.840.1.113883.10.12.152 *CDA Person* (DYNAMIC)	(CDA...ody)
└ **hl7:assignedAuthoringDevice**			Contains 2.16.840.1.113883.10.12.315 *CDA Device* (DYNAMIC)	(CDA...ody)
└ **hl7:representedOrganization**		**0 ... 1**	Contains 2.16.840.1.113883.10.12.151 *CDA Organization* (DYNAMIC)	(CDA...ody)

10.2 CDA Device

Id	2.16.840.1.113883.10.12.315 `ref ad1bbr-`	**Effective Date**	2005-09-07

Status	🟢 Active	Version Label	
Name	CDADevice	Display Name	CDA Device
Description	Template CDA Device (prototype, directly derived from POCD_RM000040 MIF)		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		

Item	DT	Card	Conf	Description	Label
@classCode		**0 ... 1**	F	DEV	
@determinerCode		**0 ... 1**	F	INSTANCE	
hl7:code	CE	**0 ... 1**			(CDA...ice)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.16040 *EntityCode* (DYNAMIC)	
hl7:manufacturerModelName	SC	**0 ... 1**			(CDA...ice)
hl7:softwareName	SC	**0 ... 1**			(CDA...ice)

10.3 CDA Informant (Body)

Id	2.16.840.1.113883.10.12.319 ref ad1bbr-	Effective Date	2005-09-07
Status	🟢 Active	Version Label	
Name	CDAinformantBody	Display Name	CDA Informant (Body)
Description	Template CDA Informant Body (prototype, directly derived from POCD_RM000040 MIF)		

Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	Uses 2 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.12.153	Containment	🟢 CDA AssignedEntity	DYNAMIC
	2.16.840.1.113883.10.12.316	Containment	🟢 CDA RelatedEntity	DYNAMIC

Item	DT	Card	Conf	Description	Label
@typeCode		**0 ... 1**	F	INF	
@contextControlCode		**0 ... 1**	F	OP	
Choice		**1 ... 1**		Elements to choose from: ▪ hl7:assignedEntity containing template 2.16.840.1.113883.10.12.153 *CDA AssignedEntity* (DYNAMIC) ▪ hl7:relatedEntity containing template 2.16.840.1.113883.10.12.316 *CDA RelatedEntity* (DYNAMIC)	
└ **hl7:assignedEntity**				Contains 2.16.840.1.113883.10.12.153 *CDA AssignedEntity* (DYNAMIC)	(CDA...ody)
└ **hl7:relatedEntity**				Contains 2.16.840.1.113883.10.12.316 *CDA RelatedEntity* (DYNAMIC)	(CDA...ody)

10.4 CDA Performer (Body)

Id	2.16.840.1.113883.10.12.323 ref ad1bbr-	Effective Date	2005-09-07 Other versions this id:

			▪ ◯ CDAPerformerBody as of 2017-05-04 18:46:37
Status	🟢 Active	**Version Label**	
Name	CDAPerformerBody	**Display Name**	CDA Performer (Body)
Description	Template CDA Performer (Body) (prototype, directly derived from POCD_RM000040 MIF)		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		

	Uses 1 template		
Uses	**Uses**	**as**	**Name**	**Version**

Uses	as	Name	Version
2.16.840.1.113883.10.12.153	Include	🟢 CDA AssignedEntity	DYNAMIC

Item	DT	Card	Conf	Description	Label
@typeCode		0 ... 1	F	PRF	
hl7:time	IVL_TS	0 ... 1			(CDA...ody)
hl7:modeCode	CE	0 ... 1			(CDA...ody)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.16543 *ParticipationMode* (DYNAMIC)	
hl7:assignedEntity		1 ... 1			(CDA...ody)
Included				from 2.16.840.1.113883.10.12.153 *CDA AssignedEntity* (DYNAMIC)	
└ **@classCode**		0 ... 1	F	ASSIGNED	
└ **hl7:id**	II	1 ... *	R		(CDA...ody)

└ `hl7:code`	CE	**0 ... 1**		(CDA...ody)
	CONF		shall be drawn from concept domain "RoleCode"	
└ `hl7:addr`	AD	**0 ... ***		(CDA...ody)
└ `hl7:telecom`	TEL	**0 ... ***		(CDA...ody)
└ `hl7:assignedPerson`		**0 ... 1**	Contains 2.16.840.1.113883.10.12.152 *CDA Person* (DYNAMIC)	(CDA...ody)
└ `hl7:representedOrganization`		**0 ... 1**	Contains 2.16.840.1.113883.10.12.151 *CDA Organization* (DYNAMIC)	(CDA...ody)

10.5 CDA RelatedEntity

Id	2.16.840.1.113883.10.12.316 [ref ad1bbr-]	**Effective Date**	2005-09-07
Status	🟢 Active	**Version Label**	
Name	CDARelatedEntity	**Display Name**	CDA RelatedEntity
Description	Template CDA RelatedEntity (prototype, directly derived from POCD_RM000040 MIF)		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		

Uses	Uses 1 template			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.12.152	Containment	🟢 CDA Person	DYNAMIC

Item	DT	Card	Conf	Description	Label
@classCode	cs	**1 ... 1**	R		
	CONF			The value of @classCode shall be drawn from value set 2.16.840.1.113883.1.11.19316 *RoleClassMutual-Relationship* (DYNAMIC)	
hl7:code	CE	**0 ... 1**			(CDA...ity)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19563 *PersonalRelation-shipRoleType* (DYNAMIC)	
hl7:addr	AD	**0 ... ***			(CDA...ity)
hl7:telecom	TEL	**0 ... ***			(CDA...ity)
hl7:effectiveTime	IVL_TS	**0 ... 1**			(CDA...ity)
hl7:relatedPerson		**0 ... 1**		Contains 2.16.840.1.113883.10.12.152 *CDA Person* (DYNAMIC)	(CDA...ity)

10.6 IHE Vital Signs Observation

1.3.6.1.4.1.19376.1.5.3.1.4.13.2/dynamic

10.7 IPS Advance Directive Observation

Id	2.16.840.1.113883.10.22.4.37	**Effective Date**	2020-05-08 16:21:54
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSAdvanceDirectiveObservation	**Display Name**	IPS Advance Directive Observation

Description

This clinical statement represents Advance Directive Observation findings (e.g., "resuscitation status is Full Code") rather than orders. It should not be considered a legal document or a substitute for the actual Advance Directive document. The related legal documents are referenced using the reference/externalReference element. The Advance Directive Observation

describes the patient's directives, including but not limited to: • Medications • Transfer of Care to Hospital • Treatment • Procedures • Intubation and Ventilation • Diagnostic Tests • Tests The observation/value element contains the detailed patient directive which may be coded or text. For example, a category directive may be antibiotics, and the details would be intravenous

antibiotics only.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.37
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)
Relationship	Adaptation: template 2.16.840.1.113883.10.20.22.4.48 *Advance Directive Observation (V3)* (2015-08-01) ref ccda- Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) ref ad1bbr-

Example	**Example**
	
	``xml
	<hl7:observation classCode="OBS" moodCode="EVN">
	  <hl7:templateId root="2.16.840.1.113883.10.22.4.37"/>
	  <hl7:id root="1.2.3.999" extension="--example only--"/>
	  <hl7:code code="52765003" codeSystem="2.16.840.1.113883.6.96" displayName="Intubation"/>
	  <hl7:statusCode code="completed"/>
	  <hl7:effectiveTime>
	    <hl7:low/>
	    <hl7:high/>
	  </hl7:effectiveTime>
	  <hl7:value/>
	  <hl7:author/>
	  <hl7:participant typeCode="VRF">
	    <hl7:time value="20200510120335"/>
	    <hl7:participantRole>
	      <hl7:code/>
	      <hl7:addr>addr</hl7:addr>
	      <hl7:playingEntity>
	        <hl7:code/>
	``

```
            <hl7:name>name</hl7:name>
          </hl7:playingEntity>
        </hl7:participantRole>
      </hl7:participant>
      <hl7:participant typeCode="CST">
        <hl7:participantRole classCode="AGNT">
          <hl7:code/>
          <hl7:addr>addr</hl7:addr>
          <hl7:telecom value="tel:+1-12345678"/>
          <hl7:playingEntity>
            <hl7:code/>
            <hl7:name/>
          </hl7:playingEntity>
        </hl7:participantRole>
      </hl7:participant>
      <hl7:reference typeCode="REFR">
        <hl7:externalDocument>
          <hl7:id root="1.2.3.999" extension="--example only--"/>
          <hl7:text>
            <hl7:reference/>
          </hl7:text>
        </hl7:externalDocument>
      </hl7:reference>
    </hl7:observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@classCode**	cs	**1 ... 1** F		OBS	
└ **@moodCode**	cs	**1 ... 1** F		EVN	
└ **hl7:templateId**	II	**1 ... 1 M**			(IPS...ion)
└ **@root**	uid	**1 ... 1** F		2.16.840.1.113883.10.22.4.37	
└ **hl7:id**	II	**0 ... ***			(IPS...ion)
└ **hl7:code**	**CD.IPS** (example)	**1 ... 1 R**			(IPS...ion)
	CONF			Examples of the value of @code are in the value set 2.16.840.1.113883.1.11.20.2 *AdvanceDirec-*	

		tiveTypeCode (DYNAMIC)		
└ **hl7:statusCode**	CS	**1 … 1 M**		(IPS...ion)
└ **@code**	CONF	**1 … 1 F**	completed	
└ **hl7:effectiveTime**	IVL_TS	**1 … 1 R**		(IPS...ion)
└ **hl7:low**		**1 … 1 R**		(IPS...ion)
└ **hl7:high**		**1 … 1 R**		(IPS...ion)
	Constraint	If the Advance Directive does not have a specified ending time, the \<high> element *SHALL* have the nullFlavor attribute set to *NA*\</high>		
└ **hl7:value**		**1 … 1 M**		(IPS...ion)
└ **hl7:author**		**0 … * R**		(IPS...ion)
└ **hl7:participant**		**0 … ***		(IPS...ion)
where *[@typeCode='VRF']*				
└ **@typeCode**	cs	**1 … 1** F	VRF	
└ **hl7:time**	TS	**0 … 1 R**		(IPS...ion)
└ **hl7:participantRole**		**1 … 1 M**		(IPS...ion)
└ **hl7:code**	CE.IPS	**0 … 1 R**		(IPS...ion)
└ **hl7:addr**	AD	**0 … * R**		(IPS...ion)
└ **hl7:playingEntity**		**0 … 1**		(IPS...ion)
└ **hl7:code**	CD.IPS	**0 … 1 R**		(IPS...ion)

└ **hl7:name**		**1 ... 1 R**		(IPS...ion)
└ **hl7:participant**		**0 ... ***		(IPS...ion)
where *[@typeCode='CST']*				
└ **@typeCode**	cs	**1 ... 1** F	CST	
└ **hl7:participantRole**		**1 ... 1 M**		(IPS...ion)
└ **@classCode**	cs	**1 ... 1** F	AGNT	
└ **hl7:code**	CE.IPS	**0 ... 1 R**		(IPS...ion)
└ **hl7:addr**	AD	**0 ... 1 R**		(IPS...ion)
└ **hl7:telecom**	TEL	**0 ... * R**		(IPS...ion)
└ **hl7:playingEntity**		**1 ... 1 M**		(IPS...ion)
└ **hl7:code**	CD.IPS	**0 ... 1 R**		(IPS...ion)
└ **hl7:name**		**1 ... 1 R**		(IPS...ion)
└ **hl7:reference**		**0 ... * R**		(IPS...ion)
└ **@typeCode**	cs	**1 ... 1** F	REFR	
└ **hl7:externalDocument**		**1 ... 1 M**		(IPS...ion)
└ **hl7:id**	II	**1 ... * R**		(IPS...ion)
└ **hl7:text**		**0 ... 1**		(IPS...ion)
└ **hl7:reference**		**0 ... 1**		(IPS...ion)

10.8 IPS Advance Directive Organizer

Id	2.16.840.1.113883.10.22.4.46	**Effective Date**	2020-05-08 16:11:48
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSAdvanceDirectiveOrganizer	**Display Name**	IPS Advance Directive Organizer

Description	This clinical statement groups a set of advance directive observations.
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.46
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses

Uses 1 template

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.37	Containment	🟠 IPS Advance Directive Observation (TI-2020)	DYNAMIC

Relationship

Adaptation: template 2.16.840.1.113883.10.20.22.4.108 *Advance Directive Organizer (V2)* (2015-08-01) `ref ccda-`
Adaptation: template 2.16.840.1.113883.10.12.305 *CDA Organizer* (2005-09-07) `ref ad1bbr-`

Example

Example

```
<hl7:organizer classCode="CLUSTER" moodCode="EVN">
  <hl7:templateId root="2.16.840.1.113883.10.22.4.46"/>
  <hl7:id root="1.2.3.999" extension="--example only--"/>
  <hl7:code code="45473-6" codeSystem="2.16.840.1.113883.6.1"/>
  <hl7:statusCode code="completed"/>
  <hl7:author/>
  <hl7:component>
    <!-- template 2.16.840.1.113883.10.22.4.37 'IPS Advance Directive Observation' (2020-05-08T16:21:54) -->
  </hl7:component>
</hl7:organizer>
```

Item	DT	Card	Conf	Description	Label

hl7:organizer					(IPS...zer)
└ @classCode	cs	**1 ... 1** F		CLUSTER	
└ @moodCode	cs	**1 ... 1** F		EVN	
└ hl7:templateId	II	**1 ... 1** M			(IPS...zer)
└ @root	uid	**1 ... 1** F		2.16.840.1.113883.10.22.4.46	
└ hl7:id	II	**0 ... *** R			(IPS...zer)
└ hl7:code		**1 ... 1** M			(IPS...zer)
└ @code		CONF	**1 ... 1** F	45473-6	
└ @codeSystem			**1 ... 1** F	2.16.840.1.113883.6.1 (LOINC)	
└ hl7:statusCode	CS	**1 ... 1** M			(IPS...zer)
└ @code		CONF	**1 ... 1** F	completed	
└ hl7:author		**0 ... *** R			(IPS...zer)
└ hl7:component		**1 ... *** M		Contains 2.16.840.1.113883.10.22.4.37 *IPS Advance Directive Observation* (DYNAMIC)	(IPS...zer)

10.9 IPS Allergy and Intolerance Concern

Id		2.16.840.1.113883.10.22.4.5	Effective Date		2024-08-04 10:09:24 Other versions this id:

			• ⚪ IPSAllergyAndIntoleranceConcern as of 2016-11-11

Status	🟡 Draft	**Version Label**	STU2
Name	IPSAllergyAndIntoleranceConcern	**Display Name**	IPS Allergy and Intolerance Concern

Description

This template reflects an ongoing concern on behalf of the person that placed the allergy on a patient's allergy list.
A concern may refer to one or more allergies or intolerances.
There are different kinds of status that could be related to an allergy, or more in general to a condition:

- The status of the concern (active, inactive,..)

- The status of the condition (e.g. active, inactive, resolved,..)

- The confirmation status [clinical workflow status, certainty] (e.g. confirmed, likely, unlikely,…)

Not all of them can be represented in a CDA using the statusCode elements of the concern (ACT) and observation (condition).
As long as the underlying condition is of concern to the author (i.e., as long as the allergy, whether active or resolved, is of ongoing concern and interest to the author), the statusCode is "active".
In case the clinician deems that there is no longer any need to track the underlying conditions then the concern is inactive and the statusCode is set to "completed".
The effectiveTime/low of the Allergy Concern Act asserts when the concern became active. This equates to the time the concern was authored in the patient's chart.
The effectiveTime/high asserts when the concern became inactive, and it is present if the statusCode of the concern act is "completed"

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.5
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	**Uses 1 template**			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.1	Containment	🟡 IPS Allergy or Intolerance (STU2)	DYNAMIC

Relationship	Specialization: template 2.16.840.1.113883.10.22.4.5 *IPS Allergy and Intolerance Concern* (2016-11-11)

	Adaptation: template 2.16.840.1.113883.10.12.301 *CDA Act* (2005-09-07) `ref` `ad1bbr-` Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.5.3 *IHE Allergy and Intolerance Concern Entry* (2013-12-20) `ref` `IHE-PCC-`

Example	**Example**
	<pre><code><act classCode="ACT" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.5"/>
	  <id root="1.2.3.999" extension="__example only__"/>
	  <code code="CONC" codeSystem="2.16.840.1.113883.5.6">
	    <statusCode code="active"/>
	    <effectiveTime>
	      <low value="..."/>
	      <high value="..."/>
	    </effectiveTime>
	    <entryRelationship typeCode="SUBJ" inversionInd="false">
	      <!-- template 2.16.840.1.113883.10.22.4.1 'IPS Allergy or Intolerance' (dynamic) -->
	    </entryRelationship>
	  </code>
	</act></code></pre>

Item	DT	Card	Conf	Description	Label
hl7:act		**0 ... ***	**R**		(IPS...ern)
└ **@classCode**	cs	**1 ... 1**	F	ACT	
└ **@moodCode**	cs	**1 ... 1**	F	EVN	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...ern)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.5	
└ **hl7:id**	II	**0 ... ***	R		(IPS...ern)
└ **hl7:code**	CD	**1 ... 1**	M		(IPS...ern)
└ **@code**	CONF	**1 ... 1**	F	CONC	
└ **@codeSystem**		**1 ... 1**	F	2.16.840.1.113883.5.6 (HL7ActClass)	

201/500

└ **hl7:statusCode**	**CS**	**1 … 1**	**R**	As long as the underlying conditions are of concern to the author (i.e., as long as allergies, whether active or resolved, is of ongoing concern and interest to the author), the statusCode is " **active** ". The concern is tracked by the author. Only when the underlying allergies are no longer of concern then the statusCode is set to " **completed** ". The author is no more tracking this concern and no further actions are expected.	(IPS...ern)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19890 *x_ActStatusActiveComplete* (DYNAMIC)	
└ **hl7:effectiveTime**	**IVL_TS**	**1 … 1**	**R**		(IPS...ern)
└ **hl7:low**	**IVXB_TS**	**1 … 1**	**R**	This element asserts when the concern became active. This equates to the time the concern was authored in the patient's chart and the author started tracking this concern.	(IPS...ern)
└ **hl7:high**	**IVXB_TS**	**0 … 1**	**C**	This element asserts when the clinician deemed there is no longer any need to track the underlying conditions.	(IPS...ern)
	Constraint			If statusCode/@code="completed" Completed, then effectiveTime *SHALL* contain [1..1] high	
	Schematron assert	role	error		
		test	not(../hl7:statusCode[@code='completed']) or hl7:high		
		Message	If statusCode/@code="completed" Completed, then effectiveTime *SHALL* contain [1..1] high		
└ **hl7:entryRelationship**		**1 … ***	**R**	Contains 2.16.840.1.113883.10.22.4.1 *IPS Allergy or Intolerance* (DYNAMIC)	(IPS...ern)
└ **@typeCode**	cs	**1 … 1**	**F**	SUBJ	
└ **@inversionInd**	bl	**0 … 1**	**F**	false	

10.10 IPS Allergy Certainty Observation

Id	2.16.840.1.113883.10.22.10	Effective Date	2018-02-07 12:00:44
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSCertaintyObservationAllergy	Display Name	IPS Allergy Certainty Observation
Description	This observation represents the certainty associated with a propensity, or potential risk, of a reaction to the identified substance.		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.10		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		

Associated with 1 concept

Id	Name		Data Set
hl7ips-dataelement-190	🟠 Certainty		🟠 CEN/TC 251 prEN 17269

Relationship

Adaptation: template 2.16.840.1.113883.10.22.4.19 *IPS Certainty Observation* (2017-03-29)
Adaptation: template 2.16.840.1.113883.10.20.22.4.145 *Criticality Observation* (2015-08-13) `ref ccda-`
Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) `ref ad1bbr-`

Example

```xml
<observation classCode="OBS" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.19"/>
  <code code="66455-7" codeSystem="2.16.840.1.113883.6.1" displayName="Condition status"/>
  <statusCode code="completed"/>
  <value code="unconfirmed" displayName="Unconfirmed" codeSystem="2.16.840.1.113883.4.642.3.115"/>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...rgy)
└ **@classCode**	cs	1 … 1	F	OBS	

└ @moodCode	cs	1 ... 1 F	EVN	
└ hl7:templateId	II	1 ... 1 M		(IPS...rgy)
└ @root	uid	1 ... 1 F	2.16.840.1.113883.10.22.10	
└ hl7:code	CD	1 ... 1 M		(IPS...rgy)
└ @code		1 ... 1 F	66455-7	
└ @codeSystem	CONF	1 ... 1 F	2.16.840.1.113883.6.1 (LOINC)	
└ @codeSystemName		1 ... 1 F	LOINC	
└ @displayName		1 ... 1 F	Condition status	
└ hl7:statusCode	CS	1 ... 1 M		(IPS...rgy)
└ @code	CONF	1 ... 1 F	completed	
└ hl7:value	CD.IPS (required)	1 ... 1 M		(IPS...rgy)

◎ hl7ips-dataelement-190	🟡 Certainty		🟡 CEN/TC 251 prEN 17269
CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.62 *IPS Allergy Verification Status* (DYNAMIC)		

10.11 IPS Allergy or Intolerance

Id	2.16.840.1.113883.10.22.4.1	**Effective Date**	2024-08-04 09:48:50 Other versions this id:

- ○ IPSEntryAllergyOrIntolerance as of 2016-11-10

Status	🟡 Draft	Version Label	STU2
Name	IPSEntryAllergyOrIntolerance	Display Name	IPS Allergy or Intolerance

Description

This template reflects a discrete observation about a patient's allergy or intolerance.

Because it is a discrete observation, it will have a statusCode of "completed".

The effectiveTime, also referred to as the "biologically relevant time" is the time at which the observation holds for the patient.

For a provider seeing a patient in the clinic today, observing a history of penicillin allergy that developed five years ago, the effectiveTime is five years ago.

The effectiveTime of the Allergy - Intolerance Observation gives an indication of whether or not the underlying allergy/intolerance is resolved. If known to be resolved, then an effectiveTime/high would be present.

If the date of resolution is not known, then effectiveTime/high will be present with a nullFlavor of "UNK".

It is recommended that the agent responsible for an allergy or adverse reaction would be used for describing the allergy, however the possibility that pre-coordinate codes (e.g. "allergy to nuts") will be used has been here also considered.

The agent responsible for an allergy or adverse reaction it is not always a manufactured material (for example, food allergies), nor is it necessarily consumed; however the playingEntity classCode = "MMAT" for all agents, manufactured or not is expected to be used. This choice depends on thecharacteristics of the base CDA R2 specification.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.1
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with 12 concepts

	Id	Name	Data Set
Associated with	hl7ips-dataelement-173	🟡 Agent	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-182	🟡 Allergies/Intolerances Content Status	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-184	🟡 Allergy/Intolerance	🟡 CEN/TC 251 prEN 17269

hl7ips-dataelement-185	🟡 Diagnosis		🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-186	🟡 Clinical Status		🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-187	🟡 Onset date		🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-188	🟡 End Date		🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-189	🟡 Criticality		🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-190	🟡 Certainty		🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-191	🟡 Type of propensity		🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-192	🟡 Reaction		🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-196	🟡 Agent code		🟡 CEN/TC 251 prEN 17269

Uses

Uses 4 templates

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.6	Containment	🟡 IPS Reaction Manifestation (STU2)	DYNAMIC
2.16.840.1.113883.10.22.4.18	Containment	🟠 IPS Criticality Observation (STU1)	DYNAMIC
2.16.840.1.113883.10.22.10	Containment	🟠 IPS Allergy Certainty Observation (STU1)	DYNAMIC
2.16.840.1.113883.10.22.4.21	Containment	🟠 IPS Allergy Status Observation (STU1)	DYNAMIC

Relationship

Specialization: template 2.16.840.1.113883.10.22.4.1 *IPS Allergy or Intolerance* (2016-11-10)
Adaptation: template 2.16.840.1.113883.10.20.1.18 *Alert observation* (DYNAMIC) ref ccd1-
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.5 *IHE Problem Entry* (DYNAMIC) ref ch-pcc-
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.6 *eHDSI Allergies And Intolerances* (DYNAMIC) ref epsos-

Example	**Example**
	
	``xml
	<observation classCode="OBS" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.1"/>
	  <id root=" " extension=" "/>
	  <!-- This is the code that shows what kind of allergy or intolerance -->
	  <code code="OINT" displayName="Allergy or Intolerance" codeSystem="2.16.840.1.113883.5.4">
	    <text>
	      <reference value="#ref1"/>
	    </text>
	    <statusCode code="completed"/>
	    <effectiveTime>
	      <low value="20170701"/>
	    </effectiveTime>
	    <!-- This is the allergen - the substance that caused the allergy -->
	    <participant typeCode="CSM">
	      <participantRole classCode="MANU">
	        <playingEntity classCode="MMAT">
	          <code code=" " codeSystem=" ">
	            <originalText>
	              <reference value="#substance"/>
	            </originalText>
	          </code>
	          <name>...</name>
	        </playingEntity>
	      </participantRole>
	    </participant>
	    <!-- This is how the allergy manifests itself -->
	    <entryRelationship typeCode="MFST" inversionInd="true">
	      <!-- template 2.16.840.1.113883.10.22.4.6 'IPS Reaction Manifestation' (dynamic) -->
	    </entryRelationship>
	    <entryRelationship typeCode="SUBJ" inversionInd="true">
	      <!-- template 2.16.840.1.113883.10.22.4.18 'IPS Criticality Observation' (dynamic) -->
	    </entryRelationship>
	    <entryRelationship typeCode="SUBJ" inversionInd="true">
	      <!-- template 2.16.840.1.113883.10.22.4.19 'IPS Certainty Observation' (dynamic) -->
	    </entryRelationship>
	    <entryRelationship typeCode="REFR" inversionInd="false">
	      <!-- template 2.16.840.1.113883.10.22.4.21 'IPS Allergy Status Observation' (dynamic) -->
	    </entryRelationship>
	  </code>
	</observation>
	``

Example	**No Known Allergies**
	
	``xml
	<observation classCode="OBS" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.1"/>
	  <code code="allergy" displayName="Allergy" codeSystem="2.16.840.1.113883.4.642.1.122">
	``

```
        <statusCode code="completed"/>
        <effectiveTime>
          <low nullFlavor="UNK"/>
        </effectiveTime>
        <value code="X-NoKnownAllergy" displayName="No known allergy" codeSystem="2.16.840.1.113883.5.1150.2"/>
      </code>
   </observation>
```

Example	**No Information available about allergies or intolerances** ```<observation classCode="OBS" moodCode="EVN"> <templateId root="2.16.840.1.113883.10.22.4.1"/> <code code="OINT" displayName="Allergy or Intolerance" codeSystem="2.16.840.1.113883.5.4"> <statusCode code="completed"/> <effectiveTime> <low nullFlavor="NA"/> </effectiveTime> <value code="no-allergy-info" displayName="No information about allergies" codeSystem="2.16.840.1.113883.5.1150.1"/> </code> </observation>```
Example	**Minimum Set (active propensity; agent known)** ```<observation classCode="OBS" moodCode="EVN"> <templateId root="2.16.840.1.113883.10.22.4.1"/> <code code="OINT" displayName="Allergy or Intolerance" codeSystem="2.16.840.1.113883.5.4"> <statusCode code="completed"/> <effectiveTime> <low nullFlavor="UNK"/> </effectiveTime> <participant typeCode="CSM"> <participantRole classCode="MANU"> <playingEntity classCode="MMAT"> <code code="13577000" codeSystem="2.16.840.1.113883.6.96" displayName="Nut"/> </playingEntity> </participantRole> </participant> </code> </observation>```

Item	DT	Card	Conf	Description	Label
hl7:observation		**R**			(IPS...nce)
	◎ hl7ips-dataelement-184		🟡	Allergy/Intolerance	🟡 CEN/TC 251 prEN 17269

└ **@classCode**	cs	**1 … 1** F	OBS	
└ **@moodCode**	cs	**1 … 1** F	EVN	
└ **hl7:templateId**	II	**1 … 1 M**		(IPS...nce)
└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.4.1	
└ **hl7:id**	II	**0 … * R**		(IPS...nce)
└ **hl7:code**	CD.IPS	**1 … 1 M**	This element describes whether this condition refers to an allergy, non-allergy intolerance, or unknown class of intolerance (not known to be allergy or intolerance).	(IPS...nce)

◎ hl7ips-dataelement-191	🟡 Type of propensity	🟠 CEN/TC 251 prEN 17269
CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.2 *Allergy or Intolerance Type* (DYNAMIC)	

└ **hl7:text**	ED	**0 … 1 R**	The text element if present points to the text describing the problem being recorded; including any dates, comments, et cetera. The <reference> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.</reference>	(IPS...nce)
└ **hl7:reference**	TEL	**1 … 1 M**		(IPS...nce)
└ **@value**	url	**1 … 1 R**	When used it shall refer to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1	
└ **hl7:statusCode**	CS	**1 … 1 M**	A clinical document normally records only those condition observation events that have been completed, not observations that are in any other state. Therefore, the <statusCode> shall always have code='completed'.</statusCode>	(IPS...nce)
└ **@code**	cs	**1 … 1** F	completed	
└ **hl7:effectiveTime**	IVL_TS	**1 … 1 M**	The effectiveTime, also referred to as the "biologically relevant time" is the time at which the observation holds for the patient. For a provider seeing a patient in the clinic today, observing a history of penicillin allergy that devel-	(IPS...nce)

		oped five years ago, the effectiveTime is five years ago. The effectiveTime of the Allergy - Intolerance Observation may give an indication of whether or not the underlying allergy/intolerance is resolved. The \<low\> and \<high\> values should be no more precise than known, but as precise as possible.	
hl7:low	IVXB_TS	1 … 1 R	The effectiveTime/low (a.k.a. "onset date") asserts when the allergy/intolerance became biologically active.	(IPS...nce)
	◎ hl7ips-dataelement-187	🟡 Onset date	🟡 CEN/TC 251 prEN 17269
hl7:high	IVXB_TS	0 … 1 C	The effectiveTime/high (a.k.a. "resolution date") asserts when the allergy/intolerance became biologically resolved. If the date of resolution is not known, then effectiveTime/high will be present with a nullFlavor of "UNK".	(IPS...nce)
	◎ hl7ips-dataelement-188	🟡 End Date	🟡 CEN/TC 251 prEN 17269
	Constraint	If this condition is known to be resolved, then the effectiveTime/high would be present.	
hl7:value	CD.IPS (preferred) 0 … 1			(IPS...nce)
	◎ hl7ips-dataelement-185	🟡 Diagnosis	🟡 CEN/TC 251 prEN 17269
	CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.10 *IPS Allergy or Intolerance Conditions* (DYNAMIC)	
hl7:participant		0 … 1 C	The substance that causes the allergy or intolerance should be specified in the \<participant\> structure. This is the preferred way an allergy is supposed to be expressed. However it is recognized that in some contexts a controlled vocabulary is used for describing the allergy to a substance; or for asserting known absence or unavailability of information. In this case the \<participant\> structure shall be omitted. The agent responsible for an allergy or adverse reaction is not always a manufactured material (for example, food allergies), nor is it necessarily consumed. The following constraints reflect limitations in the base CDA R2 specification, and should be used to represent any type of responsible agent, i.e., use playingEntity classCode = "MMAT" for all agents, manufactured or not.	(IPS...nce)

	◎ hl7ips-dataelement-173	🟡 Agent	🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	**1 … 1** F	CSM
	Constraint	IF the observation/value element is present and valued with a code derived form the 2.16.840.1.113883.11.22.9 Absent or Unknown Allergies value set THEN the observation/participant element used to describe the agent SHALL be omitted.	
└ **hl7:participantRole**		**1 … 1 R**	(IPS...nce)
└ **@classCode**	cs	**1 … 1** F	MANU
└ **hl7:playingEntity**		**1 … 1 R**	(IPS...nce)
└ **@classCode**	cs	**1 … 1** F	MMAT
└ **hl7:code**	**CD.IPS** (preferred)	**1 … 1 R**	Code for the substance causing the allergy or intolerance. (IPS...nce)
	◎ hl7ips-dataelement-196	🟡 Agent code	🟡 CEN/TC 251 prEN 17269
	CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.65 *IPS Allergy or Intolerance Substances* (DYNAMIC)	
└ **hl7:entryRelationship**		**0 … * R**	The contained entry describes the reactions that are manifestations (type-Code='MFST') of the reported allergy or intolerance. Contains 2.16.840.1.113883.10.22.4.6 *IPS Reaction Manifestation* (DYNAMIC) (IPS...nce)
	◎ hl7ips-dataelement-192	🟡 Reaction	🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	**1 … 1** F	MFST
└ **@inversionInd**	bl	**1 … 1** F	true
└ **hl7:entryRelationship**		**0 … 1 R**	**Criticality** The contained entry describes the gravity of the potential risk for future life-threatening adverse reactions when exposed to a substance known to cause an adverse reaction in that individual. (IPS...nce)

			Contains 2.16.840.1.113883.10.22.4.18 *IPS Criticality Observation* (DYNAMIC)	
	◎ hl7ips-dataelement-189		🟡 Criticality	🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	**1 ... 1** F	SUBJ	
└ **@inversionInd**	bl	**1 ... 1** F	true	
└ **hl7:entryRelationship**		**0 ... 1 R**	**Certainty or Verification Status** The contained entry describes the certainty associated with a propensity, or potential risk, of a reaction to the identified substance. Contains 2.16.840.1.113883.10.22.10 *IPS Allergy Certainty Observation* (DYNAMIC)	(IPS...nce)
	◎ hl7ips-dataelement-190		🟡 Certainty	🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	**1 ... 1** F	SUBJ	
└ **@inversionInd**	bl	**1 ... 1** F	true	
└ **hl7:entryRelationship**		**0 ... 1 R**	**Status of the Allergy or Intolerance** The contained entry describes the current status of the allergy or intolerance, for example, whether it is active, in remission, resolved, and so on ... Contains 2.16.840.1.113883.10.22.4.21 *IPS Allergy Status Observation* (DYNAMIC)	(IPS...nce)
	◎ hl7ips-dataelement-186		🟡 Clinical Status	🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	**1 ... 1** F	REFR	
└ **@inversionInd**	bl	**1 ... 1** F	false	

10.12 IPS Allergy Status Observation

Id	2.16.840.1.113883.10.22.4.21	Effective Date	2017-05-24
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSAllergyStatusObservation	Display Name	IPS Allergy Status Observation

Description

This subordinated observation used by the allergy observation records information about the current status of an allergy or intolerance, for example, whether it is active, in remission, resolved, et cetera.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.21
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 1 concept

Id	Name	Data Set
hl7ips-dataelement-186	🟠 Clinical Status	🟠 CEN/TC 251 prEN 17269

| Relationship | Specialization: template 2.16.840.1.113883.10.22.4.20 *IPS Problem Status Observation* (DYNAMIC)
 Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.1.1 *IHE Problem Status Observation* (2013-12-20) `ref IHE-PCC-` |

Example

```xml
<observation classCode="OBS" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.21"/>
  <templateId root="2.16.840.1.113883.10.22.4.20"/>
  <code code="33999-4" codeSystem="2.16.840.1.113883.6.1" displayName="Status"/>
  <text>
    <reference value="#cstatus-2"/>
  </text>
  <statusCode code="completed"/>
  <value code="active" displayName="Active" codeSystem="2.16.840.1.113883.4.642.3.155"/>
</observation>
```

Item	DT	Card	Conf	Description	Label

hl7:observation					(IPS...ion)
└ **@classCode**	cs	**0 ... 1** F	OBS		
└ **@moodCode**	cs	**0 ... 1** F	EVN		
└ **hl7:templateId**	II	**1 ... 1** M			(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.21		
└ **hl7:templateId**	II	**1 ... 1** M			(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.20		
└ **hl7:code**	CD	**1 ... 1** R	This observation is of clinical status, as indicated by the \<code> element. This element must be present.		(IPS...ion)
└ **@code**		**0 ... 1** F	33999-4		
└ **@codeSystem**	CONF	**0 ... 1** F	2.16.840.1.113883.6.1 (LOINC)		
└ **hl7:text**	ED	**0 ... 1** R	The \<text> element is required and points to the text describing the problem being recorded; including any dates, comments, et cetera. The \<reference> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.		(IPS...ion)
└ **hl7:reference**	TEL	**1 ... 1** M			(IPS...ion)
└ **@value**	url	**1 ... 1** R	Reference pointing to the narrative, typically #{label}–{generated-id}, e.g. #xxx-1		

└ **hl7:statusCode**	CS	1 … 1 M	The code attribute of \<statusCode\> for all clinical status observations shall be completed. While the \<statusCode\> element is required in all acts to record the status of the act, the only sensible value of this element in this context is completed.	(IPS...ion)
└ **@code**	CONF	1 … 1 F	completed	
└ **hl7:value**	CE.IPS	1 … 1 R	The value element contains the clinical status.	(IPS...ion)
	◎ hl7ips-dataelement-186	🟠 Clinical Status		🟠 CEN/TC 251 prEN 17269
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.42 *IPS Allergy Status Code* (DYNAMIC)		

10.13 IPS Body Author

Id	2.16.840.1.113883.10.22.4.14	**Effective Date**	2017-03-02
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSBodyAuthor	**Display Name**	IPS Body Author

Description

This template represents the Author Participation (including the author timestamp). CDA R2 requires that Author and Author timestamp be asserted in the document header. From there, authorship propagates to contained sections and contained entries, unless explicitly overridden. The Author Participation template was added to those templates in scope for analysis in R2. Although it is not explicitly stated in all templates the Author Participation template can be used in any template.

Classification	CDA Entry Level Template

Open/Closed	Open (other than defined elements are allowed)

Uses	
	Uses 1 template

Uses	as	Name	Version
2.16.840.1.113883.10.22.9.2	Include	🟠 IPS CDA Device (STU1)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.10.12.318 *CDA Author (Body)* (2005-09-07) ref ad1bbr- Adaptation: template 2.16.840.1.113883.10.20.22.4.119 *Author Participation* (2015-08-13) ref ccda-

Example

```xml
<author>
  <templateId root="2.16.840.1.113883.10.22.4.14"/>
  <time/>
  <assignedAuthor>
    <id root="1.2.3.999" extension="__example only__"/>
    <code code="..." codeSystem="1.2.3.999"/>
    <!-- choice: 0..1
element hl7:assignedPerson
element hl7:assignedAuthoringDevice containing template 2.16.840.1.113883.10.22.9.2 (dynamic)
-->
    <representedOrganization>
      <id root="1.2.3.999" extension="__example only__"/>
      <name>...</name>
      <telecom value="tel:+1-12345678"/>
      <addr>addr</addr>
    </representedOrganization>
  </assignedAuthor>
</author>
```

Item	DT	Card	Conf	Description	Label
hl7:author		**0 ... 1**			(IPS...hor)
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...hor)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	TS.IPS.TZ	**1 ... 1**	R		(IPS...hor)

└ **hl7:assignedAuthor**		**1 ... 1 M**		(IPS...hor)
└ **hl7:id**	II	**1 ... * R**		(IPS...hor)
└ **hl7:code**		**0 ... 1 R**		(IPS...hor)

Choice		**0 ... 1**	Elements to choose from:
			  ▪ hl7:assignedPerson
			  ▪ hl7:assignedAuthoringDevice	

└ **hl7:assignedPerson**		**0 ... 1 C**		(IPS...hor)
└ **@classCode**	cs	**0 ... 1 F**	PSN	
└ **@determinerCode**	cs	**0 ... 1 F**	INSTANCE	
└ **hl7:name**	PN	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...hor)

	Example		`<name>`
			  `<given>`John`</given>`
			  `<family>`Español Smith`</family>`
			`</name>`	

└ **hl7:family**		**1 ... * R**		(IPS...hor)
└ **hl7:given**		**1 ... * R**		(IPS...hor)
└ **hl7:assignedAuthoringDevice**		**0 ... 1 C**		(IPS...hor)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			  `<softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`	

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 ... 1 F**	DEV	

└ **@determinerCode**	CS	**0 ... 1** F	INSTANCE	
└ **hl7:code**	CE	**0 ... 1**		(IPS...hor)
└ **hl7:manufacturerModel Name**	SC	**0 ... 1**		(IPS...hor)
└ **hl7:softwareName**	SC	**0 ... 1**		(IPS...hor)
└ **hl7:representedOrganization**		**0 ... 1**		(IPS...hor)
└ **hl7:id**	II	**0 ... ***		(IPS...hor)
└ **hl7:name**		**0 ... ***		(IPS...hor)
└ **hl7:telecom**	TEL	**0 ... ***		(IPS...hor)
└ **hl7:addr**	AD	**0 ... ***		(IPS...hor)

10.14 IPS CDA Device

Id	2.16.840.1.113883.10.22.9.2	**Effective Date**	2017-04-12
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSCDADevice	**Display Name**	IPS CDA Device
Description	This template provides basic information about a device		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		

Relationship	Adaptation: template 2.16.840.1.113883.10.12.315 *CDA Device* (2005-09-07) ref ad1bbr-

Item	DT	Card	Conf	Description	Label
@classCode	cs	**0 ... 1** F		DEV	
@determinerCode	cs	**0 ... 1** F		INSTANCE	
hl7:code	CE	**0 ... 1**			(IPS...ice)
hl7:manufacturerModelName	SC	**0 ... 1**			(IPS...ice)
hl7:softwareName	SC	**0 ... 1**			(IPS...ice)

10.15 IPS Certainty Observation

Id	2.16.840.1.113883.10.22.4.19	**Effective Date**	2024-06-10 09:59:19 Other versions this id: ▪ ◯ IPSCertaintyObservation as of 2017-03-29
Status	🟡 Draft	**Version Label**	STU1
Name	IPSCertaintyObservation	**Display Name**	IPS Certainty Observation
Description	This observation represents the verification status to support the clinical status of the condition.		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.19		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		

Relationship	Adaptation: template 2.16.840.1.113883.10.20.22.4.145 *Criticality Observation* (2015-08-13) ref ccda- Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) ref ad1bbr-

Example

```
Example
<observation classCode="OBS" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.19"/>
  <code code="66455-7" codeSystem="2.16.840.1.113883.6.1" displayName="Condition status"/>
  <statusCode code="completed"/>
  <value code="unconfirmed" displayName="Unconfirmed" codeSystem="2.16.840.1.113883.4.642.3.115"/>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@classCode**	cs	1 ... 1	F	OBS	
└ **@moodCode**	cs	1 ... 1	F	EVN	
└ **hl7:templateId**	II	1 ... 1	M		(IPS...ion)
└ **@root**	uid	1 ... 1	F	2.16.840.1.113883.10.22.4.19	
└ **hl7:code**	CD	1 ... 1	M		(IPS...ion)
└ **@code**	CONF	1 ... 1	F	66455-7	
└ **@codeSystem**		1 ... 1	F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:statusCode**	CS	1 ... 1	M		(IPS...ion)
└ **@code**	CONF	1 ... 1	F	completed	
└ **hl7:value**	CD.IPS (required)	1 ... 1	M		(IPS...ion)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.8 *IPS Condition Verification Status* (DYNAMIC)	

10.16 IPS Comment Activity

Id	2.16.840.1.113883.10.22.4.22	**Effective Date**	2017-04-05
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSCommentActivity	**Display Name**	IPS Comment Activity

Description

Comments are free text data that cannot otherwise be recorded using data elements already defined by this specification. They are not to be used to record information that can be recorded elsewhere. For example, a free text description of the severity of an allergic reaction would not be recorded in a comment.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.22
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)
Relationship	Adaptation: template 2.16.840.1.113883.10.20.22.4.64 *Comment Activity* (2015-08-13) ref ccda- Adaptation: template 2.16.840.1.113883.10.12.301 *CDA Act* (2005-09-07) ref ad1bbr-

Example

```
<act classCode="ACT" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.22"/>
  <code code="48767-8" codeSystem="2.16.840.1.113883.6.1"/>
  <text>
    <reference value="#example"/>
  </text>
  <author>
    <time/>
    <assignedAuthor>
      <id root="1.2.3.999" extension="__example only__"/>
      <addr>addr</addr>
      <!-- choice: 1..1
element hl7:assignedPerson
element hl7:representedOrganization
-->
    </assignedAuthor>
  </author>
</act>
```

Item	DT	Card	Conf	Description	Label
hl7:act					(IPS...ity)
└ **@classCode**	cs	1 … 1	F	ACT	
└ **@moodCode**	cs	1 … 1	F	EVN	
	Constraint			Data elements defined elsewhere in the specification SHALL NOT be recorded using the Comment Activity	
└ **hl7:templateId**	II	1 … 1	M		(IPS...ity)
└ **@root**	uid	1 … 1	F	2.16.840.1.113883.10.22.4.22	
└ **hl7:code**	**CD.IPS**	1 … 1	M		(IPS...ity)
└ **@code**	CONF	1 … 1	F	48767-8	
└ **@codeSystem**		1 … 1	F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:text**	**ED**	1 … 1	M		(IPS...ity)
└ **hl7:reference**	**TEL**	1 … 1	M		(IPS...ity)
└ **@value**	url	1 … 1	R		

	Schematron assert	role	error
		test	not(@value) or starts-with(@value, '#')
		Message	This reference/@value SHALL begin with a '#' and SHALL point to its corresponding narrative (using the approach defined in CDA Release 2, section 4.3.5.1)

Item	DT	Card	Conf	Description	Label
└ **hl7:author**		0 … 1			(IPS...ity)
└ **hl7:time**	TS.IPS.TZ	1 … 1	R		(IPS...ity)

└ **hl7:assignedAuthor**		**1 … 1**	**M**		(IPS...ity)
	Constraint	The author, if present, SHALL include assignedPerson/name or representedOrganization/name			
└ **hl7:id**	II	**1 … 1**	**R**		(IPS...ity)
└ **hl7:addr**	AD	**1 … ***	**M**		(IPS...ity)

Elements to choose from:

Choice   **1 … 1**
- hl7:assignedPerson
- hl7:assignedAuthoringDevice

└ **hl7:assignedPerson**	**0 … 1**	**C**		(IPS...ity)
└ **hl7:name**	**0 … ***	**R**		(IPS...ity)
└ **hl7:assignedAuthoringDevice**	**0 … 1**	**C**		(IPS...ity)
└ **hl7:softwareName**	**0 … 1**	**R**		(IPS...ity)

10.17 IPS Criticality Observation

Id	2.16.840.1.113883.10.22.4.18	**Effective Date**	2017-03-27
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSCriticalityObservation	**Display Name**	IPS Criticality Observation

Description

This observation represents the gravity of the potential risk for future life-threatening adverse reactions when exposed to a substance known to cause an adverse reaction in that individual. When the worst case result is assessed to have a life-threatening or organ system threatening potential, it is considered to be of high criticality.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.18
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 1 concept		
	Id	Name	Data Set
	hl7ips-dataelement-189	🟡 Criticality	🟡 CEN/TC 251 prEN 17269

Relationship	Adaptation: template 2.16.840.1.113883.10.20.22.4.145 *Criticality Observation* (2015-08-13) `ref ccda-` Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) `ref ad1bbr-`

Example	Example

	``xml
	<observation classCode="OBS" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.18"/>
	  <code code="82606-5" codeSystem="2.16.840.1.113883.6.1"/>
	  <statusCode code="completed"/>
	  <value code="CRITH" displayName="high criticality" codeSystem="2.16.840.1.113883.5.1063"/>
	</observation>
	``

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@classCode**	cs	**1 ... 1**	F	OBS	
└ **@moodCode**	cs	**1 ... 1**	F	EVN	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...ion)

└ `@root`		uid	**1 … 1** F	2.16.840.1.113883.10.22.4.18	
└ `hl7:code`		CD	**1 … 1** M		(IPS...ion)
└ `@code`	CONF		**1 … 1** F	82606-5	
└ `@codeSystem`			**1 … 1** F	2.16.840.1.113883.6.1 (LOINC)	
└ `hl7:statusCode`		CS	**1 … 1** M		(IPS...ion)
└ `@code`	CONF		**1 … 1** F	completed	
└ `hl7:value`		CD.IPS (required)	**1 … 1** M		(IPS...ion)
	◎ hl7ips-dataelement-189		🟡 Criticality		🟡 CEN/TC 251 prEN 17269
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.60 *Allergy-intolerance Criticality* (DYNAMIC)		

10.18 IPS Immunization

Id	2.16.840.1.113883.10.22.4.15	**Effective Date**	2024-08-04 21:20:24 Other versions this id: • ○ IPSImmunization as of 2017-03-08
Status	🟡 Draft	**Version Label**	STU2
Name	IPSImmunization	**Display Name**	IPS Immunization
Description	An Immunization entry describes immunization substance administrations that have actually occurred.		

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.15
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with

Associated with 3 concepts

Id	Name	Data Set
hl7ips-dataelement-215	🟡 Product Administration Process	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-45	🟡 Immunization	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-53	🟡 Date of Immunization	🟡 CEN/TC 251 prEN 17269

Uses

Uses 3 templates

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.16	Include	🟡 IPS Immunization Medication Information (STU2)	DYNAMIC
2.16.840.1.113883.10.12.318	Containment	🟢 CDA Author (Body)	DYNAMIC
2.16.840.1.113883.10.21.4.6	Containment	🟡 UV Subordinate Substance Administration (2023)	DYNAMIC

Relationship

Specialization: template 2.16.840.1.113883.10.22.4.15 *IPS Immunization* (2017-03-08)
Adaptation: template 2.16.840.1.113883.10.12.308 *CDA SubstanceAdministration* (2005-09-07) `ref ad1bbr-`
Adaptation: template 2.16.840.1.113883.10.20.22.4.52 *Immunization Activity (V3)* (2015-08-01) `ref ccda-`

Example

Example

```
<substanceAdministration classCode="SBADM" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.15"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="IMMUNIZ" displayName="Immunization" codeSystem="2.16.840.1.113883.5.4">
    <statusCode code="completed"/>
    <effectiveTime value="20170721082737"/>
    <consumable>
```

```
                              <!-- template 2.16.840.1.113883.10.22.4.16 'IPS Immunization Medication Information' (dynamic) -->
                          </consumable>
                          <author>
                              <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' (dynamic) -->
                          </author>
                      </code>
                  </substanceAdministration>
```

Item	DT	Card	Conf	Description		Label
hl7:substanceAdministration						(IPS...ion)
				◎ hl7ips-dataelement-215	🟡 Product Administration Process	🟡 CEN/TC 251 prEN 17269
				hl7ips-dataelement-45	🟡 Immunization	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**1 ... 1**	F	SBADM		
└ **@moodCode**	cs	**1 ... 1**	F	EVN		
└ **hl7:templateId**	II	**1 ... 1 M**				(IPS...ion)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.15		
└ **hl7:id**	II	**0 ... ***				(IPS...ion)
└ **hl7:code**	**CV.IPS**	**1 ... 1 M**				(IPS...ion)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19709 *ActSubstanceAd-ministrationImmunizationCode* (DYNAMIC)		
└ **hl7:statusCode**	**CS**	**1 ... 1 M**				(IPS...ion)
└ **@code**	CONF	**1 ... 1**	F	completed		
└ **hl7:effectiveTime**	**TS**	**1 ... 1 R**				(IPS...ion)
				◎ hl7ips-dataelement-53	🟡 Date of Immunization	🟡 CEN/TC 251 prEN 17269

	Example	`<effectiveTime value="20170322"/>`		
└ **hl7:consumable**		**1 ... 1 M**		(IPS...ion)
Included		from 2.16.840.1.113883.10.22.4.16 *IPS Immunization Medication Information* (DYNAMIC)		
└ **hl7:manufacturedProduct**				(IPS...ion)
	◎ hl7ips-dataelement-54	🟡 Product Administered	🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	**1 ... 1** F	MANU	
└ **hl7:templateId**	II	**1 ... 1 M**		(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.16	
└ **hl7:manufacturedMaterial**		**1 ... 1 M**		(IPS...ion)
└ **hl7:code**	**CD.IPS** (preferred)	**1 ... 1 R**		(IPS...ion)
	◎ hl7ips-dataelement-46	🟡 Immunizations Content Status	🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-52	🟡 Vaccine for type of disease	🟡 CEN/TC 251 prEN 17269	
	CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.44 *IPS Vaccines* (DYNAMIC)		
└ **hl7:translation**	CE	**0 ... ***		(IPS...ion)
	CONF	shall be drawn from concept domain "Product Code"		
└ **hl7:translation**	CE	**0 ... 1**	candidate: for when WHO ATC code system is preferred	(IPS...ion)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.78 *IPS Vaccines WHO ATC* (DYNAMIC)		
└ **hl7:lotNumberText**	ST	**0 ... 1**		(IPS...ion)

└ `hl7:manufacturerOrganization`		**0 ... 1 R**	Contains 2.16.840.1.113883.10.22.9.1 *IPS CDA Organization* (DYNAMIC) (IPS...ion)
└ `hl7:author`		**0 ... * R**	Contains 2.16.840.1.113883.10.12.318 *CDA Author (Body)* (DYNAMIC) (IPS...ion)
└ `hl7:entryRelationship`		**0 ... ***	Contains 2.16.840.1.113883.10.21.4.6 *UV Subordinate Substance Administration* (DYNAMIC) (IPS...ion)
└ `@typeCode`	cs	**1 ... 1 F**	RSON

10.19 IPS Immunization Medication Information

Id	2.16.840.1.113883.10.22.4.16	**Effective Date**	2024-08-04 21:16:00 Other versions this id: ▪ ○ IPSImmunizationMedicationInformation as of 2017-03-08
Status	🟡 Draft	**Version Label**	STU2
Name	IPSImmunizationMedicationInformation	**Display Name**	IPS Immunization Medication Information

Description
The Immunization Medication Information represents product information about the immunization substance. The vaccine manufacturer and vaccine lot number are typically recorded in the medical record and should be included if known.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.16
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 3 concepts		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-46	🟡 Immunizations Content Status	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-52	🟡 Vaccine for type of disease	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-54	🟡 Product Administered	🟡 CEN/TC 251 prEN 17269

Uses	Uses 1 template			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.9.1	Containment	🟡 IPS CDA Organization (STU1)	DYNAMIC

Relationship	Specialization: template 2.16.840.1.113883.10.22.4.16 *IPS Immunization Medication Information* (2017-03-08) Adaptation: template 2.16.840.1.113883.10.12.312 *CDA ManufacturedProduct* (2005-09-07) `ref` `ad1bbr-` Adaptation: template 2.16.840.1.113883.10.20.22.4.54 *Immunization Medication Information (V2)* (2014-06-09) `ref` `ccda-`

Example	**No previous immunizations**

	``xml
	<manufacturedProduct classCode="MANU">
	  <templateId root="2.16.840.1.113883.10.22.4.16"/>
	  <manufacturedMaterial>
	    <code code="no-known-immunizations" displayName="No known immunizations" codeSystem="2.16.840.1.113883.5.1150.1"/>
	  </manufacturedMaterial>
	  <manufacturerOrganization/>
	</manufacturedProduct>
	``

Example	**MMR Vaccine**

	``xml
	<manufacturedProduct classCode="MANU">
	  <templateId root="2.16.840.1.113883.10.22.4.16"/>
	  <manufacturedMaterial>
	    <code code="61153008" displayName="Measles + Mumps + Rubella vaccine" codeSystem="2.16.840.1.113883.6.96">
	      <lotNumberText/>
	    </code>
	  </manufacturedMaterial>
	  <manufacturerOrganization/>
	``

Item	DT	Card	Conf	Description	Label
`</manufacturedProduct>`					
hl7:manufacturedProduct					(IPS...ion)
		◎ hl7ips-dataelement-54	🟡	Product Administered	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**1 ... 1** F		MANU	
└ **hl7:templateId**	II	**1 ... 1** M			(IPS...ion)
└ **@root**	uid	**1 ... 1** F		2.16.840.1.113883.10.22.4.16	
└ **hl7:manufacturedMaterial**		**1 ... 1** M			(IPS...ion)
└ **hl7:code**	**CD.IPS** (preferred)	**1 ... 1** R			(IPS...ion)
		◎ hl7ips-dataelement-46	🟡	Immunizations Content Status	🟡 CEN/TC 251 prEN 17269
		hl7ips-dataelement-52	🟡	Vaccine for type of disease	🟡 CEN/TC 251 prEN 17269
	CONF			The value of @code comes preferably from value set 2.16.840.1.113883.11.22.44 *IPS Vaccines* (DYNAMIC)	
└ **hl7:translation**	CE	**0 ... ***			(IPS...ion)
	CONF			shall be drawn from concept domain "Product Code"	
└ **hl7:translation**	CE	**0 ... 1**		candidate: for when WHO ATC code system is preferred	(IPS...ion)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.78 *IPS Vaccines WHO ATC* (DYNAMIC)	
└ **hl7:lotNumberText**	ST	**0 ... 1**			(IPS...ion)
└ **hl7:manufacturerOrganization**		**0 ... 1** R		Contains 2.16.840.1.113883.10.22.9.1 *IPS CDA Organization* (DYNAMIC)	(IPS...ion)

231/500

10.20 IPS Internal Reference

Id	2.16.840.1.113883.10.22.4.31	**Effective Date**	2017-05-02
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSEntryInternalReference	**Display Name**	IPS Internal Reference
Description	This template is used to reference (point to) information contained in other entries within the same document.		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		
Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.4.1 *IHE Internal Reference Entry* (2013-12-20) `ref` `IHE-PCC-`		

Example	Reference to an uncoded element
	
	`<act classCode="ACT" moodCode="cs">`
	`  <templateId root="2.16.840.1.113883.10.22.4.31"/>`
	`  <id root="1.2.3.999" extension="__example only__"/>`
	`  <code nullFlavor="NA"/>`
	`</act>`		

Item	DT	Card	Conf	Description	Label
hl7:act			**R**		(IPS...nce)
└ **@classCode**	cs	1 … 1	F	ACT	
└ **@moodCode**	cs	1 … 1	R	The @moodCode of the reference SHALL match the @moodCode of the referenced element	

Variable let	Name	refMoodCode
	Value	@moodCode
Variable let	Name	refID
	Value	concat(hl7:id[1]/@root,'#',hl7:id[1]/@extension)
Variable let	Name	refCode

Variable let	Value	concat(hl7:code[1]/@code,'#',hl7:code[1]/@codeSystem)		
	Name	reffedObject		
	Value	(ancestor::hl7:ClinicalDocument//*:id[concat(@root,'#',@extension)=$refID][not(preceding-sibling::hl7:templateId/@root='1.3.6.1.4.1.19376.1.5.3.1.4.4.1')]/parent::*)[1]		
Schematron assert	role	error		
	test	not(exists($reffedObject)) or $reffedObject[@moodCode=$refMoodCode]		
	Message	The @moodCode of the reference SHALL match the @moodCode of the referenced element		
Schematron assert	role	error		
	test	exists($reffedObject)		
	Message	The root and extension attributes SHALL identify an element defined elsewhere in the same document.		
Schematron assert	role	error		
	test	not(exists($reffedObject)) or ($reffedObject[not(*:code/@code)] and hl7:code[@nullFlavor='NA']) or $reffedObject/*:code[concat(@code,'#',@codeSystem)=$refCode]		
	Message	The code of the reference SHALL match the code of the referenced element		

└ **hl7:templateId**	II	**1 … 1**	M		(IPS...nce)
└ **@root**	uid	**1 … 1**	F	2.16.840.1.113883.10.22.4.31	
└ **hl7:id**	II	**1 … 1**	R	This element shall be present. The root and extension attributes shall identify an element defined elsewhere in the same document.	(IPS...nce)
└ **hl7:code**	CD	**1 … 1**	R	This element shall be present. It shall be valued when the internal reference is to element that has a <code> element, and shall have the same attributes as the <code> element in the act it references. If the element it references does not have a <code> element, then the nullFlavor attribute should be set to "NA".	(IPS...nce)
└ **@nullFlavor**	cs	**0 … 1**	F	NA	

10.21 IPS Laboratory Result Observation

Id	2.16.840.1.113883.10.22.4.13	Effective Date	2024-08-04 11:10:20 Other versions this id: ▪ ◯ IPSLaboratoryResultObservation as of 2017-03-21
Status	🟡 Draft	Version Label	STU2
Name	IPSLaboratoryResultObservation	Display Name	IPS Laboratory Result Observation

Description

This template constrains the results of a clinical laboratory observation. The result observation includes a statusCode to allow recording the status of an observation. "Pending" results (e.g., a test has been run but results have not been reported yet) should be represented as "active" ActStatus.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.13
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	Uses 2 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.4.22	Containment	🟠 IPS Comment Activity (STU1)	DYNAMIC

Relationship	Specialization: template 2.16.840.1.113883.10.22.4.13 *IPS Laboratory Result Observation* (2017-03-21) Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) `ref ad1bbr-` Adaptation: template 2.16.840.1.113883.10.20.22.4.2 *Result Observation (V3)* (2015-08-01) `ref ccda-` Adaptation: template 2.16.840.1.113883.10.22.4.10 *IPS Result Observation* (2017-03-02)

Example	**Example**
	
	``xml
	<observation classCode="OBS" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.13"/>
	  <id root="1.2.3.999" extension="--example only--"/>
	  <code codeSystem="2.16.840.1.113883.6.1" code="41995-2" displayName="Hemoglobin A1c [Mass/volume] in Blood">
	    <statusCode code="completed"/>
	``

```
<effectiveTime>
  <low value="20171113173215"/>
</effectiveTime>
<value xsi:type="PQ" value="4.8" unit="%"/>
<interpretationCode code="H" displayName="High" codeSystem="2.16.840.1.113883.5.83"/>
<author>
  <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
</author>
<referenceRange>
  <observationRange>
    <value xsi:type="IVL_PQ">
      <low value="1.5" unit="%"/>
      <high value="4.5" unit="%"/>
    </value>
    <interpretationCode code="N" codeSystem="2.16.840.1.113883.5.83"/>
  </observationRange>
</referenceRange>
<entryRelationship typeCode="COMP">
  <!-- template 2.16.840.1.113883.10.22.4.22 'IPS Comment Activity' (dynamic) -->
</entryRelationship>
</code>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@classCode**	cs	**1 ... 1**	F	OBS	
└ **@moodCode**	cs	**1 ... 1**	F	EVN	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...ion)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.13	
└ **hl7:id**	II	**0 ... ***	R		(IPS...ion)
└ **hl7:code**	**CD.IPS**	**1 ... 1**	M		(IPS...ion)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.75 *IPS Results Laboratory/Pathology Observation* (DYNAMIC)	

hl7:statusCode	**CS**	**1 ... 1 M**	(IPS...ion)

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19890 *x_ActStatusActiveComplete* (DYNAMIC)

hl7:effectiveTime	**IVL_TS**	**1 ... 1 R**	(IPS...ion)

Elements to choose from:

- hl7:value[@xsi:type='CE.IPS']
- hl7:value[@xsi:type='PQ']
- hl7:value[@xsi:type='IVL_PQ']
- hl7:value[@xsi:type='ST']
- hl7:value[@xsi:type='TS']
- hl7:value[@xsi:type='RTO_QTY_QTY']

Choice **1 ... 1**

hl7:value	**CE.IPS** (extensible)	**0 ... 1 R**	(IPS...ion)

where *[@xsi:type='CE.IPS']*

CONF	The value of @code should be drawn from value set 2.16.840.1.113883.11.22.74 *IPS Results Coded Values Laboratory/Pathology* (DYNAMIC)
Example	Blood group A+ from SNOMED CT `<value xsi:type="CE" code="278149003" codeSystem="2.16.840.1.113883.6.96" displayName="Blood group A Rh(D) positive"/>`
Example	Germ susceptible to antimicrobial agent from HL7 vocabulary `<value xsi:type="CE" code="S" codeSystem="2.16.840.1.113883.11.78" displayName="susceptible"/>`

hl7:value	**PQ**	**0 ... 1 R**	(IPS...ion)

where *[@xsi:type='PQ']*

Constraint	If Observation/value is a physical quantity (xsi:type="PQ"), the unit of measure SHALL be selected from ValueSet UnitsOfMeasureCaseSensitive 2.16.840.1.113883.1.11.12839 DYNAMIC

	Example	Result physical quantity (data type PQ): 136 mmol per liter `<value xsi:type="PQ" value="136" unit="mmol/L"/>`	
└ **hl7:value** *where [@xsi:type='IVL_PQ']*	IVL_PQ	0 … 1 R	(IPS...ion)

	Example	Result interval of physical quantities (data type IVL_PQ): 150 - 400 Billion per 10 exp 9 liter
		`<value xsi:type="IVL_PQ">`
		  `<low value="150" unit="10+9/l"/>`
		  `<high value="400" unit="10+9/l"/>`
		`</value>`	

└ **hl7:value** *where [@xsi:type='ST']*	ST	0 … 1 R	(IPS...ion)
	Example	Result free text (data type ST) `<value xsi:type="ST">slight macrocytosis, check on alcohol consumption</value>`	
└ **hl7:value** *where [@xsi:type='TS']*	TS	0 … 1 R	(IPS...ion)
	Example	Result time stamp (data type TS): 6-Aug-2014 `<value xsi:type="TS" value="20140806"/>`	
└ **hl7:value** *where [@xsi:type='RTO_QTY_QTY']*	RTO_QTY_QTY	0 … 1 R	(IPS...ion)

	Example	Result ratio (data type RTO_QTY_QTY): 1/179
		`<value xsi:type="RTO_QTY_QTY">`
		  `<numerator xsi:type="INT" value="1"/>`
		  `<denominator xsi:type="INT" value="179"/>`
		`</value>`	

└ **hl7:interpretationCode**	CE.IPS	0 … 1 R	(IPS...ion)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.78 *ObservationInterpretation* (DYNAMIC)	
Included		0 … * R from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		0 … * R	(IPS...ion)

└ **hl7:templateId**	II	**1 ... 1 M**		(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1 R**		(IPS...ion)
└ **hl7:assignedAuthor**		**1 ... 1 M**		(IPS...ion)
└ **hl7:id**	II	**1 ... * R**		(IPS...ion)
└ **hl7:code**		**0 ... 1 R**		(IPS...ion)
Choice		**0 ... 1**	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice	
└ **hl7:assignedPerson**		**0 ... 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 ... 1** F	PSN	
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	
└ **hl7:name**	**PN**	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example		`<name>`
			 `<given>`John`</given>`
			 `<family>`Español Smith`</family>`
			`</name>`	

└ **hl7:family**		**1 ... * R**		(IPS...ion)
└ **hl7:given**		**1 ... * R**		(IPS...ion)
└ **hl7:assignedAuthoringDe-**		**0 ... 1 C**		(IPS...ion)

vice					

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			  `<softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`		

Included				from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs		**0 ... 1** F	DEV	
└ **@determinerCode**	cs		**0 ... 1** F	INSTANCE	
└ **hl7:code**	CE		**0 ... 1**		(IPS...ion)
└ **hl7:manufacturerModel Name**	SC		**0 ... 1**		(IPS...ion)
└ **hl7:softwareName**	SC		**0 ... 1**		(IPS...ion)
└ **hl7:representedOrganization**			**0 ... 1**		(IPS...ion)
└ **hl7:id**	II		**0 ... ***		(IPS...ion)
└ **hl7:name**			**0 ... ***		(IPS...ion)
└ **hl7:telecom**	TEL		**0 ... ***		(IPS...ion)
└ **hl7:addr**	AD		**0 ... ***		(IPS...ion)
└ **hl7:referenceRange**			**0 ... 1** R	The referenceRange is constrained to represent the normal range for this observation and this patient.	(IPS...ion)
└ **hl7:observationRange**			**1 ... 1** M		(IPS...ion)
└ **hl7:code**	CD		NP		(IPS...ion)
└ **hl7:value**	ANY		**1 ... 1** M		(IPS...ion)

└ `hl7:interpretationCode`	CE.IPS	**0 ... 1**		(IPS...ion)
└ `@code`	CONF	**0 ... 1 F**	N	
└ `@codeSystem`		**0 ... 1 F**	2.16.840.1.113883.5.83 (Observation Interpretation)	
└ `hl7:entryRelationship`		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.22 *IPS Comment Activity* (DYNAMIC)	(IPS...ion)
└ `@typeCode`	cs	**1 ... 1 F**	COMP	

10.22 IPS Manufactured Material

Id	2.16.840.1.113883.10.22.4.3	**Effective Date**	2024-08-04 10:47:30 Other versions this id: ▪ ◯ IPSMedMaterial as of 2021-08-02 16:52:27 ▪ ◯ IPSMedMaterial as of 2016-11-10
Status	🟡 Draft	**Version Label**	STU2
Name	IPSMedMaterial	**Display Name**	IPS Manufactured Material

Description

This entry provides details about the medicinal product.

Due to the current absence of global product identifiers the product is described through a set of identification and descriptive attributes (e.g. active substances, strength, unit of presentation,...) that may be used to integrate jurisdictional product codes.

This shortage will be likely overcome when the ISO IDMP identifiers will be available for concrete usage in the next years, as well as the globally used value sets for products attributes agreed by the ISO IDMP implementation guides. (e.g. GInAs for substances).

Even though there is a quite common consensus about the attributes that should be provided in order to describe a medicine in the context of the international patient summary (e.g. the list of active substances, the strength(s); the administrable pharmaceutical forms;..), this template doesn't require any of them, recommending, above all for cross-

borders services, to provide all the available information that could be helpful for the identification of medications
Jurisdictions could specialize this template making some ofthese attributes required.
It is also recognized that in many contexts structured information about the product, might not be available, and only textual information for describing products (e.g. the product scientific name "amoxicillin 400mg/5mL suspension") or some of their attributes (e.g. textual strength "875 mg + 125 mg" ; "amoxycillin and clavulanic acid") could be used.
This template attempts to provide a solution that takes in account this current complexity being also ready for including the future IDMP-based solution as soon as they will become available for concrete use.
Since the CDA R2.0 model support only a very limited set of information about the products, extensions based on the R_ProductList (Common Product Model) CMET have been used for conveying such information, aiming to align this solution with that that will be likely used for the IDMP implementation Guide.

Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 4 concepts		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-105	🟡 Product Code	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-117	🟡 Brand Name	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-171	🟡 Product Common Name (and Strength)	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-227	🟡 Pharmaceutical dose form	🟡 CEN/TC 251 prEN 17269

Relationship	Specialization: template 2.16.840.1.113883.10.22.4.3 *IPS Manufactured Material* (2021-08-02 16:52:27) Adaptation: template 2.16.840.1.113883.10.12.311 *CDA Material* (2005-09-07) [ref ad1bbr-] Adaptation: template 2.16.840.1.113883.3.1937.777.11.10.147 *OpenMed Material* (2016-05-10 22:43:03) [ref epsos-]

Example	Example
	
	``xml
	<manufacturedMaterial>
	  <!-- Example with all the IDMP Levels (PhPID,MPID, PCID) and other product attributes (e.g. ingredients, ATC Code, strengths) -->
	  <templateId root="2.16.840.1.113883.10.22.4.3"/>
	  <code codeSystem="" code="MPID" displayName="" CodeSystemName="MP EMA">
	    <name>Medicinal Product Name</name>
	    <formCode codeSystem="0.4.0.127.0.16.1.1.2.1" code="10219000" displayName="tablet" CodeSystemName="EDQM"/>
	``

```xml
<asContent>
  <!-- Packaged Medicinal Product (PC) -->
  <containerPackagedProduct>
    <!-- PC ID-->
    <code codeSystem=" " code="PCID" displayName=" ">
      <name>...</name>
      <formCode codeSystem="0.4.0.127.0.16.1.1.2.1" code="" displayName="" CodeSystemName="EDQM"/>
    </code>
  </containerPackagedProduct>
</asContent>
<asSpecializedKind classCode="GRIC">
  <!-- Pharmaceutical Substance (ATC Code)-->
  <generalizedMaterialKind classCode="MMAT">
    <!-- Pharmaceutical Substance (ATC Code)-->
    <code code=" " codeSystem="2.16.840.1.113883.6.73" displayName=" " codeSystemName="WHO ATC"/>
  </generalizedMaterialKind>
</asSpecializedKind>
<asSpecializedKind>
  <!-- Pharmaceutical Product (PhP)-->
  <generalizedMaterialKind classCode="MMAT">
    <code code="PhPID" codeSystem=" " displayName=" " codeSystemName="PhP EMA">
      <name>....</name>
    </code>
  </generalizedMaterialKind>
</asSpecializedKind>
<!-- list of active ingredients -->
<ingredient classCode="ACTI" determinerCode="KIND">
  <quantity>
    <!-- strength -->
    <numerator type="PQ" value="20" unit="mg"/>
    <denominator type="PQ" value="1" unit="{tablet}"/>
  </quantity>
  <ingredientSubstance>
    <code codeSystem=" " code="SubstanceID" displayName=" " CodeSystemName="G-SRS">
      <name>...</name>
    </code>
  </ingredientSubstance>
</ingredient>
</code>
</manufacturedMaterial>
```

Example

Example

```xml
<manufacturedMaterial classCode="MMAT" determinerCode="KIND">
  <templateId root="2.16.840.1.113883.10.22.4.3"/>
  <code code="..." codeSystem="1.2.3.999">
    <name>name</name>
    <formCode code="10101000" displayName="Oral drops, solution" codeSystem="0.4.0.127.0.16.1.1.2.1"/>
```

```xml
<asContent classCode="CONT">
  <containerPackagedProduct classCode="CONT" determinerCode="KIND">
    <code>
      <name/>
      <formCode code="..." displayName="..." codeSystem="0.4.0.127.0.16.1.1.2.1"/>
      <capacityQuantity value="..." unit="..."/>
      <asContent classCode="CONT">
        <containerPackagedProduct classCode="CONT" determinerCode="KIND">
          <code>
            <name/>
            <formCode code="..." displayName="..." codeSystem="0.4.0.127.0.16.1.1.2.1"/>
            <asContent classCode="CONT">
              <containerPackagedProduct classCode="CONT" determinerCode="KIND">
                <code>
                  <name/>
                  <formCode code="..." displayName="..." codeSystem="0.4.0.127.0.16.1.1.2.1"/>
                </code>
              </containerPackagedProduct>
            </asContent>
          </code>
        </containerPackagedProduct>
      </asContent>
    </code>
  </containerPackagedProduct>
</asContent>
<asSpecializedKind classCode="GRIC">
  <generalizedMaterialKind classCode="MMAT">
    <code code="..." codeSystem="2.16.840.1.113883.6.73">
      <name/>
    </code>
  </generalizedMaterialKind>
</asSpecializedKind>
<asSpecializedKind classCode="GRIC">
  <generalizedMaterialKind classCode="MMAT">
    <code>
      <name/>
    </code>
  </generalizedMaterialKind>
</asSpecializedKind>
<ingredient classCode="ACTI" determinerCode="KIND">
  <quantity>
    <numerator value="20" unit="mg"/>
    <denominator value="100" unit="mL"/>
  </quantity>
  <ingredientSubstance>
    <code>
      <name/>
    </code>
  </ingredientSubstance>
```

```
            </ingredient>
          </code>
        </manufacturedMaterial>
```

Item	DT	Card	Conf	Description	Label
hl7:manufacturedMaterial		**0 ... ***	R		(IPS...ial)
└ **@classCode**	cs	**0 ... 1**	F	MMAT	
└ **@determinerCode**	cs	**0 ... 1**	F	KIND	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...ial)
└ **@root**	oid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.3	
Choice		**0 ... 1**		Elements to choose from: ▪ hl7:code ▪ hl7:code[@codeSystem='2.16.840.1.113883.6.96']	
└ **hl7:code**	**CE.IPS**	**0 ... 1**	R	This element is generally used to identify a medicinal product. When the IDMP identifiers will be concretely available for usage this element will be used for conveying the Medicinal Product Identifier (MPID). For the time being, it could be optionally used for conveying jurisdictional or agreed cross jurisdictional medicinal product code.	(IPS...ial)
	◎ hl7ips-dataelement-105		🔸 Product Code		🔸 CEN/TC 251 prEN 17269
└ **hl7:code**	**CE.IPS**	**0 ... 1**	R	Non IDMP codes from SNOMED CT value set	(IPS...ial)
where [@codeSystem='2.16.840.1.113883.6.96']					
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.71 *IPS*	

				Medications Products (DYNAMIC)	
└ **hl7:name**		EN	0 ... 1	R	This element is supposed to be valorized with the complete Medicinal Product Name as approved by the Medicines Regulatory Agency in a jurisdiction. The name may be applicable in one or more country/language combinations.	(IPS...ial)

◎ hl7ips-dataelement-117	🟡 Brand Name	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-171	🟡 Product Common Name (and Strength)	🟡 CEN/TC 251 prEN 17269

└ **pharm:formCode**		CE.IPS	0 ... 1	R	Administrable Pharmaceutical Dose Form. This code represents the form of the medication (e.g. tablet, capsule, liquid) Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as referecne terminology for representing Pharmaceutical Dose forms;Pakages and Route of Administration. It is known that also alternative jurisdictional and international terminologies are known to be used for this concept domain, as NCI or SNOMED CT.	(IPS...ial)

◎ hl7ips-dataelement-227	🟡 Pharmaceutical dose form	🟡 CEN/TC 251 prEN 17269

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.25 *IPS Medicine Doseform* (DYNAMIC)
Example	`<formCode code="10211000" codeSystem="0.4.0.127.0.16.1.1.2.1" codeSystemName="EDQM" displayName="Capsule, soft">...</formCode>`

└ **pharm:asContent**			0 ... *		This structure describes the packaging of the medication. The <pharm:formCode> element provides the code for the particular package. If the package has a brand name, it can be described in the <pharm:name> element. The <pharm:capacityQuantity> element describes the capacity of the packaging, while the <pharm:quantity> the actual quantity of inner packaged items in the outer pack-	(IPS...ial)

					aging container. The product might have a single (30 pills bottle) or multiple (5 vials 10 ml; box with 2 blisters of 20 tablets) layers of packaging. In the latter case, the most inner (nested) item represents the most outer package item. For example the case \--Box \-----2 blisters \--------20 tablets is described as "20 tablets" contained by "a blister"; "2 blisters" contained by one box. The most inner package represents the Packaged Medicinal Product. When the IDMP Packaged Medicinal Product ID (PCID) will become actually available for usage, the most inner package \<code> element will be used to convey the IDMP PCID.
└ **@classCode**	cs	1 … 1	F	CONT	

	Example				Packaged Medicinal Product with multiple layers packaging
					
					``xml
					<asContent>
					  <containerPackagedProduct>
					    <!-- Inner Package -->
					    <code codeSystem="..." code="..." displayName="...">
					      <asContent>
					        <containerPackagedProduct>
					          <!-- Intermediate Package -->
					          <asContent>
					            <containerPackagedProduct>
					              <!-- Outer Package / Packaged Medicinal Product -->
					            </containerPackagedProduct>
					          </asContent>
					        </containerPackagedProduct>
					      </asContent>
					    </code>
					  </containerPackagedProduct>
					</asContent>
					``

	Example			```
</asContent>
</code>
</containerPackagedProduct>
</asContent>
``` Packaged Medicinal Product with formCode ```
<asContent>
<containerPackagedProduct>
<!-- Packaged Medicinal Product -->
<code codeSystem="1.999.999" code="PC_ID" displayName="Packaged Product
Name">
<name>100 MIRACLE PILLS(TM)</name>
<formCode codeSystem="0.4.0.127.0.16.1.1.2.1" code="30009000" display-
Name="Box" CodeSystemName="EDQM"/>
</code>
</containerPackagedProduct>
</asContent>
``	
└ **pharm:quantity**	PQ	0 … 1		The quantity which specified how many inner packaged content entities are in an outer packaging container entity.	(IPS...ial)
└ **@unit**	cs	0 … 1			
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ **@value**		1 … 1	R		
	Example	`<quantity value="20" unit="{tablet}"/>`			
	Example	`<quantity value="10" unit="mL"/>`			
└ **pharm:containerPackagedProduct**		1 … 1	R	It represents the most inner Package Item or the Packaged Medicinal Product.	(IPS...ial)
└ **@classCode**	cs	1 … 1	F	CONT	
└ **@determinerCode**	cs	1 … 1	F	KIND	
└ **pharm:code**		0 … 1		If this is also the most outer <pharm:containerPackaged-Product> than the <code> element can be used to con-	(IPS...ial)

└ **pharm:name**	**ST**	**0 … 1**		vey the (IDMP) Packaged Medicinal Product ID (e.g. the IDMP PCID when it will become actually available for usage). The presence of the PCID indicates that that element represents the "Packaged Medicinal Product". It represents the Name of the Package Item or of the Packaged Medicinal Product. If this is also the most outer <pharm:containerPackaged-Product> than this element can be used for the brand name.	(IPS...ial)
	Example			`<name>`AMOXIFEN(R) 20 compresse 20 mg`</name>`	
└ **pharm:formCode**	**CE.IPS**	**0 … 1**	**R**	This element encodes the type of the most inner package item or of the or the Packaged Medicinal Product. Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as referecne terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration.	(IPS...ial)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.27 *Medicine Package* (DYNAMIC)	
	Example			`<formCode code="30007000" codeSystem="0.4.0.127.0.16.1.1.2.1" codeSystemName="EDQM" codeSystemVersion="2010" displayName="Blister">...</formCode>`	
└ **pharm:capacityQuantity**	**PQ**	**0 … 1**		It represents the functional capacity of the container: e.g. bottle containing up to 20 tablets or ampule of 10 ml.	(IPS...ial)
└ **@unit**	cs	**0 … 1**			
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ **@value**		**1 … 1**	**R**		
└ **pharm:asContent**		**0 … ***	**R**	In case of multiple layers of packaging (5 vials 10 ml; box with 2 blisters of 20 tablets) this element can be used for	(IPS...ial)

					describing the intermediate Packaged Medicinal Product Item or the Packaged Medicinal Product. For example in the case \\--Box \\-----2 blisters \\-------20 tablets it describes the "2 blisters" In the case of \\--Box \\-----5 vials it represents the Packaged Medicinal Product.	
└ **@classCode**	cs		**1 … 1**	F	CONT	
└ **pharm:quantity**	PQ		**0 … 1**	R	The quantity which specified how many inner packaged content entities are in an outer packaging container entity.	(IPS...ial)
└ **@unit**	cs		**0 … 1**			
	CONF				The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ **@value**			**1 … 1**	R		
	Example				`<quantity value="20" unit="{tablet}"/>`	
	Example				`<quantity value="10" unit="mL"/>`	
└ **pharm:containerPackagedProduct**			**1 … 1**	R	It represents the intermediate Package Item or the Packaged Medicinal Product	(IPS...ial)
└ **@classCode**	cs		**1 … 1**	F	CONT	
└ **@determinerCode**	cs		**1 … 1**	F	KIND	
└ **pharm:code**	CD.IPS		**0 … 1**		If this is also the most inner `<pharm:containerPackagedProduct>` than the `<code>` element can be used to con-	(IPS...ial)

∟ **pharm:name**	**ST**	**0 … 1**	**R**	vey the (IDMP) Packaged Medicinal Product ID (e.g. the IDMP PCID when it will become actually available for usage). The presence of the PCID indicates that that element represents the "Packaged Medicinal Product". It represents the Name of the Package Item or of the Packaged Medicinal Product If this is also the most inner <pharm:containerPackaged-Product> than this element can be used for the brand name.	(IPS...ial)
	Example			`<name>...</name>`	
∟ **pharm:formCode**	**CE.IPS**	**1 … 1**	**R**	This element encodes the type of the most inner package item or of the or the Packaged Medicinal Product. Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as reference terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration.	(IPS...ial)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.27 *Medicine Package* (DYNAMIC)	
∟ **pharm:capacityQuantity**	**PQ**	**0 … 1**		It represents the functional capacity of the container: e.g. bottle containing up to 20 tablets or ampule of 10 ml.	(IPS...ial)
∟ **@unit**	cs	**0 … 1**			
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
∟ **@value**		**1 … 1**	**R**		
∟ **pharm:asContent**		**0 … ***	**R**	In case of multiple layers of packaging (box with 2 blisters of 20 tablets) this element is used for describing the most outer Packaged Medicinal Product Item or the Packaged Medicinal Product.	(IPS...ial)

					For example in the case \--Box \-----2 blisters \-------20 tablets it describes the Packaged Medicinal Product.	
└ @classCode	cs		1 … 1	F	CONT	
└ pharm:quantity	PQ		0 … 1	R	The quantity which specified how many inner packaged content entities are in an outer packaging container entity.	(IPS...ial)
└ @unit	cs		0 … 1			
	CONF				The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ @value			1 … 1	R		
	Example				`<quantity value="20" unit="{tablet}"/>`	
	Example				`<quantity value="10" unit="mL"/>`	
└ pharm:containerPackagedProduct			1 … 1	R	When present, it represents the Packaged Medicinal Product	(IPS...ial)
└ @classCode	cs		1 … 1	F	CONT	
└ @determinerCode	cs		1 … 1	F	KIND	
└ pharm:code	CD.IPS		0 … 1		When present, it can be used to convey the (IDMP) Packaged Medicinal Product ID (e.g. the IDMP PCID when it will become actually available for usage).	(IPS...ial)
└ pharm:name	ST		0 … 1	R	When present, it can be used for the representing the brand name.	(IPS...ial)
└ pharm:formCode	CE.IPS		1 … 1	R	When present, it encodes the type of the outer package.	(IPS...ial)

			Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as referecne terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration.	
		CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.27 *Medicine Package* (DYNAMIC)	
└ **pharm:capacityQuantity**	PQ	0 … 1	It represents the functional capacity of the container: e.g. bottle containing up to 20 tablets or ampule of 10 ml.	(IPS...ial)
└ **@unit**	cs	0 … 1		
		CONF	The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ **@value**		1 … 1 R		
└ **pharm:asSpecializedKind**		0 … 1 R	This module is used for representing the classification of the Substance according to the **WHO Anatomical Therapeutic Chemical (ATC)** Classification System. The classCode of "GRIC" identifies this structure as the representation of a generic equivalent of the medication described in the current Medicine entry.	(IPS...ial)
where *[generalizedMaterialKind/code/@codeSystem='2.16.840.1.113883.6.73']*				
└ **@classCode**	cs	1 … 1 F	GRIC	

		Example	`<asSpecializedKind classCode="GRIC">`
			`  <generalizedMaterialKind classCode="MMAT">`
			`    <!-- Pharmaceutical Substance (ATC Code)-->`
			`    <code code=" " codeSystem="2.16.840.1.113883.6.73" displayName=" " codeSystemName="WHO ATC"/>`
			`  </generalizedMaterialKind>`
			`</asSpecializedKind>`	

└ **pharm:generalizedMaterialKind**		1 … 1 M		(IPS...ial)
└ **@classCode**	cs	1 … 1 F	MMAT	

└ `pharm:code`	CD.IPS	1 … 1	R	The <code> element contains the ATC code of this medicine.	(IPS...ial)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.29 *IPS WHO ATC* (DYNAMIC)	
	Example			`<code codeSystem="2.16.840.1.113883.6.73" code=" " displayName=" " codeSystemName="WHO ATC"/>`	
└ `pharm:name`		0 … *			(IPS...ial)
└ `pharm:asSpecializedKind`		0 … *	R	The Medicinal Product can be classified according to various classification systems, which may be jurisdictional or international. The classification system itself is specified using an appropriate identification system; the controlled term and the controlled term identifier shall be specified. When the IDMP Pharmaceutical Product Identifier(s) (Ph-PID Set) will become actually available for use, the Ph-PID will be represented by the generalizedMaterialKind/code element.	(IPS...ial)
└ `@classCode`	cs	1 … 1	F	GRIC	
	Example			`<asSpecializedKind classCode="GRIC">` `<generalizedMaterialKind classCode="MMAT">` `<code code="PhPID_Lvl1" codeSystem="1.999.999" displayName="Pharmaceutical Product Name" codeSystemName="PhPID Level 1">` `<name/>` `</code>` `</generalizedMaterialKind>` `</asSpecializedKind>`	
└ `pharm:generalizedMaterialKind`			R		(IPS...ial)
└ `@classCode`	cs	1 … 1	F	MMAT	
└ `pharm:code`	CD.IPS	1 … 1	R	When the IDMP Pharmaceutical Product Identifier(s) (Ph-PID Set) will become actually available for use, this element will be used for representing the IDMP PhP Id. The level and the stratum of the PhPID will be distigu-	(IPS...ial)

					ished by the OID of the code system.	
└ **pharm:name**			0 ... *	R		(IPS...ial)
└ **pharm:ingredient**			0 ... *	R	This module provides the list of the ingredients (substances with a role) used for this product; one or more ingredients may be present. The classCode of "ACTI" indicates that this is an active ingredient.	(IPS...ial)
└ **@classCode**	cs		1 ... 1	R		
	CONF				The value of @classCode shall be drawn from value set 2.16.840.1.113883.1.11.10430 *RoleClassIngredientEntity* (DYNAMIC)	
└ **pharm:quantity**			1 ... 1	M	The medication strength is represented as the ratio of the active ingredient(s) to a unit of medication. The <quantity> element contains the numerator and denominator of the strength ratio.</quantity>	(IPS...ial)
	Example				`<quantity>...</quantity>`	
└ **hl7:numerator**	PQ		1 ... 1	R		(IPS...ial)
└ **@unit**	cs		1 ... 1	R		
	CONF				The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.30 *Medicine Strength Numerator* (DYNAMIC)	
└ **@value**			1 ... 1	R		
└ **hl7:denominator**	PQ		1 ... 1	R		(IPS...ial)
└ **@unit**	cs		1 ... 1	R		
	CONF				The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.31 *Medicine Strength Denominator* (DYNAMIC)	
└ **@value**			1 ... 1	R		

pharm:ingredientSubstance		**1 … 1**	**R**		(IPS...ial)
└ **@classCode**	cs	**1 … 1**	**F**	MMAT	
└ **@determinerCode**	cs	**1 … 1**	**F**	KIND	
└ **pharm:code**	**CD.IPS** (extensible)	**0 … 1**	**C**	The IDMP ISO 11238 standard addresses the identification and exchange of regulated information on substances. The Global Ingredient Archival System (GInAS) will provide a <u>common global identifier</u> for all of the substances used in medicinal products, providing a definition of substances globally consistent with this standard. Those identifiers however are yet available for concrete usage, therefore in this version of the template, SNOMED CT has been chosen as reference terminology also for the active substances. This choice will be revised based on the availability and the maturity of GInAS.	(IPS...ial)

CONF		The value of @code should be drawn from value set 2.16.840.1.113883.11.22.32 *IPS Medicine Active Substances* (DYNAMIC)

└ **hl7:originalText**	ED	**0 … ***			(IPS...ial)
└ **hl7:reference**	TEL	**0 … ***			(IPS...ial)
└ **hl7:translation**	CD	**0 … ***		This element can be used to provide alternative identifications for the described substance.	(IPS...ial)
└ **pharm:name**		**0 … 1**	**C**	Name of the substance	(IPS...ial)

Schematron assert	role	error
	test	pharm:code or pharm:name
	Message	Either the name or the code of the substance (or both) shall be provided

10.23 IPS Medical Device

Id	2.16.840.1.113883.10.22.4.26	**Effective Date**	2017-04-11
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSMedicalDevice	**Display Name**	IPS Medical Device
Description	The medical devices entry content module describes the kind of device that is, or has been used by the patient		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.26		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		

Associated with

Associated with 6 concepts

Id	Name	Data Set
hl7ips-dataelement-150	🟠 Use end date	🟠 CEN/TC 251 prEN 17269
hl7ips-dataelement-218	🟠 Device content Status	🟠 CEN/TC 251 prEN 17269
hl7ips-dataelement-57	🟠 Device	🟠 CEN/TC 251 prEN 17269
hl7ips-dataelement-58	🟠 Device Type	🟠 CEN/TC 251 prEN 17269
hl7ips-dataelement-59	🟠 Use start date	🟠 CEN/TC 251 prEN 17269
hl7ips-dataelement-60	🟠 Device Identifier	🟠 CEN/TC 251 prEN 17269

Relationship: Adaptation: template 1.3.6.1.4.1.12559.11.10.1.3.1.3.5 *Medical Devices* (2013-12-20) ref epsos-

Example	Example
| **Example** | ```xml
<supply moodCode="EVN" classCode="SPLY">
  <templateId root="2.16.840.1.113883.10.22.4.26"/>
  <id root="2.16.840.1.113883.19.811.3"/>
  <text>
    <reference value="#dev_1"/>
  </text>
  <effectiveTime xsi:type="IVL_TS">
    <low value="20070728"/>
  </effectiveTime>
  <participant typeCode="DEV">
    <participantRole classCode="MANU">
      <id/>
      <playingDevice classCode="DEV" determinerCode="INSTANCE">
        <code code="304184000" displayName="Ankle joint implant" codeSystem="2.16.840.1.113883.6.96"/>
      </playingDevice>
    </participantRole>
  </participant>
</supply>
``` |

Item	DT	Card	Conf	Description	Label
hl7:supply			R	The <supply> element shall be present. The moodCode attribute shall be EVN to reflect that a medical device has been provided.</supply>	(IPS...ice)
@classCode	cs	1 ... 1	F	SPLY	
@moodCode	cs	1 ... 1	F	EVN	
hl7:templateId	II	1 ... 1	M		(IPS...ice)
@root	uid	1 ... 1	F	2.16.840.1.113883.10.22.4.26	
hl7:id	II	0 ... *	R	This optional element identifies the provision of the device (e.g. implant procedure)	(IPS...ice)
hl7:text	ED	0 ... 1	R		(IPS...ice)
hl7:reference	TEL	1 ... 1	M		(IPS...ice)
@value	url	1 ... 1	R	Reference pointing to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1	

└ **hl7:effectiveTime**	IVL_TS	**1 ... 1 R**	This element provides the interval of time corresponding to the device usage by/presence in the patient.	(IPS...ice)
└ **@xsi:type**	st	**1 ... 1** F	IVL_TS	
└ **hl7:low**	TS	**1 ... 1 R**	The lower bound of the interval represents the start date/time.	(IPS...ice)
	◎ hl7ips-dataelement-59	🟡 Use start date		🟡 CEN/TC 251 prEN 17269
└ **hl7:high**	TS	**0 ... 1 C**	The upper bound represents the end date/time. If it is not present, the device is still used by or present in the patient.	(IPS...ice)
	◎ hl7ips-dataelement-150	🟡 Use end date		🟡 CEN/TC 251 prEN 17269
└ **hl7:participant**		**1 ... * R**	The device is represented as a participant in the supply structure. The following descriptions apply to the device structure.	(IPS...ice)
	◎ hl7ips-dataelement-57	🟡 Device		🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	**1 ... 1** F	DEV	

| Example | ```xml
<participant typeCode="DEV">
  <participantRole classCode="MANU">
    <id root="1.2.3.999" extension="__example_only__"/>
    <playingDevice classCode="DEV" determinerCode="INSTANCE">
      <code code="" codeSystem=""/>
      <!-- ... -->
    </playingDevice>
  </participantRole>
</participant>
``` |
| Example | Presence of implanted device not known (situation)<br>```xml
<participant typeCode="DEV">
  <participantRole classCode="MANU">
    <playingDevice>
      <code code="000000" codeSystem="2.16.840.1.113883.6.96" displayName="Presence of implanted device not known (situation)"/>
    </playingDevice>
    <scopingEntity>
      <id root="2.16.840.1.113883.3.3719"/>
    </scopingEntity>
  </participantRole>
</participant>
``` |

	Example	No implant in situ (situation)
		`<participant typeCode="DEV">`
		  `<participantRole classCode="MANU">`
		    `<playingDevice>`
		      `<code code="000000" codeSystem="2.16.840.1.113883.6.96" displayName="No implant in situ (situation)"/>`
		    `</playingDevice>`
		    `<scopingEntity>`
		      `<id root="2.16.840.1.113883.3.3719"/>`
		    `</scopingEntity>`
		  `</participantRole>`
		`</participant>`			

└ **hl7:participantRole**		**1 ... 1 R**			(IPS...ice)
└ **@classCode**	cs	**1 ... 1** F	MANU		
└ **hl7:id**	II	**0 ... * R**	The device ID, e.g. using UDI, is represented by the id element of the participant role. This element is optional, as not all production identifiers (e.g., serial number, lot/batch number, distinct identification number) may be known to the provider or patient.		(IPS...ice)
	◎ hl7ips-dataelement-60		🟡 Device Identifier	🟡 CEN/TC 251 prEN 17269	
	Example	UDI GS1: DeviceIdentifier 00844588003288, Serial# 10987654d321, Lot# 7654321D `<id root="2.16.840.1.113883.3.3719" extension="{01}00844588003288{17}141120{10}7654321D{21}10987654d321"/>`			
	Example	UDI ICCBBA: DeviceIdentifier 00844588003288 `<id root="2.16.840.1.113883.3.3719" extension="A9999XYZ100T0474"/>`			
	Example	UDI HIBCC: Serial# XYZ456789012345678, Lot# LOT123456789012345 `<id root="2.16.840.1.113883.3.3719" extension="+H123PART-NO1234567890120/$$420020216LOT123456789012345/SXYZ456789012345678/16D20130202C"/>`			
└ **hl7:playingDevice**		**1 ... 1 R**	The playingDevice element describes the device instance.		(IPS...ice)
└ **@classCode**	cs	**1 ... 1** F	DEV		
└ **@determinerCode**	cs	**1 ... 1** F	INSTANCE		
└ **hl7:code**	**CE.IPS** (preferred)	**1 ... 1 R**	The device code describes the type of device (e.g. arm prosthesis, arterial stent).		(IPS...ice)

⊚ hl7ips-dataelement-218	🟡	Device content Status		🟡	CEN/TC 251 prEN 17269
hl7ips-dataelement-58	🟡	Device Type		🟡	CEN/TC 251 prEN 17269

CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.23 *IPS Medical Devices* (DYNAMIC)
	or
	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.61 *Absent or Unknown Devices* (DYNAMIC)

10.24 IPS Medication Information (detail)

Id	2.16.840.1.113883.10.22.4.2	**Effective Date**	2024-08-04 10:45:46 Other versions this id: ▪ ◯ IPSManufacturedProduct as of 2016-11-10
Status	🟡 Draft	**Version Label**	STU2
Name	IPSManufacturedProduct	**Display Name**	IPS Medication Information (detail)
Description	This entry describes the consumable subject of the medication statement. All the information about the medication is provided in the included IPS Manufactured Material template.		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		
Associated with	Associated with 1 concept		
	Id	**Name**	**Data Set**

	hl7ips-dataelement-2	🟡 Medicinal Product	🟡 CEN/TC 251 prEN 17269

Uses

Uses 1 template

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.3	Include	🟡 IPS Manufactured Material (STU2)	DYNAMIC

Relationship

Specialization: template 2.16.840.1.113883.10.22.4.2 *IPS Medication Information (detail)* (2016-11-10)
Adaptation: template 2.16.840.1.113883.10.12.312 *CDA ManufacturedProduct* (2005-09-07) `ref ad1bbr-`
Specialization: template 2.16.840.1.113883.10.21.4.11 *UV Medication Information (detail)* (DYNAMIC) `ref pharmcda-`

Example

Example
```xml
<manufacturedProduct classCode="MANU">
  <templateId root="2.16.840.1.113883.10.22.4.2"/>
  <!-- include template 2.16.840.1.113883.10.22.4.3 'IPS Manufactured Material' (dynamic) 1..1 R -->
</manufacturedProduct>
```

Item	DT	Card	Conf	Description	Label
hl7:manufacturedProduct		0 ... *	R		(IPS...uct)
		◎ hl7ips-dataelement-2	🟡 Medicinal Product	🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	0 ... 1	F	MANU	
└ **hl7:templateId**	II	1 ... 1	M		(IPS...uct)
└ **@root**	uid	1 ... 1	F	2.16.840.1.113883.10.22.4.2	
Included		1 ... 1	R	from 2.16.840.1.113883.10.22.4.3 *IPS Manufactured Material* (DYNAMIC)	
└ **hl7:manufacturedMaterial**		1 ... 1	R		(IPS...uct)
└ **@classCode**	cs	0 ... 1	F	MMAT	

└ **@determinerCode**	cs	0 … 1	F	KIND	
└ **hl7:templateId**	II	1 … 1	M		(IPS...uct)
└ **@root**	oid	1 … 1	F	2.16.840.1.113883.10.22.4.3	
Choice		0 … 1		Elements to choose from: ▪ hl7:code ▪ hl7:code[@codeSystem='2.16.840.1.113883.6.96']	
└ **hl7:code**	CE.IPS	0 … 1	R	This element is generally used to identify a medicinal product. When the IDMP identifiers will be concretely available for usage this element will be used for conveying the Medicinal Product Identifier (MPID). For the time being, it could be optionally used for conveying jurisdictional or agreed cross jurisdictional medicinal product code.	(IPS...uct)

◎ hl7ips-dataelement-105	🟠 Product Code	🟠 CEN/TC 251 prEN 17269	

└ **hl7:code**	CE.IPS	0 … 1	R	Non IDMP codes from SNOMED CT value set	(IPS...uct)
where *[@codeSystem='2.16.840.1.113883.6.96']*					
CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.71 *IPS Medications Products* (DYNAMIC)		
└ **hl7:name**	EN	0 … 1	R	This element is supposed to be valorized with the complete Medicinal Product Name as approved by the Medicines Regulatory Agency in a jurisdiction. The name may be applicable in one or more country/language combinations.	(IPS...uct)

◎ hl7ips-dataelement-117	🟠 Brand Name	🟠 CEN/TC 251 prEN 17269	
hl7ips-dataelement-171	🟠 Product Common Name (and	🟠 CEN/TC 251 prEN 17269	

			Strength)	
└ **pharm:formCode**	CE.IPS	0 … 1 R	Administrable Pharmaceutical Dose Form. This code represents the form of the medication (e.g. tablet, capsule, liquid) Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as referecne terminology for representing Pharmaceutical Dose forms;Pakages and Route of Administration. It is known that also alternative jurisdictional and international terminologies are known to be used for this concept domain, as NCI or SNOMED CT.	(IPS...uct)

◎ hl7ips-dataelement-227 🟡 Pharmaceutical dose form 🟡 CEN/TC 251 prEN 17269	
CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.25 *IPS Medicine Doseform* (DYNAMIC)
Example	`<formCode code="10211000" codeSystem="0.4.0.127.0.16.1.1.2.1" codeSystem-Name="EDQM" displayName="Capsule, soft">...</formCode>`

└ **pharm:asContent**	0 … *	This structure describes the packaging of the medication. The <pharm:formCode> element provides the code for the particular package. If the package has a brand name, it can be described in the <pharm:name> element. The <pharm:capacityQuantity> element describes the capacity of the packaging, while the <pharm:quantity> the actual quantity of inner packaged items in the outer packaging container. The product might have a single (30 pills bottle) or multiple (5 vials 10 ml; box with 2 blisters of 20 tablets) layers of packaging. In the latter case, the most inner (nested) item represents the most outer package item. For example the case	(IPS...uct)

				`\--Box`
				` \-----2 blisters`
				` \--------20 tablets`
				is described as "20 tablets" contained by "a blister"; "2 blisters" contained by one box.
				
				The most inner package represents the Packaged Medicinal Product.
				
				When the IDMP Packaged Medicinal Product ID (PCID) will become actually available for usage, the most inner package <code> element will be used to convey the IDMP PCID.

└ **@classCode**	cs	1 … 1	F	CONT

Packaged Medicinal Product with multiple layers packaging

```
<asContent>
  <containerPackagedProduct>
    <!-- Inner Package -->
    <code codeSystem="..." code="..." displayName="...">
      <asContent>
        <containerPackagedProduct>
          <!-- Intermediate Package -->
          <asContent>
            <containerPackagedProduct>
              <!-- Outer Package / Packaged Medicinal Product -->
            </containerPackagedProduct>
          </asContent>
        </containerPackagedProduct>
      </asContent>
    </code>
  </containerPackagedProduct>
</asContent>
```

(labelled: Example)

Packaged Medicinal Product with formCode

```
<asContent>
  <containerPackagedProduct>
    <!-- Packaged Medicinal Product -->
```

(labelled: Example)

```
                          <code codeSystem="1.999.999" code="PC_ID" displayName="Packaged Product
                   Name">
                          <name>100 MIRACLE PILLS(TM)</name>
                          <formCode codeSystem="0.4.0.127.0.16.1.1.2.1" code="30009000" display-
                   Name="Box" CodeSystemName="EDQM"/>
                          </code>
                   </containerPackagedProduct>
               </asContent>
```

└ **pharm:quantity**	PQ	**0 … 1**		The quantity which specified how many inner packaged content entities are in an outer packaging container entity.	(IPS...uct)

└ **@unit**	cs	**0 … 1**	

CONF	The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)

└ **@value**		**1 … 1**	R

Example	`<quantity value="20" unit="{tablet}"/>`
Example	`<quantity value="10" unit="mL"/>`

└ **pharm:containerPackagedProduct**		**1 … 1**	R	It represents the most inner Package Item or the Packaged Medicinal Product.	(IPS...uct)
└ **@classCode**	cs	**1 … 1**	F	CONT
└ **@determinerCode**	cs	**1 … 1**	F	KIND
└ **pharm:code**		**0 … 1**		If this is also the most outer <pharm:containerPackagedProduct> than the <code> element can be used to convey the (IDMP) Packaged Medicinal Product ID (e.g. the IDMP PCID when it will become actually available for usage). The presence of the PCID indicates that that element represents the "Packaged Medicinal Product".	(IPS...uct)

└ `pharm:name`	ST	0 … 1		It represents the Name of the Package Item or of the Packaged Medicinal Product. If this is also the most outer <pharm:containerPack-agedProduct> than this element can be used for the brand name.	(IPS...uct)
	Example			`<name>`AMOXIFEN(R) 20 compresse 20 mg`</name>`	
└ `pharm:formCode`	CE.IPS	0 … 1	R	This element encodes the type of the most inner package item or of the or the Packaged Medicinal Product. Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been se-lected as referecne terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration.	(IPS...uct)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.27 *Medicine Package* (DYNAMIC)	
	Example			`<formCode code="30007000" codeSystem="0.4.0.127.0.16.1.1.2.1" codeSystem-Name="EDQM" codeSystemVersion="2010" displayName="Blister">...</formCode>`	
└ `pharm:capacityQuantity`	PQ	0 … 1		It represents the functional capacity of the container: e.g. bottle containing up to 20 tablets or ampule of 10 ml.	(IPS...uct)
└ `@unit`	cs	0 … 1			
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ `@value`		1 … 1	R		
└ `pharm:asContent`		0 … *	R	In case of multiple layers of packaging (5 vials 10 ml; box with 2 blisters of 20 tablets) this element can be used for describing the intermediate Packaged Medi-cinal Product Item or the Packaged Medicinal Prod-uct.	(IPS...uct)

					For example in the case \--Box \-----2 blisters \-------20 tablets it describes the "2 blisters" In the case of \--Box \-----5 vials it represents the Packaged Medicinal Product.	
└ **@classCode**	cs		**1 … 1**	F	CONT	
└ **pharm:quantity**	**PQ**		**0 … 1**	**R**	The quantity which specified how many inner packaged content entities are in an outer packaging container entity.	(IPS...uct)
└ **@unit**	cs		**0 … 1**			
		CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ **@value**			**1 … 1**	R		
		Example			`<quantity value="20" unit="{tablet}"/>`	
		Example			`<quantity value="10" unit="mL"/>`	
└ **pharm:containerPackagedProduct**			**1 … 1**	**R**	It represents the intermediate Package Item or the Packaged Medicinal Product	(IPS...uct)
└ **@classCode**	cs		**1 … 1**	F	CONT	
└ **@determinerCode**	cs		**1 … 1**	F	KIND	
└ **pharm:code**	**CD.IPS**		**0 … 1**		If this is also the most inner `<pharm:containerPackagedProduct>` than the `<code>` element can be used to convey the (IDMP) Packaged Medicinal Product ID (e.g. the IDMP PCID when it will become actu-	(IPS...uct)

└ `pharm:name`	ST	0 … 1	R	ally available for usage). The presence of the PCID indicates that that element represents the "Packaged Medicinal Product". It represents the Name of the Package Item or of the Packaged Medicinal Product If this is also the most inner <pharm:containerPackagedProduct> than this element can be used for the brand name.	(IPS...uct)
	Example			`<name>...</name>`	
└ `pharm:formCode`	CE.IPS	1 … 1	R	This element encodes the type of the most inner package item or of the or the Packaged Medicinal Product. Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as reference terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration.	(IPS...uct)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.27 *Medicine Package* (DYNAMIC)	
└ `pharm:capacityQuantity`	PQ	0 … 1		It represents the functional capacity of the container: e.g. bottle containing up to 20 tablets or ampule of 10 ml.	(IPS...uct)
└ `@unit`	cs	0 … 1			
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ `@value`		1 … 1	R		
└ `pharm:asContent`		0 … *	R	In case of multiple layers of packaging (box with 2 blisters of 20 tablets) this element is used for describing the most outer Packaged Medicinal Product	(IPS...uct)

					Item or the Packaged Medicinal Product. For example in the case \\--Box \\----2 blisters \\-------20 tablets it describes the Packaged Medicinal Product.
	└ **@classCode**	cs	1 … 1	F	CONT
	└ **pharm:quantity**	PQ	0 … 1	R	The quantity which specified how many inner packaged content entities are in an outer packaging container entity. (IPS...uct)
	└ **@unit**	cs	0 … 1		
		CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)
	└ **@value**		1 … 1	R	
		Example			`<quantity value="20" unit="{tablet}"/>`
		Example			`<quantity value="10" unit="mL"/>`
	└ **pharm:containerPackagedProduct**		1 … 1	R	When present, it represents the Packaged Medicinal Product (IPS...uct)
	└ **@classCode**	cs	1 … 1	F	CONT
	└ **@determinerCode**	cs	1 … 1	F	KIND
	└ **pharm:code**	CD.IPS	0 … 1		When present, it can be used to convey the (IDMP) Packaged Medicinal Product ID (e.g. the IDMP PCID when it will become actually available for usage). (IPS...uct)
	└ **pharm:name**	ST	0 … 1	R	When present, it can be used for the representing the brand name. (IPS...uct)

└ **pharm:formCode**	**CE.IPS**	**1 … 1**	**R**	When present, it encodes the type of the outer package. Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as referecne terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration.	(IPS...uct)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.27 *Medicine Package* (DYNAMIC)	
└ **pharm:capacityQuantity**	**PQ**	**0 … 1**		It represents the functional capacity of the container: e.g. bottle containing up to 20 tablets or ampule of 10 ml.	(IPS...uct)
└ **@unit**	cs	**0 … 1**			
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ **@value**		**1 … 1**	R		
└ **pharm:asSpecializedKind**		**0 … 1**	**R**	This module is used for representing the classification of the Substance according to the **WHO Anatomical Therapeutic Chemical (ATC)** Classification System. The classCode of "GRIC" identifies this structure as the representation of a generic equivalent of the medication described in the current Medicine entry.	(IPS...uct)
where [generalizedMaterialKind/code/@codeSystem='2.16.840.1.113883.6.73']					
└ **@classCode**	cs	**1 … 1**	F	GRIC	

	Example			`<asSpecializedKind classCode="GRIC">`
				` <generalizedMaterialKind classCode="MMAT">`
				`  <!-- Pharmaceutical Substance (ATC Code)-->`
				`  <code code=" " codeSystem="2.16.840.1.113883.6.73" displayName=" " codeSystemName="WHO ATC"/>`	

```
                                                    </generalizedMaterialKind>
                                                  </asSpecializedKind>
```

└ **pharm:generalizedMaterialKind**		**1 ... 1**	**M**		(IPS...uct)
└ **@classCode**	cs	1 ... 1	F	MMAT	
└ **pharm:code**	**CD.IPS**	**1 ... 1**	**R**	The \<code\> element contains the ATC code of this medicine.	(IPS...uct)

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.29 *IPS WHO ATC* (DYNAMIC)
Example	`<code codeSystem="2.16.840.1.113883.6.73" code=" " displayName=" " codeSystemName="WHO ATC"/>`

└ **pharm:name**		**0 ... ***			(IPS...uct)
└ **pharm:asSpecializedKind**		**0 ... ***	**R**	The Medicinal Product can be classified according to various classification systems, which may be jurisdictional or international. The classification system itself is specified using an appropriate identification system; the controlled term and the controlled term identifier shall be specified. When the IDMP Pharmaceutical Product Identifier(s) (PhPID Set) will become actually available for use, the PhPID will be represented by the generalizedMaterialKind/code element.	(IPS...uct)
└ **@classCode**	cs	1 ... 1	F	GRIC	

Example	`<asSpecializedKind classCode="GRIC">`
	  `<generalizedMaterialKind classCode="MMAT">`
	    `<code code="PhPID_Lvl1" codeSystem="1.999.999" displayName="Pharmaceutical Product Name" codeSystemName="PhPID Level 1">`
	      `<name/>`
	    `</code>`
	  `</generalizedMaterialKind>`
	`</asSpecializedKind>`

└ **pharm:generalizedMaterialKind**			**R**		(IPS...uct)

└ `@classCode`	cs	**1 … 1**	F	MMAT	
└ `pharm:code`	**CD.IPS**	**1 … 1**	R	When the IDMP Pharmaceutical Product Identifier(s) (PhPID Set) will become actually available for use, this element will be used for representing the IDMP PhP Id. The level and the stratum of the PhPID will be distiguished by the OID of the code system.	(IPS...uct)
└ `pharm:name`		**0 … ***	R		(IPS...uct)
└ `pharm:ingredient`		**0 … ***	R	This module provides the list of the ingredients (substances with a role) used for this product; one or more ingredients may be present. The classCode of "ACTI" indicates that this is an active ingredient.	(IPS...uct)
└ `@classCode`	cs	**1 … 1**	R		
	CONF			The value of @classCode shall be drawn from value set 2.16.840.1.113883.1.11.10430 *RoleClassIngredientEntity* (DYNAMIC)	
└ `pharm:quantity`		**1 … 1**	M	The medication strength is represented as the ratio of the active ingredient(s) to a unit of medication. The \<quantity\> element contains the numerator and denominator of the strength ratio.\</quantity\>	(IPS...uct)
	Example			`<quantity>...</quantity>`	
└ `hl7:numerator`	**PQ**	**1 … 1**	R		(IPS...uct)
└ `@unit`	cs	**1 … 1**	R		
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.30 *Medicine Strength Numerator* (DYNAMIC)	
└ `@value`		**1 … 1**	R		
└ `hl7:denominator`	**PQ**	**1 … 1**	R		(IPS...uct)

└ **@unit**	cs	**1 … 1**	R		
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.31 *Medicine Strength Denominator* (DYNAMIC)	
└ **@value**		**1 … 1**	R		
└ **pharm:ingredientSubstance**		**1 … 1**	**R**		(IPS...uct)
└ **@classCode**	cs	**1 … 1**	F	MMAT	
└ **@determinerCode**	cs	**1 … 1**	F	KIND	
└ **pharm:code**	**CD.IPS** (extensible)	**0 … 1**	**C**	The IDMP ISO 11238 standard addresses the identification and exchange of regulated information on substances. The Global Ingredient Archival System (GInAS) will provide a common global identifier for all of the substances used in medicinal products, providing a definition of substances globally consistent with this standard. Those identifiers however are yet available for concrete usage, therefore in this version of the template, SNOMED CT has been chosen as reference terminology also for the active substances. This choice will be revised based on the availability and the maturity of GInAS.	(IPS...uct)
	CONF			The value of @code should be drawn from value set 2.16.840.1.113883.11.22.32 *IPS Medicine Active Substances* (DYNAMIC)	
└ **hl7:originalText**	**ED**	**0 … ***			(IPS...uct)
└ **hl7:reference**	**TEL**	**0 … ***			(IPS...uct)
└ **hl7:translation**	**CD**	**0 … ***		This element can be used to provide alternative identifications for the described substance.	(IPS...uct)

└ `pharm:name`		**0 ... 1**	**C**	Name of the substance	(IPS...uct)

Schematron assert	role	error
	test	pharm:code or pharm:name
	Message	Either the name or the code of the substance (or both) shall be provided

10.25 IPS Medication Statement

Id	2.16.840.1.113883.10.22.4.4	**Effective Date**	2024-08-04 10:41:54 Other versions this id: • ◯ IPSMedicationStatement as of 2021-09-02 12:17:54 • ◯ IPSMedicationStatement as of 2016-11-11
Status	🟡 Draft	**Version Label**	STU2
Name	IPSMedicationStatement	**Display Name**	IPS Medication Statement

Description

An IPS Medication entry describes a medication statement, that is a substance administration that has actually occurred (e.g., pills ingested or injections given) or are intended to occur (e.g., "take 2 tablets twice a day for the next 10 days"). Medication activities in "INT" mood are reflections of what a clinician intends a patient to be taking. For example, a clinician may intend that a patient to be administered Lisinopril 20 mg PO for blood pressure control. If what was actually administered was Lisinopril 10 mg., then the Medication activities in the "EVN" mood would reflect actual use.

The source of this information can be the patient, significant other (such as a family member or spouse), or a clinician. A common scenario where this information is captured is during the history taking process during a patient visit or stay, but it could be derived from the medications information recorded into a GP's EHR-system, in form of prescribed medication, or administration statements.

The medication information may come from sources such as the patient's memory, from a prescription bottle, or from a list of medications the patient, clinician or other party maintains.

A medication statement is usually less specific than an a prescription or a medication administration record.

This entry is composed by a main substanceAdministration act and a subordinate substanceAdministration act, unless it is asserted that there are no medications data.

The first conveys information as the product, the period of administration and the route of administration; the latter is used to provide dosage information as the frequency of intakes or the amount of the medication given.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.4
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with

Associated with 3 concepts

Id	Name	Data Set
hl7ips-dataelement-102	🟡 Route of administration	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-104	🟡 Medication	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-220	🟡 Medication Summary content status	🟡 CEN/TC 251 prEN 17269

Uses

Uses 4 templates

Uses	as	Name	Version
2.16.840.1.113883.10.21.9.1	Include	🟡 UV Use Period (2023)	DYNAMIC
2.16.840.1.113883.10.22.4.2	Include	🟡 IPS Medication Information (detail) (STU2)	DYNAMIC
2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
2.16.840.1.113883.10.21.4.6	Containment	🟡 UV Subordinate Substance Administration (2023)	DYNAMIC

Relationship

Specialization: template 2.16.840.1.113883.10.22.4.4 *IPS Medication Statement* (2021-09-02 12:17:54)
Version: template 2.16.840.1.113883.10.22.4.4 *IPS Medication Statement* (2016-11-11)
Adaptation: template 1.3.6.1.4.1.12559.11.10.1.3.1.3.4 *Medication Item* (2013-12-20) `ref epsos-`
Specialization: template 2.16.840.1.113883.10.21.4.7 *UV Medication Statement* (DYNAMIC) `ref pharmcda-`

Example

Example

```
<substanceAdministration classCode="SBADM" moodCode="INT">
  <templateId root="2.16.840.1.113883.10.22.4.4"/>
  <code code="DRUG" codeSystem="2.16.840.1.113883.5.4" displayName="Drug">
    <statusCode code="active"/>
```

```xml
          <effectiveTime>
            <width value="2" unit="wk"/>
          </effectiveTime>
          <consumable typeCode="CSM">
            <!-- template 'IPS ManufacturedProduct' (dynamic) -->
          </consumable>
          <entryRelationship typeCode="COMP">
            <substanceAdministration classCode="SBADM" moodCode="EVN">
              <statusCode code="active"/>
              <effectiveTime xsi:type="PIVL_TS" institutionSpecified="true">
                <period value="12" unit="h"/>
              </effectiveTime>
              <doseQuantity value="2" unit="{puff}"/>
              <consumable>
                <manufacturedProduct>
                  <manufacturedMaterial nullFlavor="NA"/>
                </manufacturedProduct>
              </consumable>
            </substanceAdministration>
          </entryRelationship>
        </code>
    </substanceAdministration>
```

No medication infos

Example

```xml
<substanceAdministration classCode="SBADM" moodCode="INT">
  <templateId root="2.16.840.1.113883.10.22.4.4"/>
  <code code="no-medication-info" codeSystem="2.16.840.1.113883.5.1150.1" displayName="No information about medications">
    <statusCode code="completed"/>
    <effectiveTime nullFlavor="NA" xsi:type="IVL_TS"/>
    <consumable>
      <manufacturedProduct>
        <manufacturedMaterial nullFlavor="NA"/>
      </manufacturedProduct>
    </consumable>
  </code>
</substanceAdministration>
```

Item	DT	Card	Conf	Description	Label
hl7:substanceAdministration			R		(IPS...ent)
	🎯 hl7ips-dataelement-104			🟡 Medication	🟡 CEN/TC 251 prEN 17269
└ @classCode	cs	1 … 1	F	SBADM	

└─ **@moodCode**	cs	**1 … 1**	R	If the statement refers to a prescribed medication then a <substanceAdministration> intent (moodCode='INT') is used; otherwise, to record medications which are stated to have taken, the moodCode shall be set to 'EVN'.</substanceAdministration>
	CONF			The value of @moodCode shall be drawn from value set 2.16.840.1.113883.11.20.9.18 *MoodCodeEvnInt* (DYNAMIC)
└─ **hl7:templateId**	II	**1 … 1**	M	(IPS...ent)
└─ **@root**	uid	**1 … 1**	F	2.16.840.1.113883.10.22.4.4
└─ **hl7:id**	II	**0 … ***	R	(IPS...ent)
└─ **hl7:code**	CD.IPS	**1 … 1**	R	The <code> element is valorized with the Substance Administration ACT code "DRUG" unless it is used for asserting the known absence of medication treatments or no information about them. (IPS...ent)
		◎ hl7ips-dataelement-220	🟡 Medication Summary content status	🟡 CEN/TC 251 prEN 17269
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.14 *DRUGActCode* (DYNAMIC) or The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.79 *IPS No Medications* (DYNAMIC)
└─ **hl7:text**	ED	**0 … 1**	R	The URI given in the value attribute of the <reference> element points to an element in the narrative content that contains the complete text describing the medication. In a CDA document, the URI given in the value attribute of the <reference> element points to an element in the narrative content that contains the complete text describing the medication. (IPS...ent)
└─ **hl7:reference**	TEL	**1 … 1**	M	(IPS...ent)

└ `@value`	url	**1 ... 1**	R	Reference pointing to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1	
└ `hl7:statusCode`	CS	**1 ... 1**	M		(IPS...ent)

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.12 *ActStatusActiveCompletedAbortedSuspended* (DYNAMIC)
Example	`<statusCode code="active"/>`

Included		**1 ... 1**	R	from 2.16.840.1.113883.10.21.9.1 *UV Use Period* (DYNAMIC)	

The effectiveTime element encodes the use period of the medication, it is always expressed as an interval of time.
It may be expressed using the low and high OR with the width element.
The first is used to indicate a specified interval (e.g. from march 15th, 2017); the latter for indicating a 'floating' period (e.g. 2 weeks).

Choice — **1 ... 1**

Elements to choose from:

- hl7:effectiveTime[hl7:low | hl7:high][not(hl7:width)]
- hl7:effectiveTime[hl7:width][not(hl7:low|hl7:high)]
- hl7:effectiveTime[hl7:low | hl7:width][not(hl7:high)]

				Case 1: specified interval		
└ `hl7:effectiveTime`	IVL_TS	**0 ... 1**	C	The low and high values of the first effectiveTime element represent the start and stop times for the medication. The low value represents the start time, and the high value represents the stop time. If either the low or the high value is unknown, this shall be record-	(IPS...ent)

			ed by setting the nullFlavor attribute to UNK. In case of unbounded period (continuous therapy) the high element will be valued with the nullFlavor attribute to NA. The high value records the end of the medication regime according to the information provided in the prescription or order. For example, if the prescription is for enough medication to last 30 days, then the high value should contain a date that is 30 days later then the low value. The rationale is that a provider, seeing a prescription that has not been refilled would normally assume that the medication is no longer being taken, even if the intent of the treatment plan is to continue the medication indefinitely.
where *[hl7:low* or *[not(hl7:width)]*			
└ **@nullFlavor**	cs	**0 … 1**	

Example	Known Interval
	`<effectiveTime type="IVL_TS">`
	`  <low value="20130321"/>`
	`  <high value="20140321"/>`
	`</effectiveTime>`	

Example	Information not available about the period `<effectiveTime type="IVL_TS" nullFlavor="NI"/>`	

Example	Unknown end date
	`<effectiveTime type="IVL_TS">`
	`  <low value="20130321"/>`
	`  <high nullFlavor="UNK"/>`
	`</effectiveTime>`	

Example	continous therapy	

				`<effectiveTime type="IVL_TS">`
				  `<low value="20130321"/>`
				  `<high nullFlavor="NA"/>`
				`</effectiveTime>`	

hl7:low	IVXB_TS	1 … 1	R		(IPS...ent)
hl7:high	IVXB_TS	0 … 1	R		(IPS...ent)
hl7:effectiveTime	IVL_TS	0 … 1	C	**Case 2: 'floating' period:** The width element is used to specify a period of (actual or intended) administration that is not anchored to any specific date (e.g. a two weeks therapy)	(IPS...ent)
where *[hl7:width] [not(hl7:low* or *hl7:high)]*					

	Example			2 week period
				`<effectiveTime type="IVL_TS">`
				  `<width value="2" unit="w"/>`
				`</effectiveTime>`	

hl7:low			NP		(IPS...ent)
hl7:high			NP		(IPS...ent)
hl7:center			NP		(IPS...ent)
hl7:width	PQ	1 … 1	R		(IPS...ent)
@unit	cs	1 … 1	R		
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.21.1 *Medication Time Units (UCUM)* (DYNAMIC)	
hl7:effectiveTime	IVL_TS	0 … 1	C	**Case 3: anchored period:** The width element is used to specify a period of (actual or intended) administration anchored to a specific date (e.g. a two weeks therapy starting today)	(IPS...ent)
where *[hl7:low* or					

[not(hl7:high)]					

	Example	2 week period starting on 2013-03-21
		`<effectiveTime type="IVL_TS">`
		  `<low value="20130321"/>`
		  `<width value="2" unit="w"/>`
		`</effectiveTime>`			

└ **hl7:low**		IVXB_TS	0 ... 1	C	(IPS...ent)
└ **hl7:width**		PQ	1 ... 1	R	(IPS...ent)
└ **@unit**		cs	1 ... 1	R	
	CONF	The value of @unit shall be drawn from value set 2.16.840.1.113883.11.21.1 *Medication Time Units (UCUM)* (DYNAMIC)			
└ **hl7:routeCode**		CE.IPS	0 ... 1	R	The <routeCode> element specifies the route of administration using the EDQM route of administration vocabulary. A code must be specified if the route is known. Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as referecne terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration. It is known that also alternative jurisdictional and international terminologies are also used for this concept domain, as NCI or SNOMED CT. Official NCI and EDQM maps for the route of administration are available from the EDQM site.	(IPS...ent)
	◉ hl7ips-dataelement-102	🟡 Route of administration		🟡 CEN/TC 251 prEN 17269	
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.33 *IPS Medicine Route of Administration* (DYNAMIC)			
└ **hl7:doseQuantity**		IVL_PQ		NP	(IPS...ent)

∟ **hl7:rateQuantity**	**IVL_PQ**		**NP**		(IPS...ent)
∟ **hl7:administrationUnitCode**	**CE**		**NP**		(IPS...ent)
∟ **hl7:consumable**		**1 ... 1**	**M**		(IPS...ent)
∟ **@typeCode**	cs	**1 ... 1**	F	CSM	
Included				from 2.16.840.1.113883.10.22.4.2 *IPS Medication Information (detail)* (DYNAMIC)	
∟ **hl7:manufacturedProduct**		**0 ... ***	**R**		(IPS...ent)
	◎ hl7ips-dataelement-2	🟡 Medicinal Product		🟡 CEN/TC 251 prEN 17269	
∟ **@classCode**	cs	**0 ... 1**	F	MANU	
∟ **hl7:templateId**	**II**	**1 ... 1**	**M**		(IPS...ent)
∟ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.2	
Included		**1 ... 1**	**R**	from 2.16.840.1.113883.10.22.4.3 *IPS Manufactured Material* (DYNAMIC)	
∟ **hl7:manufacturedMaterial**		**1 ... 1**	**R**		(IPS...ent)
∟ **@classCode**	cs	**0 ... 1**	F	MMAT	
∟ **@determinerCode**	cs	**0 ... 1**	F	KIND	
∟ **hl7:templateId**	**II**	**1 ... 1**	**M**		(IPS...ent)
∟ **@root**	oid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.3	
Choice		**0 ... 1**		Elements to choose from:	

- hl7:code

- hl7:code[@codeSystem='2.16.840.1.113883.6.96']

└ `hl7:code`	CE.IPS	0 ... 1	R	This element is generally used to identify a medicinal product. When the IDMP identifiers will be concretely available for usage this element will be used for conveying the Medicinal Product Identifier (MPID). For the time being, it could be optionally used for conveying jurisdictional or agreed cross jurisdictional medicinal product code.	(IPS...ent)
	◎ hl7ips-dataelement-105	🟡 Product Code		🟡 CEN/TC 251 prEN 17269	
└ `hl7:code` where *[@codeSystem='2.16.840.1.113883.6.96']*	CE.IPS	0 ... 1	R	Non IDMP codes from SNOMED CT value set	(IPS...ent)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.71 *IPS Medications Products* (DYNAMIC)			
└ `hl7:name`	EN	0 ... 1	R	This element is supposed to be valorized with the complete Medicinal Product Name as approved by the Medicines Regulatory Agency in a jurisdiction. The name may be applicable in one or more country/language combinations.	(IPS...ent)
	◎ hl7ips-dataelement-117	🟡 Brand Name		🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-171	🟡 Product Common Name (and Strength)		🟡 CEN/TC 251 prEN 17269	
└ `pharm:formCode`	CE.IPS	0 ... 1	R	Administrable Pharmaceutical Dose Form. This code represents the form of the medication (e.g. tablet, capsule, liquid) Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as	(IPS...ent)

	referecne terminology for representing Pharmaceutical Dose forms;Pakages and Route of Administration. It is known that also alternative jurisdictional and international terminologies are known to be used for this concept domain, as NCI or SNOMED CT.	

◎ hl7ips-dataelement-227	🟡 Pharmaceutical dose form	🟠 CEN/TC 251 prEN 17269
CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.25 *IPS Medicine Doseform* (DYNAMIC)	
Example	`<formCode code="10211000" codeSystem="0.4.0.127.0.16.1.1.2.1" codeSystem-Name="EDQM" displayName="Capsule, soft">...</formCode>`	

└ **pharm:asContent**	0 ... *	This structure describes the packaging of the medication. The <pharm:formCode> element provides the code for the particular package. If the package has a brand name, it can be described in the <pharm:name> element. The <pharm:capacityQuantity> element describes the capacity of the packaging, while the <pharm:quantity> the actual quantity of inner packaged items in the outer packaging container. The product might have a single (30 pills bottle) or multiple (5 vials 10 ml; box with 2 blisters of 20 tablets) layers of packaging. In the latter case, the most inner (nested) item represents the most outer package item. For example the case 　\--Box 　\-----2 blisters 　\--------20 tablets is described as "20 tablets" contained by "a blister"; "2 blisters" contained by one box.	(IPS...ent)

				The most inner package represents the Packaged Medicinal Product. When the IDMP Packaged Medicinal Product ID (PCID) will become actually available for usage, the most inner package <code> element will be used to convey the IDMP PCID.
└ `@classCode`	cs	**1 … 1**	F	CONT

Example	Packaged Medicinal Product with multiple layers packaging
	``xml
	<asContent>
	  <containerPackagedProduct>
	    <!-- Inner Package -->
	    <code codeSystem="..." code="..." displayName="...">
	      <asContent>
	        <containerPackagedProduct>
	          <!-- Intermediate Package -->
	          <asContent>
	            <containerPackagedProduct>
	              <!-- Outer Package / Packaged Medicinal Product -->
	            </containerPackagedProduct>
	          </asContent>
	        </containerPackagedProduct>
	      </asContent>
	    </code>
	  </containerPackagedProduct>
	</asContent>
	``

Example	Packaged Medicinal Product with formCode
	``xml
	<asContent>
	  <containerPackagedProduct>
	    <!-- Packaged Medicinal Product -->
	    <code codeSystem="1.999.999" code="PC_ID" displayName="Packaged Product Name">
	      <name>100 MIRACLE PILLS(TM)</name>
	      <formCode codeSystem="0.4.0.127.0.16.1.1.2.1" code="30009000" displayName="Box" CodeSystemName="EDQM"/>
	    </code>
	``

			`</containerPackagedProduct>` `</asContent>`		
└ **pharm:quantity**	PQ		0 … 1	The quantity which specified how many inner packaged content entities are in an outer packaging container entity.	(IPS...ent)
└ **@unit**	cs		0 … 1		
	CONF			The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ **@value**			1 … 1 R		
	Example			`<quantity value="20" unit="{tablet}"/>`	
	Example			`<quantity value="10" unit="mL"/>`	
└ **pharm:containerPackagedProduct**			1 … 1 R	It represents the most inner Package Item or the Packaged Medicinal Product.	(IPS...ent)
└ **@classCode**	cs		1 … 1 F	CONT	
└ **@determinerCode**	cs		1 … 1 F	KIND	
└ **pharm:code**			0 … 1	If this is also the most outer <pharm:containerPackagedProduct> than the <code> element can be used to convey the (IDMP) Packaged Medicinal Product ID (e.g. the IDMP PCID when it will become actually available for usage). The presence of the PCID indicates that that element represents the "Packaged Medicinal Product".	(IPS...ent)
└ **pharm:name**	ST		0 … 1	It represents the Name of the Package Item or of the Packaged Medicinal Product. If this is also the most outer <pharm:containerPackagedProduct> than this element can be used for the brand name.	(IPS...ent)

	Example	`<name>`AMOXIFEN(R) 20 compresse 20 mg`</name>`

└ **pharm:formCode**	CE.IPS	0 ... 1	R	This element encodes the type of the most inner package item or of the or the Packaged Medicinal Product. Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as referecne terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration.	(IPS...ent)

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.27 *Medicine Package* (DYNAMIC)
Example	`<formCode code="30007000" codeSystem="0.4.0.127.0.16.1.1.2.1" codeSystemName="EDQM" codeSystemVersion="2010" displayName="Blister">...</formCode>`

└ **pharm:capacityQuantity**	PQ	0 ... 1		It represents the functional capacity of the container: e.g. bottle containing up to 20 tablets or ampule of 10 ml.	(IPS...ent)
└ @unit	cs	0 ... 1		

CONF	The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)

└ @value		1 ... 1	R	
└ **pharm:asContent**		0 ... *	R	In case of multiple layers of packaging (5 vials 10 ml; box with 2 blisters of 20 tablets) this element can be used for describing the intermediate Packaged Medicinal Product Item or the Packaged Medicinal Product. For example in the case \--Box \-----2 blisters \-------20 tablets it describes the "2 blisters" In the case of \--Box \-----5 vials	(IPS...ent)

					it represents the Packaged Medicinal Product.	
└ **@classCode**		cs	1 … 1	F	CONT	
└ **pharm:quantity**		PQ	0 … 1	R	The quantity which specified how many inner packaged content entities are in an outer packaging container entity.	(IPS...ent)
└ **@unit**		cs	0 … 1			
	CONF				The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ **@value**			1 … 1	R		
	Example				`<quantity value="20" unit="{tablet}"/>`	
	Example				`<quantity value="10" unit="mL"/>`	
└ **pharm:containerPackagedProduct**			1 … 1	R	It represents the intermediate Package Item or the Packaged Medicinal Product	(IPS...ent)
└ **@classCode**		cs	1 … 1	F	CONT	
└ **@determinerCode**		cs	1 … 1	F	KIND	
└ **pharm:code**		CD.IPS	0 … 1		If this is also the most inner <pharm:containerPackagedProduct> than the <code> element can be used to convey the (IDMP) Packaged Medicinal Product ID (e.g. the IDMP PCID when it will become actually available for usage). The presence of the PCID indicates that that element represents the "Packaged Medicinal Product".	(IPS...ent)
└ **pharm:name**		ST	0 … 1	R	It represents the Name of the Package Item or of the Packaged Medicinal Product If this is also the most inner <pharm:containerPack-	(IPS...ent)

					agedProduct> than this element can be used for the brand name.	
	Example				`<name>...</name>`	
└ **pharm:formCode**		CE.IPS	1 ... 1	R	This element encodes the type of the most inner package item or of the or the Packaged Medicinal Product. Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as reference terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration.	(IPS...ent)
	CONF				The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.27 *Medicine Package* (DYNAMIC)	
└ **pharm:capacityQuantity**		PQ	0 ... 1		It represents the functional capacity of the container: e.g. bottle containing up to 20 tablets or ampule of 10 ml.	(IPS...ent)
└ **@unit**		cs	0 ... 1			
	CONF				The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ **@value**			1 ... 1	R		

└ **pharm:asContent**			0 ... *	R	In case of multiple layers of packaging (box with 2 blisters of 20 tablets) this element is used for describing the most outer Packaged Medicinal Product Item or the Packaged Medicinal Product.
					For example in the case
					  \--Box
					  \-----2 blisters
					  \--------20 tablets
					it describes the Packaged Medicinal Product.
						(IPS...ent)

└ **@classCode**		cs	1 ... 1	F	CONT	

└ `pharm:quantity`	PQ		0 … 1	R	The quantity which specified how many inner packaged content entities are in an outer packaging container entity.	(IPS...ent)
└ `@unit`	cs		0 … 1			
	CONF				The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)	
└ `@value`			1 … 1	R		
	Example		`<quantity value="20" unit="{tablet}"/>`			
	Example		`<quantity value="10" unit="mL"/>`			
└ `pharm:containerPackagedProduct`			1 … 1	R	When present, it represents the Packaged Medicinal Product	(IPS...ent)
└ `@classCode`	cs		1 … 1	F	CONT	
└ `@determinerCode`	cs		1 … 1	F	KIND	
└ `pharm:code`	CD.IPS		0 … 1		When present, it can be used to convey the (IDMP) Packaged Medicinal Product ID (e.g. the IDMP PCID when it will become actually available for usage).	(IPS...ent)
└ `pharm:name`	ST		0 … 1	R	When present, it can be used for the representing the brand name.	(IPS...ent)
					When present, it encodes the type of the outer package.	
└ `pharm:formCode`	CE.IPS		1 … 1	R	Since the EDQM Standards Terms, together with UCUM, is one of the IDMP terminologies actually available for usage, this code system has been selected as referecne terminology for representing Pharmaceutical Dose forms; Packages and Route of Administration.	(IPS...ent)

	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.27 *Medicine Package* (DYNAMIC)		
└ `pharm:capacityQuantity`	PQ	0 … 1		It represents the functional capacity of the container: e.g. bottle containing up to 20 tablets or ampule of 10 ml.	(IPS...ent)
└ `@unit`	cs	0 … 1			
	CONF		The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.28 *Quantity Units* (DYNAMIC)		
└ `@value`		1 … 1	R		
└ `pharm:asSpecializedKind`		0 … 1	R	This module is used for representing the classification of the Substance according to the **WHO Anatomical Therapeutic Chemical (ATC)** Classification System. The classCode of "GRIC" identifies this structure as the representation of a generic equivalent of the medication described in the current Medicine entry.	(IPS...ent)

where *[generalizedMaterialKind/code/@codeSystem='2.16.840.1.113883.6.73']*

└ `@classCode`	cs	1 … 1	F	GRIC	

```xml
<asSpecializedKind classCode="GRIC">
  <generalizedMaterialKind classCode="MMAT">
    <!-- Pharmaceutical Substance (ATC Code)-->
    <code code=" " codeSystem="2.16.840.1.113883.6.73" displayName=" " codeSystemName="WHO ATC"/>
  </generalizedMaterialKind>
</asSpecializedKind>
```
(Example)

└ `pharm:generalizedMaterialKind`		1 … 1	M		(IPS...ent)
└ `@classCode`	cs	1 … 1	F	MMAT	
└ `pharm:code`	CD.IPS	1 … 1	R	The <code> element contains the ATC code of this medicine.	(IPS...ent)
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.29		

				IPS WHO ATC (DYNAMIC)	
	Example			`<code codeSystem="2.16.840.1.113883.6.73" code=" " displayName=" " codeSystemName="WHO ATC"/>`	
└ **pharm:name**			0 … *		(IPS...ent)
└ **pharm:asSpecializedKind**			0 … *	R	The Medicinal Product can be classified according to various classification systems, which may be jurisdictional or international. The classification system itself is specified using an appropriate identification system; the controlled term and the controlled term identifier shall be specified. When the IDMP Pharmaceutical Product Identifier(s) (PhPID Set) will become actually available for use, the PhPID will be represented by the generalizedMaterialKind/code element.	(IPS...ent)
└ **@classCode**	cs		1 … 1	F	GRIC

	Example			`<asSpecializedKind classCode="GRIC">`
				`  <generalizedMaterialKind classCode="MMAT">`
				`    <code code="PhPID_Lvl1" codeSystem="1.999.999" displayName="Pharmaceutical Product Name" codeSystemName="PhPID Level 1">`
				`      <name/>`
				`    </code>`
				`  </generalizedMaterialKind>`
				`</asSpecializedKind>`	

└ **pharm:generalizedMaterialKind**				R	(IPS...ent)
└ **@classCode**	cs		1 … 1	F	MMAT
└ **pharm:code**	CD.IPS		1 … 1	R	When the IDMP Pharmaceutical Product Identifier(s) (PhPID Set) will become actually available for use, this element will be used for representing the IDMP PhP Id. The level and the stratum of the PhPID will be distiguished by the OID of the code system.	(IPS...ent)
└ **pharm:name**			0 … *	R		(IPS...ent)

└ **pharm:ingredient**		0 ... *	R	This module provides the list of the ingredients (substances with a role) used for this product; one or more ingredients may be present. The classCode of "ACTI" indicates that this is an active ingredient.	(IPS...ent)
└ **@classCode**	cs	1 ... 1	R	
	CONF	The value of @classCode shall be drawn from value set 2.16.840.1.113883.1.11.10430 *RoleClassIngredientEntity* (DYNAMIC)		
└ **pharm:quantity**		1 ... 1	M	The medication strength is represented as the ratio of the active ingredient(s) to a unit of medication. The \<quantity\> element contains the numerator and denominator of the strength ratio.\</quantity\>	(IPS...ent)
	Example	\<quantity\>...\</quantity\>		
└ **hl7:numerator**	PQ	1 ... 1	R		(IPS...ent)
└ **@unit**	cs	1 ... 1	R	
	CONF	The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.30 *Medicine Strength Numerator* (DYNAMIC)		
└ **@value**		1 ... 1	R	
└ **hl7:denominator**	PQ	1 ... 1	R		(IPS...ent)
└ **@unit**	cs	1 ... 1	R	
	CONF	The value of @unit shall be drawn from value set 2.16.840.1.113883.11.22.31 *Medicine Strength Denominator* (DYNAMIC)		
└ **@value**		1 ... 1	R	
└ **pharm:ingredientSubstance**		1 ... 1	R		(IPS...ent)

└ **@classCode**	cs	**1 … 1**	F	MMAT	
└ **@determinerCode**	cs	**1 … 1**	F	KIND	
└ **pharm:code**	**CD.IPS** (extensible)	**0 … 1**	C	The IDMP ISO 11238 standard addresses the identification and exchange of regulated information on substances. The Global Ingredient Archival System (GInAS) will provide a <u>common global identifier</u> for all of the substances used in medicinal products, providing a definition of substances globally consistent with this standard. Those identifiers however are yet available for concrete usage, therefore in this version of the template, SNOMED CT has been chosen as reference terminology also for the active substances. This choice will be revised based on the availability and the maturity of GInAS.	(IPS...ent)

	CONF	The value of @code should be drawn from value set 2.16.840.1.113883.11.22.32 *IPS Medicine Active Substances* (DYNAMIC)

└ **hl7:originalText**	ED	**0 … ***			(IPS...ent)
└ **hl7:reference**	TEL	**0 … ***			(IPS...ent)
└ **hl7:translation**	CD	**0 … ***		This element can be used to provide alternative identifications for the described substance.	(IPS...ent)
└ **pharm:name**		**0 … 1**	C	Name of the substance	(IPS...ent)

Schematron assert	role	error
	test	pharm:code or pharm:name
	Message	Either the name or the code of the substance (or both) shall be provided

Included	**0 … ***	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)

└ **hl7:author**		**0 ... ***		(IPS...ent)
└ **hl7:templateId**	II	**1 ... 1**	M	(IPS...ent)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.14
└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1**	R	(IPS...ent)
└ **hl7:assignedAuthor**		**1 ... 1**	M	(IPS...ent)
└ **hl7:id**	II	**1 ... ***	R	(IPS...ent)
└ **hl7:code**		**0 ... 1**	R	(IPS...ent)

Choice		**0 ... 1**		Elements to choose from:
				  ▪ hl7:assignedPerson
				  ▪ hl7:assignedAuthoringDevice

└ **hl7:assignedPerson**		**0 ... 1**	C	(IPS...ent)
└ **@classCode**	cs	**0 ... 1**	F	PSN
└ **@determinerCode**	cs	**0 ... 1**	F	INSTANCE
└ **hl7:name**	PN	**1 ... ***	R	Name of the person (e.g. the Healthcare Professional) authoring this document (IPS...ent)

	Example	`<name>`
		  `<given>`John`</given>`
		  `<family>`Español Smith`</family>`
		`</name>`		

└ **hl7:family**		**1 ... ***	R	(IPS...ent)
└ **hl7:given**		**1 ... ***	R	(IPS...ent)

└ **hl7:assignedAuthoringDevice**		**0 ... 1**	**C**		(IPS...ent)

	Example			`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
				  `<softwareName displayName="Turriano"/>`
				`</assignedAuthoringDevice>`	

Included				from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 ... 1**	F	DEV	
└ **@determinerCode**	cs	**0 ... 1**	F	INSTANCE	
└ **hl7:code**	CE	**0 ... 1**			(IPS...ent)
└ **hl7:manufacturerModelName**	SC	**0 ... 1**			(IPS...ent)
└ **hl7:softwareName**	SC	**0 ... 1**			(IPS...ent)
└ **hl7:representedOrganization**		**0 ... 1**			(IPS...ent)
└ **hl7:id**	II	**0 ... ***			(IPS...ent)
└ **hl7:name**		**0 ... ***			(IPS...ent)
└ **hl7:telecom**	TEL	**0 ... ***			(IPS...ent)
└ **hl7:addr**	AD	**0 ... ***			(IPS...ent)
└ **hl7:entryRelationship**		**0 ... ***	**C**	Subordinate Substance Administration Statement as a component of the overall medication statement. Unless medications are unknown or known absent, at least one subordinated <substanceAdministration> has to be present to convey information about dosages (dose, frequency of intakes,..). Subordinated <substanceAdministration> elements can be also used either to handle split dosing, or to support combination medications.	(IPS...ent)

					Contains 2.16.840.1.113883.10.21.4.6 *UV Subordinate Substance Administration* (DYNAMIC)
└ **@typeCode**		cs	**1 … 1**	F	COMP

Constraint	At least one subordinate \<substanceAdministration\> element SHALL be present unless medications are unknown or known absent. \</substanceAdministration\>
Example	```xml<hl7:entryRelationship typeCode="COMP"> <!-- component: Subordinate Substance Administration Statement. --> <hl7:substanceAdministration classCode="SBADM" moodCode="EVN"> <hl7:templateId root="2.16.840.1.113883.10.22.4.33"/> <!-- .. --> </hl7:substanceAdministration> <hl7:sequenceNumber value="1"/></hl7:entryRelationship>```

└ **hl7:sequenceNumber**	INT	**0 … 1**	Sequence number of the Subordinate Substance Administration	(IPS...ent)

10.26 IPS ObservationMedia

Id	2.16.840.1.113883.10.22.4.23	**Effective Date**	2021-09-02 12:02:16 Other versions this id: ▪ ○ IPSObservationMedia as of 2017-04-06
Status	🟡 Draft	**Version Label**	2021
Name	IPSObservationMedia	**Display Name**	IPS ObservationMedia

Description
Template CDA ObservationMedia for IPS (prototype, directly derived from POCD_RM000040 MIF) This element is intended to carry a small multimedia content, like an image or a graph to be rendered in the body of the patient summary document.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.23
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	Uses 2 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.12.323	Containment	🟢 CDA Performer (Body)	DYNAMIC
	2.16.840.1.113883.10.12.318	Containment	🟢 CDA Author (Body)	DYNAMIC

Relationship	Version: template 2.16.840.1.113883.10.22.4.23 *IPS ObservationMedia* (2017-04-06) Adaptation: template 2.16.840.1.113883.10.12.304 *CDA ObservationMedia* (2005-09-07) `ref ad1bbr-`

Example	Example
| | ```xml
<observationMedia ID="Unique_String" moodCode="EVN" classCode="OBS">
  <!-- The rendering of the multimedia object in the body of the CDA document is triggered by a <renderMultiMedia refer-
encedObject="Unique_String"/>
in the narrative of the <section> -->
  <templateId root="2.16.840.1.113883.10.22.4.23"/>
  <value mediaType="image/png" representation="B64">content encoded in Base 64</value>
  <performer>
    <!-- template 2.16.840.1.113883.10.12.323 'CDA Performer (Body)' (dynamic) -->
  </performer>
  <author>
    <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' (dynamic) -->
  </author>
</observationMedia>
``` |

Item	DT	Card	Conf	Description	Label
hl7:observationMedia				This element must have an ID attribute to be referenced from a <renderMultime-dia> element in the narrative of the section</renderMultimedia>	(IPS...dia)
└ **@classCode**	cs	**0 ... 1**	F	OBS	
└ **@moodCode**	cs	**0 ... 1**	F	EVN	

└ **hl7:templateId**	II	**1 … 1 M**		(IPS...dia)
└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.4.23	
└ **hl7:languageCode**	CS	**0 … 1**		(IPS...dia)
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.4.642.3.21 *All Languages* (DYNAMIC)	
└ **hl7:value**	ED	**1 … 1 M**		(IPS...dia)
└ **@representation**	cs	**1 … 1** R		
└ **@mediaType**	cs	**1 … 1** R		
└ **hl7:performer**		**0 … 1**	Contains 2.16.840.1.113883.10.12.323 *CDA Performer (Body)* (DYNAMIC)	(IPS...dia)
└ **hl7:author**		**0 … ***	Contains 2.16.840.1.113883.10.12.318 *CDA Author (Body)* (DYNAMIC)	(IPS...dia)

10.27 IPS Pathology Result Observation

Id	2.16.840.1.113883.10.22.4.11	**Effective Date**	2024-08-04 11:10:42 Other versions this id: ▪ ○ IPSPathologyResultObservation as of 2017-03-21
Status	🟡 Draft	**Version Label**	STU2
Name	IPSPathologyResultObservation	**Display Name**	IPS Pathology Result Observation

Description

This template constrains the results of an anatomic pathology observation. The result observation includes a statusCode to allow recording the status of an observation. "Pending" results (e.g., a test has been run but results have not been reported yet) should be repnresented as "active" ActStatus.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.11
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses

Uses 2 templates

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
2.16.840.1.113883.10.22.4.22	Containment	🟠 IPS Comment Activity (STU1)	DYNAMIC

Relationship

Specialization: template 2.16.840.1.113883.10.22.4.11 *IPS Pathology Result Observation* (2017-03-21)
Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) ref ad1bbr-
Adaptation: template 2.16.840.1.113883.10.20.22.4.2 *Result Observation (V3)* (2015-08-01) ref ccda-
Adaptation: template 2.16.840.1.113883.10.22.4.10 *IPS Result Observation* (2017-03-02)

Example

Example

```xml
<observation classCode="OBS" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.11"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="44638-5" codeSystem="2.16.840.1.113883.6.1" displayName="Histologic type in Breast tumor by CAP cancer protocols">
    <statusCode code="completed"/>
    <effectiveTime>
      <low value="20171210085407"/>
    </effectiveTime>
    <value xsi:type="CD" code="399935008" displayName="Ductal carcinoma in situ - category (morphologic abnormality)" codeSys-
tem="2.16.840.1.113883.6.96"/>
    <methodCode code="104157003" displayName="Light microscopy" codeSystem="2.16.840.1.113883.6.96"/>
  </code>
</observation>
```

Item	DT	Card	Conf	Description	Label

hl7:observation					(IPS...ion)
└ **@classCode**	cs	**1 ... 1** F	OBS		
└ **@moodCode**	cs	**1 ... 1** F	EVN		
└ **hl7:templateId**	II	**1 ... 1 M**			(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.11		
└ **hl7:id**	II	**0 ... * R**			(IPS...ion)
└ **hl7:code**	**CD.IPS**	**1 ... 1 M**			(IPS...ion)
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.75 *IPS Results Laboratory/Pathology Observation* (DYNAMIC)		
└ **hl7:statusCode**	**CS**	**1 ... 1 M**			(IPS...ion)
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19890 *x_ActStatusActiveComplete* (DYNAMIC)		
└ **hl7:effectiveTime**	**IVL_TS**	**1 ... 1 R**			(IPS...ion)
Choice		**1 ... 1**	Elements to choose from: ▪ hl7:value[@xsi:type='CE.IPS'] ▪ hl7:value[@xsi:type='PQ'] ▪ hl7:value[@xsi:type='IVL_PQ'] ▪ hl7:value[@xsi:type='ST'] ▪ hl7:value[@xsi:type='TS'] ▪ hl7:value[@xsi:type='RTO_QTY_QTY']		

└ **hl7:value**	CE.IPS (extensible)	0 … 1 R	(IPS...ion)

where *[@xsi:type='CE.IPS']*

CONF	The value of @code should be drawn from value set 2.16.840.1.113883.11.22.74 *IPS Results Coded Values Laboratory/Pathology* (DYNAMIC)
Example	Result code: code '201' from code system 2.16.840.1.113883.2.4.4.30.1045 `<value xsi:type="CE" code="399935008" displayName="Ductal carcinoma in situ - category (morphologic abnormality)" codeSystem="2.16.840.1.113883.6.96"/>`
Example	Result code: code 'POS' from code system 2.16.840.1.113883.5.83 `<value xsi:type="CE" code="369790002" displayName="Nottingham Combined Grade I: 3-5 points (finding)" codeSystem="2.16.840.1.113883.6.96"/>`

└ **hl7:value**	PQ	0 … 1 R	(IPS...ion)

where *[@xsi:type='PQ']*

Constraint	If Observation/value is a physical quantity (xsi:type="PQ"), the unit of measure SHALL be selected from ValueSet UnitsOfMeasureCaseSensitive 2.16.840.1.113883.1.11.12839 DYNAMIC
Example	Result physical quantity (data type PQ): 136 mmol per liter `<value xsi:type="PQ" value="85" unit="%"/>`

└ **hl7:value**	IVL_PQ	0 … 1 R	(IPS...ion)

where *[@xsi:type='IVL_PQ']*

Example	Result interval of physical quantities (data type IVL_PQ): 150 - 400 Billion per 10 exp 9 liter
	`<value xsi:type="IVL_PQ">`
	`  <low value="150" unit="10+9/l"/>`
	`  <high value="400" unit="10+9/l"/>`
	`</value>`

└ **hl7:value**	ST	0 … 1 R	(IPS...ion)

where *[@xsi:type='ST']*

Example	Result free text (data type ST) `<value xsi:type="ST">This is a result as a free text</value>`

└ **hl7:value**	TS	0 … 1 R	(IPS...ion)

where *[@xsi:type='TS']*

	Example	Result time stamp (data type TS): 6-Aug-2014 `<value xsi:type="TS" value="20140806"/>`	
└ **hl7:value**	RTO_QTY_QTY	**0 ... 1 R**	(IPS...ion)
where *[@xsi:type='RTO_QTY_QTY']*			

	Example	Result ratio (data type RTO_QTY_QTY): 1/179
		`<value xsi:type="RTO_QTY_QTY">`
		`  <numerator xsi:type="INT" value="1"/>`
		`  <denominator xsi:type="INT" value="179"/>`
		`</value>`	

└ **hl7:interpretationCode**	CE.IPS	**0 ... 1 R**	(IPS...ion)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.78 *ObservationInterpretation* (DYNAMIC)	
Included		**0 ... * R**	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)
└ **hl7:author**		**0 ... * R**	(IPS...ion)
└ **hl7:templateId**	II	**1 ... 1 M**	(IPS...ion)
└ **@root**	uid	**1 ... 1 F**	2.16.840.1.113883.10.22.4.14
└ **hl7:time**	TS.IPS.TZ	**1 ... 1 R**	(IPS...ion)
└ **hl7:assignedAuthor**		**1 ... 1 M**	(IPS...ion)
└ **hl7:id**	II	**1 ... * R**	(IPS...ion)
└ **hl7:code**		**0 ... 1 R**	(IPS...ion)
			Elements to choose from:
Choice		**0 ... 1**	▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice

└ **h17:assignedPerson**		**0 ... 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 ... 1** F	PSN	
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	
└ **h17:name**	**PN**	**1 ... * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example		`<name>`
			`  <given>John</given>`
			`  <family>Español Smith</family>`
			`</name>`	

└ **h17:family**		**1 ... * R**		(IPS...ion)
└ **h17:given**		**1 ... * R**		(IPS...ion)
└ **h17:assignedAuthoringDevice**		**0 ... 1 C**		(IPS...ion)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			`  <softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`	

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 ... 1** F	DEV	
└ **@determinerCode**	cs	**0 ... 1** F	INSTANCE	
└ **h17:code**	CE	**0 ... 1**		(IPS...ion)
└ **h17:manufacturerModelName**	SC	**0 ... 1**		(IPS...ion)
└ **h17:softwareName**	SC	**0 ... 1**		(IPS...ion)
└ **h17:representedOrganization**		**0 ... 1**		(IPS...ion)

└ `hl7:id`	II	0 ... *		(IPS...ion)
└ `hl7:name`		0 ... *		(IPS...ion)
└ `hl7:telecom`	TEL	0 ... *		(IPS...ion)
└ `hl7:addr`	AD	0 ... *		(IPS...ion)
└ `hl7:referenceRange`		0 ... * R		(IPS...ion)
└ `hl7:observationRange`		1 ... 1 M		(IPS...ion)
└ `hl7:code`	CD	NP		(IPS...ion)
└ `hl7:value`	ANY	1 ... 1 M		(IPS...ion)
└ `hl7:interpretationCode`	CE	0 ... 1		(IPS...ion)
└ `@code`	CONF	0 ... 1 F	N	
└ `@codeSystem`		0 ... 1 F	2.16.840.1.113883.5.83 (Observation Interpretation)	
└ `hl7:entryRelationship`		0 ... *	Contains 2.16.840.1.113883.10.22.4.22 *IPS Comment Activity* (DYNAMIC)	(IPS...ion)
└ `@typeCode`	cs	1 ... 1 F	COMP	

10.28 IPS Planned Act

Id	2.16.840.1.113883.10.22.4.39	Effective Date	2022-07-15 13:55:11 Other versions this id:

			▪ ◯ IPSPlannedAct as of 2020-05-08 18:08:52

Status	🟡 Draft	**Version Label**	2022
Name	IPSPlannedAct	**Display Name**	IPS Planned Act

Description

This template represents a Planned Act. It may be a wrapper for intervention-type activities considered to be parts of the same intervention; or it could be used to describe planned acts not represented by the other care plan entry templates.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.39
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	**Uses 2 templates**			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.12.323	Containment	🟢 CDA Performer (Body)	DYNAMIC
	2.16.840.1.113883.10.12.318	Containment	🟢 CDA Author (Body)	DYNAMIC

Relationship	Version: template 2.16.840.1.113883.10.22.4.39 *IPS Planned Act* (2020-05-08 18:08:52) Adaptation: template 2.16.840.1.113883.2.9.10.1.6.62 *VPS Interventi, Prestazioni e Consulenze (Act)* (2017-05-23 09:24:54) `ref` `vpsee-`

Example	**Example**

	``xml
	<hl7:act classCode="ACT" moodCode="INT">
	  <hl7:templateId root="2.16.840.1.113883.10.22.4.39"/>
	  <hl7:id root="1.2.3.999" extension="--example only--"/>
	  <hl7:code/>
	  <hl7:text>
	    <hl7:reference value="--TODO--"/>
	  </hl7:text>
	  <hl7:statusCode code="normal"/>
	  <hl7:effectiveTime/>
	``

```
<hl7:performer>
  <!-- template 2.16.840.1.113883.2.9.10.1.6.44 'CDA Performer (Body)' (2017-05-04T18:46:37) -->
</hl7:performer>
<hl7:author>
  <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' (2005-09-07T00:00:00) -->
</hl7:author>
</hl7:act>
```

Item	DT	Card	Conf	Description	Label
hl7:act					(IPS...Act)
└ **@classCode**	cs	**1 ... 1**	F	ACT	
└ **@moodCode**	cs	**1 ... 1**	R		
	CONF			@moodCode shall be "INT" or @moodCode shall be "RQO" or @moodCode shall be "PRP"	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...Act)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.39	
└ **hl7:id**	II	**0 ... ***	R		(IPS...Act)
└ **hl7:code**	CD.IPS	**1 ... 1**	M		(IPS...Act)
└ **hl7:text**	ED	**0 ... 1**	R	The <text> element if present points to the text describing the problem being recorded; including any dates, comments, et cetera. The <reference> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.</reference> </text>	(IPS...Act)

	Example			`<text>`
				 `  <reference value="#problem-1"/>`
				 `</text>`	

└ **hl7:reference**	TEL	**1 ... 1 M**		(IPS...Act)
└ **@value**	url	**1 ... 1** R	When used it shall refer to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1	
└ **hl7:statusCode**	CS	**1 ... 1 M**		(IPS...Act)
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.15933 *ActStatus* (DYNAMIC)	
└ **hl7:effectiveTime**		**0 ... 1** R		(IPS...Act)
└ **hl7:performer**		**0 ... ***	Contains 2.16.840.1.113883.10.12.323 *CDA Performer (Body)* (DYNAMIC)	(IPS...Act)
└ **hl7:author**		**0 ... ***	Contains 2.16.840.1.113883.10.12.318 *CDA Author (Body)* (DYNAMIC)	(IPS...Act)

10.29 IPS Planned Encounter

Id	2.16.840.1.113883.10.22.4.40	**Effective Date**	2020-05-08 18:18:38
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSPlannedEncounter	**Display Name**	IPS Planned Encounter

Description

An Encounter is an interaction between a patient and care provider(s) for the purpose of providing healthcare-related service(s). Healthcare services include health assessment. Examples: outpatient visit to multiple departments, home health support (including physical therapy), inpatient hospital stay, emergency room visit, field visit (e.g., traffic accident), office visit, occupational therapy, or telephone call.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.40
Classification	CDA Entry Level Template

Open/Closed	Open (other than defined elements are allowed)
Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.14 *IHE Encounters* (2017-03-22 15:35:30) `ref IHE-PCC-` Adaptation: template 2.16.840.1.113883.10.20.1.25 (DYNAMIC) Adaptation: template 2.16.840.1.113883.10.20.1.21 *Encounter activity* (DYNAMIC) `ref ccd1-`

Example

```xml
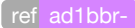<encounter classCode="ENC" moodCode="cs">
  <templateId root="1.3.6.1.4.1.19376.1.5.3.1.4.14"/>
  <templateId root="2.16.840.1.113883.10.20.1.21"/>
  <templateId root="2.16.840.1.113883.10.20.1.25"/>
  <id root="1.2.3.999" extension="--example only--"/>
  <code/>
  <text>
    <reference value="tel:+1-12345678"/>
  </text>
  <effectiveTime>
    <low value="20170413114059"/>
  </effectiveTime>
  <priorityCode/>
  <performer>
    <time/>
  </performer>
  <participant typeCode="LOC">
    <participantRole classCode="SDLOC"/>
    <id/>
    <code/>
    <addr/>
    <telecom/>
    <playingEntity classCode="PLC">
      <name/>
    </playingEntity>
  </participant>
</encounter>
```

Item	DT	Card	Conf	Description	Label
hl7:encounter					(IPS...ter)
└ **@classCode**	cs	**0 ... 1**	F	ENC	
└ **@moodCode**	cs	**1 ... 1**	R		

	CONF		@moodCode shall be "APT" or @moodCode shall be "ARQ" or @moodCode shall be "PRP"		
└ `hl7:templateId`	II	1 ... 1 M			(IPS...ter)
└ `@root`	uid	1 ... 1 F	2.16.840.1.113883.10.22.4.40		
└ `hl7:id`	II	0 ... * R			(IPS...ter)
└ `hl7:code`	CD	1 ... 1 R			(IPS...ter)
└ `hl7:text`	ED	0 ... 1 R	The \<text> element if present points to the text describing the problem being recorded; including any dates, comments, et cetera. The \<reference> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.\</reference>\</text>		(IPS...ter)

	Example		`<text>`
			  `<reference value="#problem-1"/>`
			`</text>`		

└ `hl7:reference`	TEL	1 ... 1 M			(IPS...ter)
└ `@value`	url	1 ... 1 R	When used it shall refer to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1		
└ `hl7:effectiveTime`	IVL_TS	0 ... 1			(IPS...ter)
└ `hl7:priorityCode`	CE	0 ... 1			(IPS...ter)
└ `hl7:performer`		0 ... *			(IPS...ter)
└ `hl7:time`		0 ... 1			(IPS...ter)
└ `hl7:participant`		0 ... *			(IPS...ter)

└ **@typeCode**	cs	**1 ... 1** F	LOC		
└ **hl7:participantRole**		**1 ... 1** M			(IPS...ter)
└ **@classCode**	cs	**1 ... 1** F	SDLOC		
└ **hl7:id**		**0 ... ***			(IPS...ter)
└ **hl7:code**		**0 ... 1**			(IPS...ter)
└ **hl7:addr**		**0 ... ***			(IPS...ter)
└ **hl7:telecom**		**0 ... ***			(IPS...ter)
└ **hl7:playingEntity**		**1 ... 1** M			(IPS...ter)
└ **@classCode**	cs	**1 ... 1** F	PLC		
└ **hl7:name**		**1 ... * R**			(IPS...ter)

10.30 IPS Planned Immunization

Id	2.16.840.1.113883.10.22.4.47	**Effective Date**	2020-05-08 17:29:18
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSPlannedImmunization	**Display Name**	IPS Planned Immunization
Description	A Planned Immunization entry describes the intent of administrating immunization substance.		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.47		

Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	**Associated with 3 concepts**		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-215	🟡 Product Administration Process	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-45	🟡 Immunization	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-53	🟡 Date of Immunization	🟡 CEN/TC 251 prEN 17269

Uses	**Uses 2 templates**			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.16	Include	🟡 IPS Immunization Medication Information (STU2)	DYNAMIC
	2.16.840.1.113883.10.12.318	Containment	🟢 CDA Author (Body)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.10.22.4.15 *IPS Immunization* (2017-03-08)
	Adaptation: template 2.16.840.1.113883.10.12.308 *CDA SubstanceAdministration* (2005-09-07) `ref ad1bbr-`
	Adaptation: template 2.16.840.1.113883.10.20.22.4.52 *Immunization Activity (V3)* (2015-08-01) `ref ccda-`

Example	**Example**

```xml
<substanceAdministration classCode="SBADM" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.15"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="IMMUNIZ" displayName="Immunization" codeSystem="2.16.840.1.113883.5.4"/>
  <statusCode code="completed"/>
  <effectiveTime value="20170721082737"/>
  <consumable>
    <!-- template 2.16.840.1.113883.10.22.4.16 'IPS Immunization Medication Information' (dynamic) -->
  </consumable>
  <author>
    <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' (dynamic) -->
  </author>
```

	</substanceAdministration>				

Item	DT	Card	Conf	Description	Label
hl7:substanceAdministration					(IPS...ion)
		◉ hl7ips-dataelement-215 hl7ips-dataelement-45		🟡 Product Administration Process 🟡 Immunization	🟡 CEN/TC 251 prEN 17269 🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**1 ... 1** F		SBADM	
└ **@moodCode**	cs	**1 ... 1** R			
	CONF			@moodCode shall be "INT" or @moodCode shall be "RQO" or @moodCode shall be "PRP"	
└ **hl7:templateId**	II	**1 ... 1** M			(IPS...ion)
└ **@root**	uid	**1 ... 1** F		2.16.840.1.113883.10.22.4.47	
└ **hl7:id**	II	**0 ... ***			(IPS...ion)
└ **hl7:code**	CV.IPS	**1 ... 1** M			(IPS...ion)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19709 *ActSubstanceAdministrationImmunizationCode* (DYNAMIC)	
└ **hl7:text**	ED	**0 ... 1** R		The <text> element if present points to the text describing the problem being recorded; including any dates, comments, et cetera. The <reference> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.</reference></text>	(IPS...ion)
	Example			<text>	

		`<reference value="#problem-1"/>` `</text>`	
└ **hl7:reference**	**TEL**	**1 ... 1 M**	(IPS...ion)
└ **@value**	url	**1 ... 1** R	When used it shall refer to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1
└ **hl7:statusCode**	**CS**	**1 ... 1 M**	(IPS...ion)
└ **@code**	CONF	**1 ... 1** F	completed
└ **hl7:effectiveTime**	**TS**	**0 ... 1** R	(IPS...ion)
	◎ hl7ips-dataelement-53	🟡 Date of Immunization	🟡 CEN/TC 251 prEN 17269
	Example	`<effectiveTime value="20170322"/>`	
└ **hl7:consumable**		**1 ... 1 M**	(IPS...ion)
Included		from 2.16.840.1.113883.10.22.4.16 *IPS Immunization Medication Information* (DYNAM-IC)	
└ **hl7:manufacturedProduct**			(IPS...ion)
	◎ hl7ips-dataelement-54	🟡 Product Administered	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**1 ... 1** F	MANU
└ **hl7:templateId**	**II**	**1 ... 1 M**	(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.16
└ **hl7:manufacturedMaterial**		**1 ... 1 M**	(IPS...ion)
└ **hl7:code**	**CD.IPS** (preferred)	**1 ... 1** R	(IPS...ion)
	◎ hl7ips-dataelement-46	🟡 Immunizations Content Status	🟡 CEN/TC 251 prEN 17269

		hl7ips-dataelement-52	🟡 Vaccine for type of disease	🟡 CEN/TC 251 prEN 17269	
	CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.44 *IPS Vaccines* (DYNAMIC)			
└ **hl7:translation**	CE	**0 ... ***			(IPS...ion)
	CONF	shall be drawn from concept domain "Product Code"			
└ **hl7:translation**	CE	**0 ... 1**	candidate: for when WHO ATC code system is preferred		(IPS...ion)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.78 *IPS Vaccines WHO ATC* (DYNAMIC)			
└ **hl7:lotNumberText**	ST	**0 ... 1**			(IPS...ion)
└ **hl7:manufacturerOrganization**		**0 ... 1 R**	Contains 2.16.840.1.113883.10.22.9.1 *IPS CDA Organization* (DYNAMIC)		(IPS...ion)
└ **hl7:author**		**0 ... * R**	Contains 2.16.840.1.113883.10.12.318 *CDA Author (Body)* (DYNAMIC)		(IPS...ion)

10.31 IPS Planned Observation

Id	2.16.840.1.113883.10.22.4.41	**Effective Date**	2020-05-08 18:34:42
Status	🟡 Under pre-publication review	**Version Label**	TI-2020
Name	IPSPlannedObservation	**Display Name**	IPS Planned Observation
Description	The observation request entry is used to record goals, plans or intention for an observation to be performed (e.g., assessment, laboratory test, imaging study, et cetera).		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.41		

Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)
Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.1.20.3.1 *IHE Observation Request* (2017-03-22 08:43:03) ref IHE-PCC- Adaptation: template 2.16.840.1.113883.10.20.1.25 (DYNAMIC)
| Example | **Example**<br><br>```xml
<cda:observation classCode="OBS" moodCode="INT">
  <cda:templateId root="2.16.840.1.113883.10.22.4.41"/>
  <cda:id root="1.2.3.999" extension="--example only--"/>
  <cda:code/>
  <cda:text>
    <cda:reference value="--TODO--"/>
  </cda:text>
  <cda:text>
    <cda:reference value="tel:+1-12345678"/>
  </cda:text>
  <cda:statusCode/>
  <cda:effectiveTime>
    <cda:low value="20200510122615"/>
  </cda:effectiveTime>
  <cda:value xsi:type="ANY"/>
  <cda:methodCode/>
  <cda:targetSiteCode/>
  <cda:author/>
</cda:observation>
``` |

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@classCode**	cs	1 ... 1	F	OBS	
└ **@moodCode**	cs	1 ... 1	R		
			CONF	@moodCode shall be "INT" or @moodCode shall be "PRP" or	

		@moodCode shall be "GOL"		
└ **hl7:templateId**	II	**1 ... 1** M		(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.41	
└ **hl7:id**	II	**0 ... *** R		(IPS...ion)
└ **hl7:code**	CD	**1 ... 1** R		(IPS...ion)
└ **hl7:text**	ED	**0 ... 1** R	The \<text\> element if present points to the text describing the problem being recorded; including any dates, comments, et cetera. The \<reference\> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.\</reference\>\</text\>	(IPS...ion)

	Example		`<text>`
			  `<reference value="#problem-1"/>`
			`</text>`	

└ **hl7:reference**	TEL	**1 ... 1** M		(IPS...ion)
└ **@value**	url	**1 ... 1** R	When used it shall refer to the narrative, typically #{label}–{generated-id}, e.g. #xxx-1	
└ **hl7:statusCode**	CS	**1 ... 1** M		(IPS...ion)
└ **hl7:effectiveTime**	IVL_TS	**0 ... 1** R		(IPS...ion)
└ **hl7:value**	ANY	**0 ... ***		(IPS...ion)
└ **hl7:methodCode**	CE	**0 ... ***		(IPS...ion)
└ **hl7:targetSiteCode**	CD	**0 ... ***		(IPS...ion)
└ **hl7:author**		**0 ... ***		(IPS...ion)

10.32 IPS Planned Procedure

Id	2.16.840.1.113883.10.22.4.38	Effective Date	2020-05-08 17:38:48
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSPlannedProcedure	**Display Name**	IPS Planned Procedure

Description	The procedure entry is used to record procedures which are planned for in the future.
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.38
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 5 concepts		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-216	🟠 Body site	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-44	🟠 Procedures Content Status	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-47	🟠 Procedure	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-48	🟠 Procedure date	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-49	🟠 Procedure code	🟠 CEN/TC 251 prEN 17269

Uses	Uses 1 template			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.31	Containment	🟠 IPS Internal Reference (STU1)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.10.22.4.17 *IPS Procedure Entry* (2017-03-27) Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.19 *IHE Procedure Entry* (2016-09-28 10:37:28) ref IHE-PCC-

	Adaptation: template 2.16.840.1.113883.10.12.306 *CDA Procedure* (2005-09-07) `ref ad1bbr-`

Example	**Example**
	
	``xml
	<cda:procedure classCode="PROC" moodCode="INT">
	  <cda:templateId root="2.16.840.1.113883.10.22.4.38"/>
	  <cda:id root="1.2.3.999" extension="--example only--"/>
	  <cda:code/>
	  <cda:text>
	    <cda:reference value="value"/>
	  </cda:text>
	  <cda:statusCode code="completed"/>
	  <cda:effectiveTime>
	    <cda:low value="20200510123032"/>
	  </cda:effectiveTime>
	  <cda:targetSiteCode/>
	  <cda:entryRelationship typeCode="COMP" inversionInd="true">
	    <!-- template 2.16.840.1.113883.10.22.4.31 'IPS Internal Reference' (2017-05-02T00:00:00) -->
	  </cda:entryRelationship>
	</cda:procedure>
	``

Item	DT	Card	Conf	Description	Label
hl7:procedure					(IPS...ure)
				◎ hl7ips-dataelement-47 🟡 Procedure 🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	1 ... 1	F	PROC	
└ **@moodCode**	cs	1 ... 1	R		
	CONF			@moodCode shall be "INT" or @moodCode shall be "RQO"	
└ **hl7:templateId**	II	1 ... 1	M		(IPS...ure)
└ **@root**	uid	1 ... 1	F	2.16.840.1.113883.10.22.4.38	
└ **hl7:id**	II	0 ... *	R		(IPS...ure)

└ **hl7:code**	CD.IPS (preferred) **1 ... 1 R**		(IPS...ure)

◎ hl7ips-dataelement-44	🟡 Procedures Content Status	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-49	🟡 Procedure code	🟡 CEN/TC 251 prEN 17269

CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.35 *IPS Procedures* (DYNAMIC)

└ **hl7:text**	ED	**0 ... 1 R**	The \<text> element if present points to the text describing the data being recorded; including any dates, comments, et cetera. The \<reference> contains a URI in value attribute. This URI points to the free text description of the element (problem, procedure,...) in the document that is being described.\</reference>\</text>	(IPS...ure)
└ **hl7:reference**	TEL	**1 ... 1 M**		(IPS...ure)
└ **@value**	url	**1 ... 1** R	When used it shall refer to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1	
└ **hl7:statusCode**	CS	**1 ... 1 M**		(IPS...ure)

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.22 *ActStatusActiveCompletedAbortedCancelled* (DYNAMIC)

└ **hl7:effectiveTime**	IVL_TS	**0 ... 1**	(IPS...ure)

◎ hl7ips-dataelement-48	🟡 Procedure date	🟡 CEN/TC 251 prEN 17269

└ **hl7:targetSiteCode**	CD.IPS (preferred) **0 ... ***		(IPS...ure)

◎ hl7ips-dataelement-216	🟡 Body site	🟡 CEN/TC 251 prEN 17269

CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.55 *IPS Body Site* (DYNAMIC)

└ **hl7:entryRelationship**	**0 ... ***	Contains 2.16.840.1.113883.10.22.4.31 *IPS Internal Reference* (DYNAMIC) (IPS...ure)

└ **@typeCode**	cs	**1 … 1** F	COMP	
└ **@inversionInd**	bl	**1 … 1** F	true	

10.33 IPS Pregnancy Expected Delivery Date Observation

Id	2.16.840.1.113883.10.22.4.29	**Effective Date**	2024-08-04 11:02:42 Other versions this id: • ○ IPSPregnancyExpectedDeliveryDateObservation as of 2017-04-13
Status	🟡 Draft	**Version Label**	STU2
Name	IPSPregnancyExpectedDeliveryDateObservation	**Display Name**	IPS Pregnancy Expected Delivery Date Observation

Description

This observation records the Pregnancy Expected Delivery Date for pregnant patients, expressed as a time stamp.

The code reflects the method (operationalisation) of how the date was determined, e.g. clinically estimated, estimated from last menstruation date or last ovulation date.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.29
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)
Associated with	Associated with 1 concept

	Id	Name	Data Set
	hl7ips-dataelement-213	🟡 Expected delivery date	🟡 CEN/TC 251 prEN 17269
Relationship	Specialization: template 2.16.840.1.113883.10.22.4.29 *IPS Pregnancy Expected Delivery Date Observation* (2017-04-13) Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 *Pregnancy Observation* (2013-12-20) ref epsos- Adaptation: template 2.16.840.1.113883.10.20.1.33 *Social history observation* (DYNAMIC) ref ccd1-		

Example

```xml
<observation typeCode="OBS" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.29"/>
  <code code="11778-8" codeSystem="2.16.840.1.113883.6.1" displayName="Delivery date estimated (clinical)" codeSystemName="LOINC">
    <text>
      <reference value="#xxx"/>
    </text>
    <statusCode code="completed"/>
    <effectiveTime value="20160819"/>
    <value xsi:type="TS" value="20170414"/>
  </code>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation			R		(IPSPregnancyExpectedDeliveryDateObservation)
└ **hl7:templateId**	II	1 … 1	M		(IPSPregnancyExpectedDeliveryDateObservation)
└ **@root**	uid	1 … 1	F	2.16.840.1.113883.10.22.4.29	
└ **hl7:code**	CD.IPS	1 … 1	M		(IPSPregnancyExpectedDeliveryDateObservation)
		CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.72 *IPS Pregnancy Expected Delivery Date Method* (DYNAMIC)	
└ **hl7:statusCode**	CS	1 … 1	R		(IPSPregnancyExpectedDeliveryDateObservation)

└ `@code`	CONF	0 … 1 F	completed	
└ `hl7:effectiveTime`	IVL_TS	0 … 1 R	The effectiveTime, also referred to as the "biologically relevant time" is the time at which the observation holds for the patient. For a provider seeing a patient in the clinic today, observing a history of heart attack that occurred five years ago, the effectiveTime is five years ago.	(IPSPregnancyExpectedDeliveryDateObservation)
└ `hl7:value`	TS	1 … 1 R		(IPSPregnancyExpectedDeliveryDateObservation)
	🎯 hl7ips-dataelement-213		🟡 Expected delivery date	🟡 CEN/TC 251 prEN 17269

10.34 IPS Pregnancy Observation

Id	2.16.840.1.113883.10.22.4.36	**Effective Date**	2020-05-07 18:36:37
Status	🟡 Under pre-publication review	**Version Label**	TI-2020
Name	IPSPregnancyObservation	**Display Name**	IPS Pregnancy Observation
Description	A pregnancy observation is a Simple Observation that uses a specific vocabulary to record observations about a patient's current or historical pregnancies.		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.36		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		
Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 *IHE Pregnancy Observation* (2016-10-21 14:59:35) `ref IHE-PCC-` Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) `ref ad1bbr-` Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.13 *IHE Simple Observation* (2016-09-26 08:43:40) `ref IHE-PCC-`		

<table>
<tr><td rowspan="2">Example</td><td>Example</td></tr>
<tr><td>

```
<cda:observation moodCode="EVN">
  <cda:templateId root="2.16.840.1.113883.10.22.4.36"/>
  <cda:code codeSystem="2.16.840.1.113883.6.1"/>
  <cda:statusCode code="completed"/>
  <cda:value xsi:type="ANY"/>
</cda:observation>
```

</td></tr>
</table>

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@moodCode**	cs	**1 ... 1** F		EVN	
└ **hl7:templateId**	II	**1 ... 1** R			(IPS...ion)
└ **@root**	uid	**1 ... 1** F		2.16.840.1.113883.10.22.4.36	
└ **hl7:code**	CD.IPS	**1 ... 1** M			(IPS...ion)
└ **@codeSystem**	oid	**1 ... 1** F		2.16.840.1.113883.6.1	
└ **hl7:statusCode**	CS	**1 ... 1** R			(IPS...ion)
└ **@code**	CONF	**0 ... 1** F		completed	
└ **hl7:effectiveTime**	IVL_TS	**0 ... 1** R		The effectiveTime, also referred to as the "biologically relevant time" is the time at which the observation holds for the patient. For a provider seeing a patient in the clinic today, observing a history of heart attack that occurred five years ago, the effectiveTime is five years ago.	(IPS...ion)
└ **hl7:value**	ANY	**1 ... *** R			(IPS...ion)

10.35 IPS Pregnancy Outcome Observation

Id	2.16.840.1.113883.10.22.4.28	Effective Date	2017-04-13
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSPregnancyOutcomeObservation	Display Name	IPS Pregnancy Outcome Observation

Description	A pregnancy outcome observation records a summary over all pregnancies.
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.28
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

	Associated with 1 concept		
Associated with	**Id**	**Name**	**Data Set**
	hl7ips-dataelement-214	🟠 Summary Metric	🟠 CEN/TC 251 prEN 17269

Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 *Pregnancy Observation* (2013-12-20) `ref epsos-` Adaptation: template 2.16.840.1.113883.10.20.1.33 *Social history observation* (DYNAMIC) `ref ccd1-`

Example

Example

```xml
<observation>
  <templateId root="2.16.840.1.113883.10.22.4.28"/>
  <code code="11636-8" displayName="[#] Births.live" codeSystem="2.16.840.1.113883.6.1"/>
  <statusCode code="completed"/>
  <value value="1"/>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation			**R**		(IPS...ion)

└ `hl7:templateId`	II	**1 ... 1 M**		(IPS...ion)
└ `@root`	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.28	
└ `hl7:code`	CD.IPS	**1 ... 1 M**		(IPS...ion)
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.21 *IPS Pregnancies Summary* (DYNAMIC)	
└ `hl7:statusCode`	CS	**1 ... 1 R**		(IPS...ion)
└ `@code`	CONF	**0 ... 1** F	completed	
└ `hl7:value`	INT	**1 ... 1 R**		(IPS...ion)
	◎ hl7ips-dataelement-214	🟡 Summary Metric	🟡 CEN/TC 251 prEN 17269	

10.36 IPS Pregnancy Status Observation

Id	2.16.840.1.113883.10.22.4.27	**Effective Date**	2020-07-14 16:31:53 Other versions this id: ▪ ◯ IPSPregnancyStatusObservation as of 2020-07-14 16:31:28 ▪ ◯ IPSPregnancyStatusObservation as of 2020-05-07 19:22:01 ▪ ◯ IPSPregnancyStatusObservation as of 2017-04-13
Status	🟡 Draft	**Version Label**	2021

Name	IPSPregnancyStatusObservation	Display Name	IPS Pregnancy Status Observation

Description	A pregnancy status observation records whether the patient is currently pregnant or not. If pregnant, an Expected Delivery Date may be specified as an subordinate observation.
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.27
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with

Associated with 3 concepts

Id	Name	Data Set
hl7ips-dataelement-211	🟡 Date of Observation	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-212	🟡 Pregnancy State	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-213	🟡 Expected delivery date	🟡 CEN/TC 251 prEN 17269

Uses

Uses 1 template

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.29	Containment	🟡 IPS Pregnancy Expected Delivery Date Observation (STU2)	DYNAMIC

Relationship	Version: template 2.16.840.1.113883.10.22.4.27 *IPS Pregnancy Status Observation* (2020-05-07 19:22:01) Version: template 2.16.840.1.113883.10.22.4.27 *IPS Pregnancy Status Observation* (2017-04-13) Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.13.5 *Pregnancy Observation* (2013-12-20) `ref epsos-` Adaptation: template 2.16.840.1.113883.10.20.1.33 *Social history observation* (DYNAMIC) `ref ccd1-`

Example

Example

```xml
<observation>
  <templateId root="2.16.840.1.113883.10.22.4.27"/>
  <code code="82810-3" codeSystem="2.16.840.1.113883.6.1"/>
  <statusCode code="completed"/>
```

```
<value value="false"/>
<entryRelationship typeCode="COMP">
  <!-- template 2.16.840.1.113883.10.22.4.29 'IPS Pregnancy Expected Delivery Date Observation' (dynamic) -->
</entryRelationship>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation			R		(IPS...ion)
└ **hl7:templateId**	II	**1 ... 1**	**M**		(IPS...ion)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.27	
└ **hl7:code**	**CD.IPS** (extensible)	**1 ... 1**	**M**		(IPS...ion)
└ **@code**	CONF	**1 ... 1**	F	82810-3	
└ **@codeSystem**		**1 ... 1**	F	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:statusCode**	CS	**1 ... 1**	R		(IPS...ion)
└ **@code**	CONF	**0 ... 1**	F	completed	
└ **hl7:effectiveTime**	IVL_TS	**1 ... 1**	R	The effectiveTime, also referred to as the "biologically relevant time" is the time at which the observation holds for the patient. For a provider seeing a patient in the clinic today, observing a history of heart attack that occurred five years ago, the effectiveTime is five years ago.	(IPS...ion)
	◉ hl7ips-dataelement-211			🟡 Date of Observation 🟡 CEN/TC 251 prEN 17269	
└ **hl7:value**	**CE.IPS** (required)	**1 ... 1**	R		(IPS...ion)
	◉ hl7ips-dataelement-212			🟡 Pregnancy State 🟡 CEN/TC 251 prEN 17269	
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.68 *IPS Pregnancy Status* (DYNAMIC)	

└ **hl7:entryRelationship**		**0 ... 1 R**	Contains 2.16.840.1.113883.10.22.4.29 *IPS Pregnancy Expected Delivery Date Observation* (DYNAMIC)	(IPS...ion)
	◎ hl7ips-dataelement-213		🟡 Expected delivery date	🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	**1 ... 1 F**	COMP	

10.37 IPS Problem Concern Entry

Id	2.16.840.1.113883.10.22.4.7	**Effective Date**	2021-08-04 08:49:27 Other versions this id: ▪ ○ IPSProblemConcernEntry as of 2017-02-15
Status	🟡 Draft	**Version Label**	2021
Name	IPSProblemConcernEntry	**Display Name**	IPS Problem Concern Entry

Description

This template reflects an ongoing concern on behalf of the provider that placed the concern on a patient's problem list.

The purpose of the concern act is that of supporting the tracking of a problem or a condition.

There are different kinds of status that could be related to a condition:

▪ The status of the concern (active, inactive,..)

▪ The status of the condition (e.g. active, inactive, resolved,..)

- The confirmation status [clinical workflow status, certainty] (e.g. confirmed, likely, unlikely,…)

Not all of them can be represented in a CDA using the statusCode elements of the concern (ACT) and observation (condition).

So long as the underlying conditions are of concern to the provider (i.e., as long as the condition, whether active or resolved, is of ongoing concern and interest to the provider), the statusCode is "active".
Only when the underlying conditions are no longer of concern is the statusCode set to "completed".

The effectiveTime reflects the time that the underlying condition was felt to be a concern; it may or may not correspond to the effectiveTime of the condition (e.g., even five years later, the clinician may remain concerned about a prior heart attack).
The effectiveTime/low of the Problem Concern Act asserts when the concern became active. This equates to the time the concern was authored in the patient's chart.
The effectiveTime/high asserts when the concern become inactive, and it is present if the statusCode of the concern act is "completed".

A Problem Concern Act can contain many Problem Observations.

The many Problem Observations nested under a Problem Concern Act reflect the change in the clinical understanding of a condition over time. For instance, a Concern may initially contain a Problem Observation of "chest pain":

- Problem Concern 1

--- Problem Observation: Chest Pain

Later, a new Problem Observation of "esophagitis" will be added, reflecting a better understanding of the nature of the chest pain. The later problem observation will have a more recent author time stamp.

- Problem Concern 1

--- Problem Observation (author/time Jan 3, 2012): Chest Pain

--- Problem Observation (author/time Jan 6, 2012): Esophagitis

Many systems display the nested Problem Observation with the most recent author time stamp, and provide a mechanism for viewing prior observations.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.7
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	Uses 1 template			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.8	Containment	🟡 IPS Problem Entry (2021)	DYNAMIC

| **Relationship** | Version: template 2.16.840.1.113883.10.22.4.7 *IPS Problem Concern Entry* (2017-02-15)
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.5.1 *IHE Concern Entry* (DYNAMIC) `ref` `IHE-PCC-`
Adaptation: template 2.16.840.1.113883.10.20.1.27 *Problem act* (DYNAMIC) `ref` `ccd1-`
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.5.2 *eHDSI Problem Concern* (DYNAMIC) `ref` `epsos-` |

| **Example** | **Active Concern with several conditions** |

```xml
<act classCode="ACT" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.7"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="CONC" codeSystem="2.16.840.1.113883.5.6"/>
  <statusCode code="active"/>
  <effectiveTime>
    <low value="20170309"/>
  </effectiveTime>
  <entryRelationship typeCode="SUBJ" inversionInd="false">
    <!-- template 2.16.840.1.113883.10.22.4.8 'IPS Problem Entry' (dynamic) -->
    <!-- A condition could be active, inactive,.... -->
```

```
                </entryRelationship>
                <entryRelationship typeCode="SUBJ" inversionInd="false">
                  <!-- template 2.16.840.1.113883.10.22.4.8 'IPS Problem Entry' (dynamic) -->
                </entryRelationship>
              </act>
```

Concern no longer tracked

```
<act classCode="ACT" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.7"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="CONC" codeSystem="2.16.840.1.113883.5.6"/>
  <statusCode code="completed"/>
  <effectiveTime>
    <low value="20161210"/>
    <low value="20170309"/>
  </effectiveTime>
  <entryRelationship typeCode="SUBJ" inversionInd="false">
    <!-- template 2.16.840.1.113883.10.22.4.8 'IPS Problem Entry' (dynamic) -->
  </entryRelationship>
</act>
```

Example

Item	DT	Card	Conf	Description	Label
hl7:act			**R**		(IPS...try)
└ **@classCode**	cs	**1 ... 1** F		ACT	
└ **@moodCode**	cs	**1 ... 1** F		EVN	
└ **hl7:templateId**	II	**1 ... 1** M			(IPS...try)
└ **@root**	uid	**1 ... 1** F		2.16.840.1.113883.10.22.4.7	
└ **hl7:id**	II	**0 ... *** R			(IPS...try)
└ **hl7:code**	CD	**1 ... 1** M			(IPS...try)
└ **@code**		**1 ... 1** F		CONC	

└ **@codeSystem**			1 … 1 F	2.16.840.1.113883.5.6	
└ **hl7:statusCode**		CS	1 … 1 R	So long as the underlying conditions are of concern to the provider (i.e., as long as the condition, whether active or resolved, is of ongoing concern and interest to the provider), the statusCode is "**active**". Only when the underlying conditions are no longer of concern is the statusCode set to "**completed**".	(IPS…try)
		CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19890 *x_ActStatusActive-Complete* (DYNAMIC)	
└ **hl7:effectiveTime**		IVL_TS	1 … 1 M		(IPS…try)
└ **hl7:low**		IVXB_TS	1 … 1 R	This element asserts when the concern became active. This equates to the time the concern was authored in the patient's chart and the author started tracking this concern.	(IPS…try)
└ **hl7:high**		IVXB_TS	0 … 1 C	This element asserts when the clinician deemed there is no longer any need to track the underlying conditions.	(IPS…try)
		Constraint		If the statusCode is completed this element is required	
└ **hl7:entryRelationship**			1 … * R	Contains 2.16.840.1.113883.10.22.4.8 *IPS Problem Entry* (DYNAMIC)	(IPS…try)
└ **@typeCode**		cs	1 … 1 F	SUBJ	
└ **@inversionInd**		bl	0 … 1 F	false	

10.38 IPS Problem Entry

Id	2.16.840.1.113883.10.22.4.8	Effective Date	2024-08-04 11:06:03 Other versions this id:

			▪ ◯ IPSProblemEntry as of 2021-08-04 08:52:52
			▪ ◯ IPSProblemEntry as of 2017-02-15
Status	🟡 Draft	**Version Label**	2021
Name	IPSProblemEntry	**Display Name**	IPS Problem Entry

Description

This template reflects a discrete observation about a patient's problem. Because it is a discrete observation, it will have a statusCode of "completed". The effectiveTime, also referred to as the "biologically relevant time" is the time at which the observation holds for the patient. For a provider seeing a patient in the clinic today, observing a history of heart attack that occurred five years ago, the effectiveTime is five years ago.

The effectiveTime of the Problem Observation is the definitive indication of whether or not the underlying condition is resolved. If the problem is known to be resolved, then an effectiveTime/high would be present. If the date of resolution is not known, then effectiveTime/high will be present with a nullFlavor of "UNK".

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.8
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 12 concepts		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-101	🟡 Problem type	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-115	🟡 Problem content status	🟠 CEN/TC 251 prEN 17269

	hl7ips-dataelement-127	🟠 Onset date	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-128	🟡 Severity	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-131	🟡 Diagnosis	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-136	🟡 Severity	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-140	🟡 Problem	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-209	🟡 Health condition / Problem	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-210	🟡 Problem Type	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-32	🟡 Onset Date	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-34	🟡 Date resolved	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-36	🟡 Diagnosis	🟠 CEN/TC 251 prEN 17269

Uses 3 templates

Uses	as	Name	Version
Uses			
2.16.840.1.113883.10.22.4.25	Containment	🟠 IPS Severity Observation (STU1)	DYNAMIC
2.16.840.1.113883.10.22.4.19	Containment	🟡 IPS Certainty Observation (STU1)	DYNAMIC
2.16.840.1.113883.10.22.4.20	Containment	🟠 IPS Problem Status Observation (STU1)	2017-03-29

Relationship	Specialization: template 2.16.840.1.113883.10.22.4.8 *IPS Problem Entry* (2021-08-04 08:52:52)
	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.5 *IHE Problem Entry* (DYNAMIC) ref ch-pcc-

Example	**Active Problem**
	
	``xml
	<observation classCode="OBS" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.8"/>
	  <id root="1.2.3.999" extension="__example only__"/>
	  <code code="75326-9" codeSystem="2.16.840.1.113883.6.1" displayName="Problem">
	    <text>
	      <reference value="#problem-1"/>
	    </text>
	    <statusCode code="completed"/>
	    <effectiveTime>
	      <low value="20100507"/>
	    </effectiveTime>
	    <value code="38341003" displayName="Hypertensive disorder, systemic arterial (disorder)" codeSys-
	tem="2.16.840.1.113883.6.96"/>
	    <entryRelationship typeCode="SUBJ" inversionInd="true">
	      <!-- template 2.16.840.1.113883.10.22.4.25 'IPS Severity Observation' (dynamic) -->
	    </entryRelationship>
	    <entryRelationship typeCode="SUBJ" inversionInd="true">
	      <!-- template 2.16.840.1.113883.10.22.4.19 'IPS Certainty Observation' (dynamic) -->
	    </entryRelationship>
	    <entryRelationship typeCode="REFR" inversionInd="false">
	      <!-- template 2.16.840.1.113883.10.22.4.20 'IPS Problem Status Observation' (2017-03-29T00:00:00) -->
	      <!-- this referred observation should report that the condition is still active -->
	    </entryRelationship>
	  </code>
	</observation>
	``

Example	**Closed Problem (resolution date known)**
	
	``xml
	<observation classCode="OBS" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.8"/>
	  <id root="1.2.3.999" extension="__example only__"/>
	  <code code="75326-9" codeSystem="2.16.840.1.113883.6.1" displayName="Problem">
	    <statusCode code="completed"/>
	    <effectiveTime>
	      <low value="2010"/>
	      <high value="2015"/>
	    </effectiveTime>
	    <value code="38341003" displayName="Hypertensive disorder, systemic arterial (disorder)" codeSys-
	tem="2.16.840.1.113883.6.96"/>
	    <entryRelationship typeCode="SUBJ" inversionInd="true">
	      <!-- template 2.16.840.1.113883.10.22.4.25 'IPS Severity Observation' (dynamic) -->
	    </entryRelationship>
	    <entryRelationship typeCode="SUBJ" inversionInd="true">
	      <!-- template 2.16.840.1.113883.10.22.4.19 'IPS Certainty Observation' (dynamic) -->
	    </entryRelationship>
	    <entryRelationship typeCode="REFR" inversionInd="false">
	``

```
                    <!-- template 2.16.840.1.113883.10.22.4.20 'IPS Problem Status Observation' (2017-03-29T00:00:00) -->
                    <!-- this referred observation should report that the condition is resolved -->
                  </entryRelationship>
                </code>
              </observation>
```

Example	**Known absent problems** ```<observation classCode="OBS" moodCode="EVN">` ` <templateId root="2.16.840.1.113883.10.22.4.8"/>` ` <id root="1.2.3.999" extension="__example only__"/>` ` <code code="75326-9" codeSystem="2.16.840.1.113883.6.1" displayName="Problem">` ` <statusCode code="completed"/>` ` <effectiveTime>` ` <low nullFlavor="NI"/>` ` </effectiveTime>` ` <value code="no-known-problems" displayName="No known problems" codeSystem="2.16.840.1.113883.5.1150.1"/>` ` </code>` `</observation>```

Item	DT	Card	Conf	Description	Label
hl7:observation			**R**		(IPS...try)
		hl7ips-dataelement-140		🟡 Problem	🟡 CEN/TC 251 prEN 17269
		hl7ips-dataelement-209		🟡 Health condition / Problem	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**0 ... 1**	F	OBS	
└ **@moodCode**	cs	**1 ... 1**	F	EVN	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...try)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.8	
└ **hl7:id**	II	**0 ... ***	R		(IPS...try)
└ **hl7:code**	CD.IPS	**1 ... 1**	R	This element describes the type of condition this observation is referring to.	(IPS...try)

◎ hl7ips-dataelement-101	🟡 Problem type	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-210	🟡 Problem Type	🟡 CEN/TC 251 prEN 17269

	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.16 *IPS Problem Type* (DYNAMIC)	
	Example		`<code code="75326-9" codeSystem="2.16.840.1.113883.6.1" displayName="Problem"/>`	
└ **hl7:text**	ED	0 ... 1 R	The \<text\> element if present points to the text describing the problem being recorded; including any dates, comments, et cetera. The \<reference\> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.\</reference\> \</text\>	(IPS...try)

	Example		`<text>`
			 `  <reference value="#problem-1"/>`
			 `</text>`	

└ **hl7:reference**	TEL	1 ... 1 M		(IPS...try)
└ **@value**	url	1 ... 1 R	When used it shall refer to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1	
└ **hl7:statusCode**	CS	1 ... 1 M	A clinical document normally records only those condition observation events that have been completed, not observations that are in any other state. Therefore, the \<statusCode\> shall always have code='completed'.\</statusCode\>	(IPS...try)
└ **@code**	CONF	1 ... 1 F	completed	
└ **hl7:effectiveTime**	IVL_TS	1 ... 1 M	The effectiveTime, also referred to as the "biologically relevant time" is the time at which the observation holds for the patient. For a provider seeing a patient in the clinic today, observing a history of heart attack that occurred five years ago, the effectiveTime is five years ago. The \<low\> and \<high\> values should be no more precise than known, but as precise as possible.	(IPS...try)
	Example		Known onset date (active condition) `<effectiveTime>`	

	Example	```xml
		<low value="20100507"/>
		</effectiveTime>
		``
		Unknown onset date (active condition)
		``xml
		<effectiveTime>
		  <low nullFlavor="UNK"/>
		</effectiveTime>
		``			

	Example	Unknown resolution date
		``xml
		<effectiveTime>
		  <low value="2010"/>
		  <high nullFlavor="UNK"/>
		</effectiveTime>
		``			

	Example	Known resolution date
		``xml
		<effectiveTime>
		  <low value="201007"/>
		  <high value="201703"/>
		</effectiveTime>
		``			

└ **hl7:low**	IVXB_TS	1 … 1 R	The effectiveTime/low (a.k.a. "onset date") asserts when the condition became biologically active.		(IPS...try)
	◎ hl7ips-dataelement-127	🟡 Onset date		🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-32	🟡 Onset Date		🟡 CEN/TC 251 prEN 17269	
└ **hl7:high**	IVXB_TS	0 … 1 C	The effectiveTime/high (a.k.a. "resolution date") asserts when the condition e became biologically resolved. If the date of resolution is not known, then effectiveTime/high will be present with a nullFlavor of "UNK".		(IPS...try)
	◎ hl7ips-dataelement-34	🟡 Date resolved		🟡 CEN/TC 251 prEN 17269	
	Constraint	If this condition is known to be resolved, then the effectiveTime/high would be present.			
└ **hl7:value**	CD.IPS (preferred)	1 … 1 M	The \<value> is the condition that was found. It may a coded or an un-coded string, but its type is always coded. The coded form shall be used also to indicate known absent conditions or the nonavailability of information about them.		(IPS...try)
	◎ hl7ips-dataelement-115	🟡 Problem content status		🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-131	🟡 Diagnosis		🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-36	🟡 Diagnosis		🟡 CEN/TC 251 prEN 17269	

└ `@xsi:type`		0 ... 1 F	CD

CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.73 *IPS Problems* (DYNAMIC)

Example	**Multiple Coding**
	`<value code="302231008" displayName="Salmonella infection" codeSystem="2.16.840.1.113883.6.96">`
	  `<translate code="A02.9" displayName="Infezioni da Salmonella non specificate" codeSystem="2.16.840.1.113883.6.3"/>`
	`</value>`

Example	**Local code not mappable in the reference terminology**
	`<value nullFlavor="OTH">`
	  `<translate code="12345" displayName="Not in the reference value set" codeSystem="1.2.3.999" codeSystemName="--example only--"/>`
	`</value>`

Example	**Textual Information**
	`<value nullFlavor="NI">`
	  `<originalText>`
	    `<reference value="#value_as_text"/>`
	  `</originalText>`
	`</value>`

Example	**Known absent problems** `<value code="160245001" displayName="No current problems or disability" codeSystem="2.16.840.1.113883.6.96"/>`

└ `hl7:originalText`	ED		R	The \<originalText\> element within the \<code\> element described above is used as follows: the \<value\> contains a \<reference\> to the \<originalText\> in order to link the coded value to the problem narrative text (minus any dates, comments, et cetera). The \<reference\> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.	(IPS...try)
└ `hl7:reference`	TEL		0 ... 1 R	The URI given in the value attribute of the \<reference\> element points to an element in the narrative content that contains the complete text describing the medication. In a CDA document, the URI given in the value attribute of the \<reference\> element points to an element in the narrative content that	(IPS...try)

		contains		
		the complete text describing the medication. \</reference> \</reference>		
	Example	`<reference value="#value_as_text"/>`		
└ **hl7:qualifier**	CR	0 … *		(IPS...try)
└ **hl7:translation**	CD.IPS	0 … *	The translation element may be used to transmit a set of other concept descriptors, using for example ICD-10 or other international or jurisdictional code systems.	(IPS...try)
└ **hl7:entryRelationship**		0 … 1 R	**Severity** The contained entry describes a subjective assessment of the severity of the condition as evaluated by the clinician. Contains 2.16.840.1.113883.10.22.4.25 *IPS Severity Observation* (DYNAMIC)	(IPS...try)
	◎ hl7ips-dataelement-128	🟡 Severity	🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-136	🟡 Severity	🟡 CEN/TC 251 prEN 17269	
└ **@typeCode**	cs	1 … 1 F	SUBJ	
└ **@inversionInd**	bl	1 … 1 F	true	
└ **hl7:entryRelationship**		0 … 1 R	**Certainty or Verification Status** The contained entry describes the certainty associated with a condition. Contains 2.16.840.1.113883.10.22.4.19 *IPS Certainty Observation* (DYNAMIC)	(IPS...try)
└ **@typeCode**	cs	1 … 1 F	SUBJ	
└ **@inversionInd**	bl	1 … 1 F	true	
└ **hl7:entryRelationship**		0 … 1 R	**Status of the Problem** The contained entry describes the current status of the condition, for example, whether it is active, in remission, resolved, and so on ...	(IPS...try)

				Contains 2.16.840.1.113883.10.22.4.20 *IPS Problem Status Observation* (2017-03-29)	
└ `@typeCode`	cs	**1 ... 1** F		REFR	
└ `@inversionInd`	bl	**0 ... 1** F		false	

10.39 IPS Problem Status Observation

Id	2.16.840.1.113883.10.22.4.20	**Effective Date**	2021-09-02 11:41:28 Other versions this id: ▪ ○ IPSProblemStatusObservation as of 2017-03-29
Status	🟡 Draft	**Version Label**	2021
Name	IPSProblemStatusObservation	**Display Name**	IPS Problem Status Observation
Description	This subordinated observation used by the problem observation records information about the current status of a condition, for example, whether it is active, in remission, resolved, et cetera.		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.20		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		
Relationship	Version: template 2.16.840.1.113883.10.22.4.20 *IPS Problem Status Observation* (2017-03-29) Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.1.1 *IHE Problem Status Observation* (2013-12-20) ref IHE-PCC-		
Example	Example `<observation classCode="OBS" moodCode="EVN">`		

```
<templateId root="2.16.840.1.113883.10.22.4.20"/>
<code code="33999-4" codeSystem="2.16.840.1.113883.6.1" displayName="Status"/>
<text>
  <reference value="#example"/>
</text>
<statusCode code="completed"/>
<value code="active" displayName="Active" codeSystem="2.16.840.1.113883.4.642.3.155"/>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@classCode**	cs	**0 ... 1** F		OBS	
└ **@moodCode**	cs	**0 ... 1** F		EVN	
└ **hl7:templateId**	II	**1 ... 1** M			(IPS...ion)
└ **@root**	uid	**1 ... 1** F		2.16.840.1.113883.10.22.4.20	
└ **hl7:code**	**CD.IPS**	**1 ... 1** R		This observation is of clinical status, as indicated by the `<code>` element. This element must be present.	(IPS...ion)
└ **@code**	CONF	**0 ... 1** F		33999-4	
└ **@codeSystem**		**0 ... 1** F		2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:text**	ED	**0 ... 1** R			(IPS...ion)

				The <text> element is required and points to the text describing the problem being recorded; including any dates, comments, et cetera. The <reference> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.	
└ **hl7:reference**	**TEL**	**1 … 1 M**			(IPS...ion)
└ **@value**	url	**1 … 1** R	Reference pointing to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1	
└ **hl7:statusCode**	**CS**	**1 … 1 M**		The code attribute of <statusCode> for all clinical status observations shall be completed. While the <statusCode> element is required in all acts to record the status of the act, the only sensible value of this element in this context is completed.	(IPS...ion)
└ **@code**	CONF	**1 … 1 F**	completed	
└ **hl7:value**	**CE.IPS**	**1 … 1 R**	The value element contains the clinical status.		(IPS...ion)
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.4.642.3.164 *Condition Clinical Status Codes* (DYNAMIC)	

10.40 IPS Procedure Entry

Id	2.16.840.1.113883.10.22.4.17	Effective Date	2024-08-04 11:08:35 Other versions this id:

		▪ ◯ IPSProcedureEntry as of 2020-07-14 16:35:58	
		▪ ◯ IPSProcedureEntry as of 2017-03-27	

Status	🟡 Draft	**Version Label**	STU2
Name	IPSProcedureEntry	**Display Name**	IPS Procedure Entry

Description	The procedure entry is used to record procedures that have occurred, or which are planned for in the future.
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.17
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 5 concepts		
	Id	Name	Data Set
	hl7ips-dataelement-216	🟡 Body site	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-44	🟡 Procedures Content Status	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-47	🟡 Procedure	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-48	🟡 Procedure date	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-49	🟡 Procedure code	🟡 CEN/TC 251 prEN 17269

Uses	Uses 1 template			
	Uses	as	Name	Version

	2.16.840.1.113883.10.22.4.31 Containment 🟠 IPS Internal Reference (STU1)	DYNAMIC
Relationship	Specialization: template 2.16.840.1.113883.10.22.4.17 *IPS Procedure Entry* (2020-07-14 16:35:58) Version: template 2.16.840.1.113883.10.22.4.17 *IPS Procedure Entry* (2017-03-27) Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.19 *IHE Procedure Entry* (2016-09-28 10:37:28) `ref IHE-PCC-` Adaptation: template 2.16.840.1.113883.10.12.306 *CDA Procedure* (2005-09-07) `ref ad1bbr-`	

Example	**Example**
	<pre><hl7:procedure classCode="PROC" moodCode="EVN">
	  <hl7:templateId root="2.16.840.1.113883.10.22.4.17"/>
	  <hl7:id root="1.2.3.999" extension="--example only--"/>
	  <hl7:code/>
	  <hl7:text>
	    <hl7:reference value="value"/>
	  </hl7:text>
	  <hl7:statusCode code="completed"/>
	  <hl7:effectiveTime>
	    <hl7:low value="20200714163551"/>
	  </hl7:effectiveTime>
	  <hl7:targetSiteCode/>
	  <hl7:entryRelationship typeCode="COMP" inversionInd="true">
	    <!-- template 2.16.840.1.113883.10.22.4.31 'IPS Internal Reference' (2017-05-02T00:00:00) -->
	  </hl7:entryRelationship>
	</hl7:procedure></pre>	

Item	DT	Card	Conf	Description	Label
hl7:procedure					(IPS...try)
		◎ hl7ips-dataelement-47		🟡 Procedure	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	1 ... 1	F	PROC	
└ **@moodCode**	cs	1 ... 1	R		
		CONF		The value of @moodCode shall be drawn from value set 2.16.840.1.113883.11.20.9.18 *Mood-CodeEvnInt* (DYNAMIC)	
└ **hl7:templateId**	II	1 ... 1	M		(IPS...try)

└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.4.17	
└ **hl7:id**	II	**0 … * R**		(IPS...try)
└ **hl7:code**	CD.IPS (preferred)	**1 … 1 R**		(IPS...try)

◎ hl7ips-dataelement-44	🟡 Procedures Content Status	🟡 CEN/TC 251 prEN 17269	
hl7ips-dataelement-49	🟡 Procedure code	🟡 CEN/TC 251 prEN 17269	
CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.35 *IPS Procedures* (DYNAMIC)		

└ **hl7:text**	ED	**0 … 1 R**	The <text> element if present points to the text describing the data being recorded; including any dates, comments, et cetera. The <reference> contains a URI in value attribute. This URI points to the free text description of the element (problem, procedure,...) in the document that is being described.</reference> </text>	(IPS...try)
└ **hl7:reference**	TEL	**1 … 1 M**		(IPS...try)
└ **@value**	url	**1 … 1** R	When used it shall refer to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1	
└ **hl7:statusCode**	CS	**1 … 1 M**		(IPS...try)

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.22 *ActStatusActiveCompletedAbortedCancelled* (DYNAMIC)

└ **hl7:effectiveTime**	IVL_TS	**1 … 1 R**		(IPS...try)

◎ hl7ips-dataelement-48	🟡 Procedure date	🟡 CEN/TC 251 prEN 17269	

└ **hl7:targetSiteCode**	CD.IPS (preferred)	**0 … ***	(IPS...try)

		hl7ips-dataelement-216	🟡 Body site	🟠 CEN/TC 251 prEN 17269
	CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.55 *IPS Body Site* (DYNAMIC)		
└ **hl7:participant**		**1 ... * R**	The device is represented as a participant in the procedure structure. The following descriptions apply to the device structure.	(IPS...try)
└ **@typeCode**	cs	**1 ... 1** F	DEV	

	Example	```xml
		<participant typeCode="DEV">
		  <participantRole classCode="MANU">
		    <id root="1.2.3.999" extension="__example_only__"/>
		    <playingDevice classCode="DEV" determinerCode="INSTANCE">
		      <code code="" codeSystem="">
		        <!-- ... -->
		      </code>
		    </playingDevice>
		  </participantRole>
		</participant>
		``		

└ **hl7:participantRole**		**1 ... 1 R**		(IPS...try)
└ **@classCode**	cs	**1 ... 1** F	MANU	
└ **hl7:id**	II	**0 ... * R**	The device ID, e.g. using UDI, is represented by the id element of the participant role. This element is optional, as not all production identifiers (e.g., serial number, lot/batch number, distinct identification number) may be known to the provider or patient.	(IPS...try)
	Example	UDI GS1: DeviceIdentifier 00844588003288, Serial# 10987654d321, Lot# 7654321D `<id root="2.16.840.1.113883.3.3719" extension="{01}00844588003288{17}141120{10}7654321D{21}10987654d321"/>`		
	Example	UDI ICCBBA: DeviceIdentifier 00844588003288 `<id root="2.16.840.1.113883.3.3719" extension="A9999XYZ100T0474"/>`		
	Example	UDI HIBCC: Serial# XYZ456789012345678, Lot# LOT123456789012345 `<id root="2.16.840.1.113883.3.3719" extension="+H123PART-NO1234567890120/$$420020216LOT123456789012345/SXYZ456789012345678/16D20130202C"/>`		
└ **hl7:playingDevice**		**1 ... 1 R**	The playingDevice element describes the device instance.	(IPS...try)

└ `@classCode`	cs	**1 ... 1** F	DEV	
└ `@determinerCode`	cs	**1 ... 1** F	INSTANCE	
└ `hl7:code`	**CE.IPS** (preferred)	**1 ... 1 R**	The device code describes the type of device (e.g. arm prosthesis, arterial stent).	(IPS...try)
	CONF		The value of @code comes preferably from value set 2.16.840.1.113883.11.22.23 *IPS Medical Devices* (DYNAMIC) or The value of @code comes preferably from value set 2.16.840.1.113883.11.22.61 *Absent or Unknown Devices* (DYNAMIC)	
└ `hl7:entryRelationship`		**0 ... ***	Contains 2.16.840.1.113883.10.22.4.31 *IPS Internal Reference* (DYNAMIC)	(IPS...try)
└ `@typeCode`	cs	**1 ... 1** F	COMP	
└ `@inversionInd`	bl	**1 ... 1** F	true	

10.41 IPS Radiology Result Observation

Id	2.16.840.1.113883.10.22.4.12	**Effective Date**	2024-08-04 20:18:00 Other versions this id: ▪ ○ IPSRadiologyResultObservation as of 2017-03-21
Status	🟡 Draft	**Version Label**	STU2
Name	IPSRadiologyResultObservation	**Display Name**	IPS Radiology Result Observation
Description			

This template represents an observation produced as one of the results of a radiology or other imaging study performed on a patient.
In most cases, in the context of a patient summary this observation is final and validated, which is recorded with the value "completed" in the statusCode element. Should the observation be not final, the statusCode would indicate "active", instead.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.12
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses	Uses 3 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.17	Containment	🟡 IPS Radiology Result Observation Component (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.4.22	Containment	🟠 IPS Comment Activity (STU1)	DYNAMIC

Relationship	Specialization: template 2.16.840.1.113883.10.22.4.12 *IPS Radiology Result Observation* (2017-03-21) Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) `ref ad1bbr-` Adaptation: template 2.16.840.1.113883.10.20.22.4.2 *Result Observation (V3)* (2015-08-01) `ref ccda-` Adaptation: template 2.16.840.1.113883.10.22.4.10 *IPS Result Observation* (2017-03-02)

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@classCode**	cs	**1 ... 1**	F	OBS	
└ **@moodCode**	cs	**1 ... 1**	F	EVN	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...ion)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.12	

└ **hl7:id**	**II**	**0 … * R**	(IPS...ion)
└ **hl7:code**	**CD.IPS** (extensible) **1 … 1 M**		(IPS...ion)
	CONF	The value of @code should be drawn from value set 2.16.840.1.113883.11.22.40 *IPS Results Radiology Observation* (DYNAMIC)	
└ **hl7:statusCode**	**CS**	**1 … 1 M**	(IPS...ion)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19890 *x_ActStatusActiveComplete* (DYNAMIC)	
└ **hl7:effectiveTime**	**IVL_TS**	**1 … 1 R**	(IPS...ion)
└ **hl7:value**	**ST**	**0 … 1 R** Actual result, free text (data type ST)	(IPS...ion)
└ **hl7:interpretationCode**	**CE.IPS**	**0 … 1 R**	(IPS...ion)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.78 *ObservationInterpretation* (DYNAMIC)	
└ **hl7:targetSiteCode**	**CD.IPS** (preferred) **0 … 1**		(IPS...ion)
	Constraint	If the observation site is not precoordinated in the observation/code or observation/value it SHALL be specified in the observation/targetSiteCode	
	CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.55 *IPS Body Site* (DYNAMIC)	
└ **hl7:qualifier**	**CR**	**0 … 1** Laterality	(IPS...ion)
	Constraint	The qualifier element for laterality SHALL be present if the targetSiteCode represents a paired body part and laterality is not pre-coordinated in the targetSiteCode	
└ **hl7:name**	**CV** (preferred)	**1 … 1 M**	(IPS...ion)
└ **@code**	CONF	**1 … 1 F** 272741003	

└ **@codeSystem**		**1 ... 1 F**	2.16.840.1.113883.6.96 (SNOMED-CT)	
└ **hl7:value**	**CD.IPS** (preferred)	**1 ... 1 M**		(IPS...ion)
	CONF		The value of @code comes preferably from value set 2.16.840.1.113883.11.22.57 *Laterality (qualifier)* (DYNAMIC)	
└ **hl7:qualifier**	**CR**	**0 ... 1**	Topographical modifier	(IPS...ion)
└ **hl7:name**	**CV** (preferred)	**1 ... 1 M**		(IPS...ion)
└ **@code**	CONF	**1 ... 1 F**	106233006	
└ **@codeSystem**		**1 ... 1 F**	2.16.840.1.113883.6.96 (SNOMED-CT)	
└ **hl7:value**	**CD.IPS** (preferred)	**1 ... 1 M**		(IPS...ion)
	CONF		The value of @code comes preferably from value set 2.16.840.1.113883.11.22.58 *Topographical modifier (qualifier)* (DYNAMIC)	
Included		**0 ... * R**	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 ... * R**		(IPS...ion)
└ **hl7:templateId**	**II**	**1 ... 1 M**		(IPS...ion)
└ **@root**	uid	**1 ... 1 F**	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 ... 1 R**		(IPS...ion)
└ **hl7:assignedAuthor**		**1 ... 1 M**		(IPS...ion)
└ **hl7:id**	**II**	**1 ... * R**		(IPS...ion)
└ **hl7:code**		**0 ... 1 R**		(IPS...ion)

Choice		**0 … 1**	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice	
└ **hl7:assignedPerson**		**0 … 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 … 1** F	PSN	
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE	
└ **hl7:name**	**PN**	**1 … * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

	Example		`<name>`
			  `<given>`John`</given>`
			  `<family>`Español Smith`</family>`
			`</name>`	

└ **hl7:family**		**1 … * R**		(IPS...ion)
└ **hl7:given**		**1 … * R**		(IPS...ion)
└ **hl7:assignedAuthoringDe-vice**		**0 … 1 C**		(IPS...ion)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			  `<softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`	

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 … 1** F	DEV	
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE	
└ **hl7:code**	**CE**	**0 … 1**		(IPS...ion)
└ **hl7:manufacturerModel**	**SC**	**0 … 1**		(IPS...ion)

Name				
└ **hl7:softwareName**	SC	0 ... 1		(IPS...ion)
└ **hl7:representedOrganization**		0 ... 1		(IPS...ion)
└ **hl7:id**	II	0 ... *		(IPS...ion)
└ **hl7:name**		0 ... *		(IPS...ion)
└ **hl7:telecom**	TEL	0 ... *		(IPS...ion)
└ **hl7:addr**	AD	0 ... *		(IPS...ion)
└ **hl7:referenceRange**		0 ... * R		(IPS...ion)
└ **hl7:observationRange**		1 ... 1 M		(IPS...ion)
└ **hl7:code**	CD	NP		(IPS...ion)
└ **hl7:value**	ANY	1 ... 1 M		(IPS...ion)
└ **hl7:interpretationCode**	CE	0 ... 1		(IPS...ion)
└ **@code**	CONF	0 ... 1 F	N	
└ **@codeSystem**		0 ... 1 F	2.16.840.1.113883.5.83 (Observation Interpretation)	
└ **hl7:entryRelationship**		0 ... *	Contains 2.16.840.1.113883.10.22.17 *IPS Radiology Result Observation Component* (DYNAMIC)	(IPS...ion)
└ **@typeCode**	cs	1 ... 1 F	COMP	
└ **hl7:entryRelationship**		0 ... *	Contains 2.16.840.1.113883.10.22.4.22 *IPS Comment Activity* (DYNAMIC)	(IPS...ion)

└ `@typeCode`		cs	**1 … 1** F	COMP	

10.42 IPS Radiology Result Observation Component

Id	2.16.840.1.113883.10.22.17	**Effective Date**	2024-08-04 20:18:47
Status	🟡 Draft	**Version Label**	STU2
Name	IPSRadiologyResultObservationComponent	**Display Name**	IPS Radiology Result Observation Component

Description

IPS Radiology Result Observation Component

The component carries additional detailed radiological results. Depending on it's type the code and value have different constraints to reflect proper results.

Type of result	Constraints for `code` (Value Set)	Value Domain `value` type
Observation Text	IPS Results Radiology Textual Observations	String
Observation Code	IPS Results Radiology Observation	Code

Observation Measurement, including linear, area and volume quantity measurements	IPS Results Radiology Measurement Observation	Quantity
Observation Measurement, including linear, area and volume range measurements	IPS Results Radiology Measurement Observation	Interval of quantity
Observation Measurement, including linear, area and volume ratio measurements	IPS Results Radiology Measurement Observation	Ratio of quantity
Observation Measurement, including linear, area and volume sampled data measurements	IPS Results Radiology Measurement Observation	Sample Data (Binary)

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.17
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)
Relationship	Specialization: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) ref ad1bbr-

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ent)
└ **@classCode**	cs	**1 … 1**	F	OBS	

└ **@moodCode**	cs	**1 ... 1** R	
	CONF	The value of @moodCode shall be drawn from value set 2.16.840.1.113883.1.11.18943 *x_ActMood-DocumentObservation* (DYNAMIC)	
└ **hl7:templateId**	II	**1 ... 1** R	(IPS...ent)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.12.303
└ **hl7:id**	II	**0 ... ***	(IPS...ent)

Choice		**1 ... 1**	Elements to choose from:
			
			▪ hl7:code
			
			▪ hl7:code[concat(@code, @codeSystem) = doc('include/voc-2.16.840.1.113883.11.22.66-DYNAMIC.xml')//valueSet[1]/conceptList/concept/concat(@code, @codeSystem) or @nullFlavor]
			
			▪ hl7:code[concat(@code, @codeSystem) = doc('include/voc-2.16.840.1.113883.11.22.80-DYNAMIC.xml')//valueSet[1]/conceptList/concept/concat(@code, @codeSystem) or @nullFlavor]

└ **hl7:code**	CE	**0 ... 1** R	(IPS...ent)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.40 *IPS Results Radiology Observation* (DYNAMIC)	
└ **hl7:code**	CE	**0 ... 1** R	(IPS...ent)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.66 *IPS Results Radiology Textual Observations* (DYNAMIC)	
└ **hl7:code**	CE	**0 ... 1** R	Codes identifying numeric measurements (IPS...ent)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.80 *IPS Results Radiology*	

		Measurement Observation (DYNAMIC)		
└ **hl7:text**	ED	0 ... 1		(IPS...ent)
└ **hl7:statusCode**	CS	0 ... 1		(IPS...ent)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.15933 *ActStatus* (DYNAMIC)		
└ **hl7:effectiveTime**	IVL_TS	0 ... 1		(IPS...ent)
Choice		1 ... 1	Elements to choose from: ▪ hl7:value[@xsi:type='ST'] ▪ hl7:value[@xsi:type='CE.IPS'] ▪ hl7:value[@xsi:type='PQ'] ▪ hl7:value[@xsi:type='IVL_PQ'] ▪ hl7:value[@xsi:type='RTO_QTY_QTY'] ▪ hl7:value[@xsi:type='BIN']	
└ **hl7:value** where *[@xsi:type='ST']*	ST	0 ... 1 R	Observation Text	(IPS...ent)
└ **hl7:value** where *[@xsi:type='CE.IPS']*	CE.IPS	0 ... 1 R	Observation Code	(IPS...ent)
└ **hl7:value** where *[@xsi:type='PQ']*	PQ	0 ... 1 R	Observation Measurement, including linear, area and volume quantity measurements	(IPS...ent)
	Constraint	If Observation/value is a physical quantity (xsi:type="PQ"), the unit of measure SHALL be selected from ValueSet UnitsOfMeasureCaseSensitive 2.16.840.1.113883.1.11.12839 DYNAMIC		

└ **hl7:value**	IVL_PQ	0 … 1 R	Observation Measurement, including linear, area and volume range measurements	(IPS...ent)

where [@xsi:type='IVL_PQ']

Constraint	If Observation/value is a physical quantity, the unit of measure SHALL be selected from ValueSet UnitsOfMeasureCaseSensitive 2.16.840.1.113883.1.11.12839 DYNAMIC

└ **hl7:value**	RTO_QTY_QTY	0 … 1 R	Observation Measurement, including linear, area and volume ratio measurements	(IPS...ent)

where [@xsi:type='RTO_QTY_QTY']

Constraint	If Observation/value is a physical quantity, the unit of measure SHALL be selected from ValueSet UnitsOfMeasureCaseSensitive 2.16.840.1.113883.1.11.12839 DYNAMIC

└ **hl7:value**	BIN	0 … 1 R	Observation Measurement, including linear, area and volume sampled data measurements	(IPS...ent)

where [@xsi:type='BIN']

10.43 IPS Reaction Manifestation

Id	2.16.840.1.113883.10.22.4.6	**Effective Date**	2024-08-04 10:18:47 Other versions this id: • ◯ IPSAdverseReactionMFST as of 2016-11-15
Status	🟡 Draft	**Version Label**	STU2
Name	IPSAdverseReactionMFST	**Display Name**	IPS Reaction Manifestation

Description

This clinical statement represents the response to an undesired symptom, finding, etc. due to administered or exposed substance. This reaction may be an undesired symptom, finding, etc. or it could be a desired response to a treatment. A reaction can be defined with respect to its severity, and can have been treated by one or more interventions.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.6
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with 2 concepts

Id	Name	Data Set
hl7ips-dataelement-193	🟡 Manifestation of the reaction	🟡 CEN/TC 251 prEN 17269
hl7ips-dataelement-194	🟡 Severity	🟡 CEN/TC 251 prEN 17269

Uses 1 template

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.25	Containment	🟠 IPS Severity Observation (STU1)	DYNAMIC

Relationship

Specialization: template 2.16.840.1.113883.10.22.4.6 *IPS Reaction Manifestation* (2016-11-15)
Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.5 *IHE Problem Entry* (DYNAMIC) `ref ch-pcc-`

Example

```
<observation classCode="OBS" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.6"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="404684003" displayName="Clinical finding" codeSystem="2.16.840.1.113883.6.96">
    <text>
      <reference value="#ref1"/>
    </text>
    <statusCode code="completed"/>
    <effectiveTime>
      <low value="201611"/>
    </effectiveTime>
    <value xsi:type="CD" code="1985008" displayName="Vomitus" codeSystem="2.16.840.1.113883.6.96">
      <originalText>
        <reference value="#ref2"/>
      </originalText>
    </value>
```

```
<entryRelationship typeCode="SUBJ" inversionInd="true">
  <!-- template 2.16.840.1.113883.10.22.4.25 'IPS Severity Observation' (dynamic) -->
</entryRelationship>
</code>
</observation>
```

Item	DT	Card	Conf	Description	Label
h17:observation			**R**		(IPS...FST)
└ **@classCode**	cs	**0 ... 1**	F	OBS	
└ **@moodCode**	cs	**1 ... 1**	F	EVN	
└ **h17:templateId**	II	**1 ... 1**	**M**		(IPS...FST)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.6	
└ **h17:id**	II	**0 ... ***	**R**		(IPS...FST)
└ **h17:code**	CD.IPS	**1 ... 1**	**R**	This element describes the type of condition this observation is referring to.	(IPS...FST)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.16 *IPS Problem Type* (2017-04-07)	
└ **h17:text**	ED	**0 ... 1**	**R**	The <text> element if present points to the text describing the problem being recorded; including any dates, comments, et cetera. The <reference> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.	(IPS...FST)
└ **h17:reference**	TEL	**1 ... 1**	**M**		(IPS...FST)
└ **@value**	url	**1 ... 1**	**R**	When used it shall refer to the narrative, typically #{label}-{generated-id}, e.g. #xxx-1	
└ **h17:statusCode**	CS (required)	**0 ... 1**	**R**		(IPS...FST)

			A clinical document normally records only those condition observation events that have been completed, not observations that are in any other state. Therefore, the <statusCode> shall always have code='completed'.
@code	CONF	**0 ... 1 F**	completed
hl7:effectiveTime	IVL_TS	**1 ... 1 M**	The effectiveTime, also referred to as the "biologically relevant time" is the time at which the observation holds for the patient. For a provider seeing a patient in the clinic today, observing a history of heart attack that occurred five years ago, the effectiveTime is five years ago. The <low> and <high> values should be no more precise than known, but as precise as possible. (IPS...FST)
hl7:low	IVXB_TS	**1 ... 1 R**	The effectiveTime/low (a.k.a. "onset date") asserts when the condition became biologically active. (IPS...FST)
hl7:high	IVXB_TS	**0 ... 1 C**	The effectiveTime/high (a.k.a. "resolution date") asserts when the condition e became biologically resolved. If the date of resolution is not known, then effectiveTime/high will be present with a nullFlavor of "UNK". (IPS...FST)
	Constraint		If this condition is known to be resolved, then the effectiveTime/high would be present.
hl7:value	CD.IPS (preferred)	**1 ... 1 R**	The <value> is the condition that was found. While the value may be a coded or an un-coded string, the type is always a coded value. If uncoded, it shall contain a <reference> to the <originalText> in the narrative where the reaction is described. (IPS...FST)
	◎ hl7ips-dataelement-193	🟡 Manifestation of the reaction	🟡 CEN/TC 251 prEN 17269
@xsi:type		**1 ... 1 F**	CD
	CONF		The value of @code comes preferably from value set 2.16.840.1.113883.11.22.3 *IPS Allergy Reaction* (DYNAMIC)
hl7:originalText		**0 ... 1 R**	(IPS...FST)

└ **hl7:reference**		0 ... 1 R	The \<originalText\> element within the \<code\> element described above is used as follows: the \<value\> contains a \<reference\> to the \<originalText\> in order to link the coded value to the problem narrative text (minus any dates, comments, et cetera). The \<reference\> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described. The URI given in the value attribute of the \<reference\> element points to an element in the narrative content that contains the complete text describing the medication. In a CDA document, the URI given in the value attribute of the \<reference\> element points to an element in the narrative content that contains the complete text describing the medication. \</reference\>\</reference\>	(IPS...FST)
Example			`<reference value="#AdvReaction_1"/>`	
└ **hl7:translation**	CD	0 ... *		(IPS...FST)
└ **hl7:entryRelationship**		0 ... 1 R	**Severity** The contained entry describes a subjective assessment of the severity of the condition as evaluated by the clinician. Contains 2.16.840.1.113883.10.22.4.25 *IPS Severity Observation* (DYNAMIC)	(IPS...FST)
	◎ hl7ips-dataelement-194	🟡 Severity		🟡 CEN/TC 251 prEN 17269
└ **@typeCode**	cs	1 ... 1 F	SUBJ	
└ **@inversionInd**	bl	1 ... 1 F	true	

10.44 IPS Result Observation

Id	2.16.840.1.113883.10.22.4.10	Effective Date	2017-03-02
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSResultObservation	Display Name	IPS Result Observation

Description

This generic template is the basic set of constraints, which apply to any kind of observation grouped in a Result Organizer. The IPS Result Observation template is generic. It is further specialized by child templates, which constrain clinical laboratory observations or radiology observations or anatomic pathology observations. The generic IPS Result Observation template is usable in a patient summary for observations, which do not fall within one of the specialized categories.

The result observation includes a statusCode to allow recording the status of an observation. "Pending" results (e.g., a test has been run but results have not been reported yet) should be represented as "active" ActStatus. However, in most cases, observations selected for an international patient summary are results that are final and approved, and thus, have a "completed" statusCode.

The result of the observation may be commented through an entryRelationship introducing an "IPS Comment activity" template.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.10
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

	Associated with 4 concepts		
	Id	Name	Data Set
Associated with	hl7ips-dataelement-106	🟠 Observation Result	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-143	🟠 Date of observation	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-144	🟠 Observation Type	🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-145	🟠 Value	🟠 CEN/TC 251 prEN 17269
Uses	Uses 2 templates		

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
2.16.840.1.113883.10.22.4.22	Containment	🟠 IPS Comment Activity (STU1)	DYNAMIC

Relationship

Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) `ref ad1bbr-`
Adaptation: template 2.16.840.1.113883.10.20.22.4.2 *Result Observation (V3)* (2015-08-01) `ref ccda-`

Example

```xml
<observation classCode="OBS" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.10"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="..." codeSystem="1.2.3.999"/>
  <statusCode/>
  <effectiveTime>
    <low value="20170721091742"/>
  </effectiveTime>
  <value xsi:type="PQ" value="136" unit="mmol/L"/>
  <interpretationCode code="..." codeSystem="2.16.840.1.113883.5.83"/>
  <methodCode code="..." codeSystem="1.2.3.999"/>
  <targetSiteCode code="..." codeSystem="1.2.3.999"/>
  <author>
    <!-- template 2.16.840.1.113883.10.22.4.14 'IPS Body Author' (dynamic) -->
  </author>
  <referenceRange>
    <observationRange>
      <value xsi:type="PQ" value=".." unit="..."/>
      <interpretationCode code="N" codeSystem="2.16.840.1.113883.5.83" displayName="Normal"/>
    </observationRange>
  </referenceRange>
  <entryRelationship typeCode="COMP">
    <!-- template 2.16.840.1.113883.10.22.4.22 'IPS Comment Activity' (dynamic) -->
  </entryRelationship>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
	◎ hl7ips-dataelement-106			🟠 Observation Result	🟠 CEN/TC 251 prEN 17269

└ **@classCode**	cs	**1 ... 1** F	OBS		
└ **@moodCode**	cs	**1 ... 1** F	EVN		
└ **hl7:templateId**	II	**1 ... 1 M**			(IPS...ion)
└ **@root**	uid	**1 ... 1** F	2.16.840.1.113883.10.22.4.10		
└ **hl7:id**	II	**0 ... * R**			(IPS...ion)
└ **hl7:code**	CD.IPS	**1 ... 1 M**			(IPS...ion)

◎ hl7ips-dataelement-144	🟡 Observation Type	🟡 CEN/TC 251 prEN 17269
CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.38 *IPS Results Observation* (DYNAMIC)	

└ **hl7:statusCode**	CS	**1 ... 1 M**			(IPS...ion)
└ **hl7:effectiveTime**	IVL_TS	**1 ... 1 R**			(IPS...ion)

◎ hl7ips-dataelement-143	🟡 Date of observation	🟡 CEN/TC 251 prEN 17269

Elements to choose from:

- hl7:value[@xsi:type='CE.IPS']
- hl7:value[@xsi:type='PQ']
- hl7:value[@xsi:type='IVL_PQ']
- hl7:value[@xsi:type='ST']
- hl7:value[@xsi:type='TS']
- hl7:value[@xsi:type='RTO_QTY_QTY']

Choice — **1 ... 1**

└ **hl7:value** where *[@xsi:type='CE.IPS']*	**CE.IPS**	**0 … 1 R**	(IPS...ion)

◎ hl7ips-dataelement-145	🟡 Value	🟡 CEN/TC 251 prEN 17269
Example	Result code: code '201' from code system 2.16.840.1.113883.2.4.4.30.1045 `<value xsi:type="CE" code="201" codeSystem="2.16.840.1.113883.2.4.4.30.1045" displayName="regu-lar"/>`	
Example	Result code: code 'POS' from code system 2.16.840.1.113883.5.83 `<value xsi:type="CE" code="POS" codeSystem="2.16.840.1.113883.5.83"/>`	

└ **hl7:value** where *[@xsi:type='PQ']*	**PQ**	**0 … 1 R**	(IPS...ion)

Constraint	If Observation/value is a physical quantity (xsi:type="PQ"), the unit of measure SHALL be selected from ValueSet UnitsOfMeasureCaseSensitive 2.16.840.1.113883.1.11.12839 DYNAMIC
Example	Result physical quantity (data type PQ): 136 mmol per liter `<value xsi:type="PQ" value="136" unit="mmol/L"/>`

└ **hl7:value** where *[@xsi:type='IVL_PQ']*	**IVL_PQ**	**0 … 1 R**	(IPS...ion)

Example	Result interval of physical quantities (data type IVL_PQ): 150 - 400 Milliard per 10 exp 9 liter
	 `<value xsi:type="IVL_PQ">`
	 `  <low value="150" unit="10+9/l"/>`
	 `  <high value="400" unit="10+9/l"/>`
	 `</value>`

└ **hl7:value** where *[@xsi:type='ST']*	**ST**	**0 … 1 R**	(IPS...ion)

Example	Result free text (data type ST) `<value xsi:type="ST">This is a result as a free text</value>`

└ **hl7:value** where *[@xsi:type='TS']*	**TS**	**0 … 1 R**	(IPS...ion)

Example	Result time stamp (data type TS): 6-Aug-2014

		`<value xsi:type="TS" value="20140806"/>`		
└ **hl7:value**	**RTO_QTY_QTY**	**0 … 1 R**		(IPS...ion)
where *[@xsi:type='RTO_QTY_QTY']*				
	Example	Result ratio (data type RTO_QTY_QTY): 1/179 `<value xsi:type="RTO_QTY_QTY">` `<numerator xsi:type="INT" value="1"/>` `<denominator xsi:type="INT" value="179"/>` `</value>`		
└ **hl7:interpretationCode**	**CE.IPS**	**0 … 1 R**		(IPS...ion)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.78 *ObservationInterpretation* (DYNAMIC)		
└ **hl7:targetSiteCode**	**CD.IPS** (preferred)	**0 … 1**		(IPS...ion)
	CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.55 *IPS Body Site* (DYNAMIC)		
Included		**0 … * R**	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
└ **hl7:author**		**0 … * R**		(IPS...ion)
└ **hl7:templateId**	II	**1 … 1 M**		(IPS...ion)
└ **@root**	uid	**1 … 1 F**	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 … 1 R**		(IPS...ion)
└ **hl7:assignedAuthor**		**1 … 1 M**		(IPS...ion)
└ **hl7:id**	II	**1 … * R**		(IPS...ion)
└ **hl7:code**		**0 … 1 R**		(IPS...ion)
Choice		**0 … 1**	Elements to choose from:	

- hl7:assignedPerson
- hl7:assignedAuthoringDevice

└ **hl7:assignedPerson**		**0 … 1 C**		(IPS...ion)
└ **@classCode**	cs	**0 … 1** F	PSN	
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE	
└ **hl7:name**	**PN**	**1 … * R**	Name of the person (e.g. the Healthcare Professional) authoring this document	(IPS...ion)

Example	`<name>`
	  `<given>`John`</given>`
	  `<family>`Español Smith`</family>`
	`</name>`

└ **hl7:family**	**1 … * R**		(IPS...ion)
└ **hl7:given**	**1 … * R**		(IPS...ion)
└ **hl7:assignedAuthoringDevice**	**0 … 1 C**		(IPS...ion)

Example	`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
	  `<softwareName displayName="Turriano"/>`
	`</assignedAuthoringDevice>`

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)	
└ **@classCode**	cs	**0 … 1** F	DEV	
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE	
└ **hl7:code**	**CE**	**0 … 1**		(IPS...ion)
└ **hl7:manufacturerModel Name**	**SC**	**0 … 1**		(IPS...ion)

└ **h17:softwareName**	SC	0 ... 1		(IPS...ion)
└ **h17:representedOrganization**		0 ... 1		(IPS...ion)
└ **h17:id**	II	0 ... *		(IPS...ion)
└ **h17:name**		0 ... *		(IPS...ion)
└ **h17:telecom**	TEL	0 ... *		(IPS...ion)
└ **h17:addr**	AD	0 ... *		(IPS...ion)
└ **h17:referenceRange**		0 ... * R		(IPS...ion)
└ **h17:observationRange**		1 ... 1 M		(IPS...ion)
└ **h17:code**	CD	NP		(IPS...ion)
└ **h17:value**	ANY	1 ... 1 M		(IPS...ion)
└ **h17:interpretationCode**	CE	0 ... 1		(IPS...ion)
└ **@code**	CONF	0 ... 1 F	N	
└ **@codeSystem**		0 ... 1 F	2.16.840.1.113883.5.83 (Observation Interpretation)	
└ **h17:entryRelationship**		0 ... *	Contains 2.16.840.1.113883.10.22.4.22 *IPS Comment Activity* (DYNAMIC)	(IPS...ion)
└ **@typeCode**	cs	1 ... 1 F	COMP	

10.45 IPS Result Organizer

Id	2.16.840.1.113883.10.22.4.9	Effective Date	2017-03-02
Status	🟠 Under pre-publication review	Version Label	STU1
Name	IPSResultOrganizer	Display Name	IPS Result Organizer

Description

This template provides a mechanism for grouping result observations. It contains information applicable to all of the contained result observations. The Result Organizer code categorizes the contained results into one of several commonly accepted values (e.g., "Hematology", "Chemistry", "Nuclear Medicine"). If any Result Observation within the organizer has a statusCode of "active", the Result Organizer must also have a statusCode of "active". However, the results selected for a patient summary are most often final results, with status "completed". So in most cases, the statusCode of the Organizer is "completed".

The result observations contained within the organizer may use either of these templates:

- Laboratory Result Observation

- Radiology Result Observation

- Pathology Result Observation

- Result Observation (most generic template used whenever none of the above is applicable)

One Result Organizer entry groups results, which have a common context of production:

- common specialty (imaging, bacteriology, serology, chemistry, surgical pathology, clinical, radiology ...),

- common overall interpretation, (which interprets the set of results of the Organizer),

- common biologic specimen for in vitro diagnostic observations,

- common associated illustrative image (ObservationMedia).

The ultimate choice for sorting out results between Organizer entries belongs to the authoring person or system of the section.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.9
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with	Associated with 6 concepts		
	Id	**Name**	**Data Set**
	hl7ips-dataelement-106	🟡 Observation Result	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-143	🟡 Date of observation	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-144	🟡 Observation Type	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-146	🟡 Performer	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-177	🟡 Observer	🟡 CEN/TC 251 prEN 17269
	hl7ips-dataelement-23	🟡 Observation Result	🟡 CEN/TC 251 prEN 17269

Uses	Uses 9 templates			
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.12.323	Containment	🟢 CDA Performer (Body)	DYNAMIC
	2.16.840.1.113883.10.22.4.14	Include	🟠 IPS Body Author (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.4.13	Containment	🟡 IPS Laboratory Result Observation (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.4.12	Containment	🟡 IPS Radiology Result Observation (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.4.11	Containment	🟡 IPS Pathology Result Observation (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.4.10	Containment	🟠 IPS Result Observation (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.4.30	Containment	🟡 IPS Specimen Collection (STU2)	DYNAMIC
	2.16.840.1.113883.10.22.4.22	Containment	🟠 IPS Comment Activity (STU1)	DYNAMIC
	2.16.840.1.113883.10.22.4.23	Containment	🟡 IPS ObservationMedia (2021)	DYNAMIC

Relationship	Adaptation: template 2.16.840.1.113883.10.12.305 *CDA Organizer* (2005-09-07) ref ad1bbr-

	Adaptation: template 2.16.840.1.113883.10.20.22.4.1 *Result Organizer (V3)* (2015-08-01) `ref ccda-`

Example	**Example**
	 ``xml
	<organizer classCode="BATTERY" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.9"/>
	  <code code="11529-5" displayName="Surgical pathology studies (set)" codeSystemName="LOINC" codeSystem="2.16.840.1.113883.6.1"/>
	  <satusCode code="completed"/>
	  <author>
	    <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' - a pathologist -->
	  </author>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.4.11 'IPS Pathology Result Observation' -->
	  </component>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.4.30 'IPS Specimen Collection' - excised tissue specimen -->
	  </component>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.4.22 'IPS Comment Activity' - pathologist's interpretation -->
	  </component>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.4.23 'IPS ObservationMedia' - an illustrative slide image -->
	  </component>
	</organizer>
	``

Example	**Example**
	 ``xml
	<organizer classCode="BATTERY" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.9"/>
	  <code code="18719-5" displayName="Chemistry studies (set)" codeSystemName="LOINC" codeSystem="2.16.840.1.113883.6.1"/>
	  <satusCode code="completed"/>
	  <author>
	    <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' - a clinical laboratory director -->
	  </author>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.4.13 'IPS Laboratory Result Observation' -->
	  </component>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.4.13 'IPS Laboratory Result Observation' -->
	  </component>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.4.30 'IPS Specimen Collection' - common blood serum specimen -->
	  </component>
	  <component>
	    <!-- template 2.16.840.1.113883.10.22.4.22 'IPS Comment Activity' - interpretation of chemistry results -->
	  </component>
	</organizer>
	``

Example	Example
| | ```xml
<organizer classCode="BATTERY" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.9"/>
  <code code="18748-4" displayName="Diagnostic imaging study" codeSystemName="LOINC" codeSystem="2.16.840.1.113883.6.1"/>
  <satusCode code="completed"/>
  <author>
    <!-- template 2.16.840.1.113883.10.12.318 'CDA Author (Body)' - a radiologist -->
  </author>
  <component>
    <!-- template 2.16.840.1.113883.10.22.4.12 'IPS Radiology Result Observation' -->
  </component>
  <component>
    <!-- template 2.16.840.1.113883.10.22.4.23 'IPS ObservationMedia' - an illustrative image -->
  </component>
  <component>
    <!-- template 2.16.840.1.113883.10.22.4.22 'IPS Comment Activity' - overall interpretation -->
  </component>
</organizer>
``` |

Item	DT	Card	Conf	Description	Label
hl7:organizer					(IPS...zer)
		◎ hl7ips-dataelement-106		🟡 Observation Result	🟡 CEN/TC 251 prEN 17269
└ **@classCode**	cs	**1 ... 1**	R		
└ **@moodCode**	cs	**1 ... 1**	F	EVN	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...zer)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.9	
└ **hl7:id**	II	**0 ... ***			(IPS...zer)
└ **hl7:code**	**CD.IPS**	**1 ... 1**	R		(IPS...zer)
		◎ hl7ips-dataelement-144		🟡 Observation Type	🟡 CEN/TC 251 prEN 17269
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.37 *IPS Results Organiz-*	

		er (DYNAMIC)		
└ **hl7:statusCode**	**CS**	**1 … 1 M**		(IPS...zer)
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.19890 *x_ActStatusActive-Complete* (DYNAMIC)		
└ **hl7:effectiveTime**	**IVL_TS**	**0 … 1**		(IPS...zer)
	◎ hl7ips-dataelement-143	🟡 Date of observation	🟡 CEN/TC 251 prEN 17269	
└ **hl7:low**	**IVXB_TS**	**0 … 1**		(IPS...zer)
└ **hl7:high**	**IVXB_TS**	**0 … 1**		(IPS...zer)
└ **hl7:performer**		**0 … * R**	When present, this element represents the organization who performed the set of observations grouped under this organizer. Contains 2.16.840.1.113883.10.12.323 *CDA Performer (Body)* (DYNAMIC)	(IPS...zer)
	◎ hl7ips-dataelement-146	🟡 Performer	🟡 CEN/TC 251 prEN 17269	
Included		**0 … * R**	from 2.16.840.1.113883.10.22.4.14 *IPS Body Author* (DYNAMIC)	
	◎ hl7ips-dataelement-177	🟡 Observer	🟡 CEN/TC 251 prEN 17269	
└ **hl7:author**		**0 … * R**		(IPS...zer)
└ **hl7:templateId**	**II**	**1 … 1 M**		(IPS...zer)
└ **@root**	uid	**1 … 1** F	2.16.840.1.113883.10.22.4.14	
└ **hl7:time**	**TS.IPS.TZ**	**1 … 1 R**		(IPS...zer)
└ **hl7:assignedAuthor**		**1 … 1 M**		(IPS...zer)
└ **hl7:id**	**II**	**1 … * R**		(IPS...zer)

└ **hl7:code**		**0 … 1 R**			(IPS...zer)
Choice		**0 … 1**	Elements to choose from: ▪ hl7:assignedPerson ▪ hl7:assignedAuthoringDevice		
└ **hl7:assignedPerson**		**0 … 1 C**			(IPS...zer)
└ **@classCode**	cs	**0 … 1** F	PSN		
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE		
└ **hl7:name**	PN	**1 … * R**	Name of the person (e.g. the Healthcare Professional) authoring this document		(IPS...zer)

	Example		`<name>`
			  `<given>`John`</given>`
			  `<family>`Español Smith`</family>`
			`</name>`		

└ **hl7:family**		**1 … * R**			(IPS...zer)
└ **hl7:given**		**1 … * R**			(IPS...zer)
└ **hl7:assignedAuthoringDevice**		**0 … 1 C**			(IPS...zer)

	Example		`<assignedAuthoringDevice classCode="DEV" determinerCode="INSTANCE">`
			  `<softwareName displayName="Turriano"/>`
			`</assignedAuthoringDevice>`		

Included			from 2.16.840.1.113883.10.22.9.2 *IPS CDA Device* (DYNAMIC)		
└ **@classCode**	cs	**0 … 1** F	DEV		
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE		
└ **hl7:code**	CE	**0 … 1**			(IPS...zer)

└ **hl7:manufacturerModel Name**	SC	0 ... 1	(IPS...zer)
└ **hl7:softwareName**	SC	0 ... 1	(IPS...zer)
└ **hl7:representedOrganization**		0 ... 1	(IPS...zer)
└ **hl7:id**	II	0 ... *	(IPS...zer)
└ **hl7:name**		0 ... *	(IPS...zer)
└ **hl7:telecom**	TEL	0 ... *	(IPS...zer)
└ **hl7:addr**	AD	0 ... *	(IPS...zer)

Elements to choose from:

Choice   1 ... *

- hl7:component containing template 2.16.840.1.113883.10.22.4.13 *IPS Laboratory Result Observation* (DYNAMIC)

- hl7:component containing template 2.16.840.1.113883.10.22.4.12 *IPS Radiology Result Observation* (DYNAMIC)

- hl7:component containing template 2.16.840.1.113883.10.22.4.11 *IPS Pathology Result Observation* (DYNAMIC)

- hl7:component containing template 2.16.840.1.113883.10.22.4.10 *IPS Result Observation* (DYNAMIC)

- hl7:component containing template 2.16.840.1.113883.10.22.4.30 *IPS Specimen Collection* (DYNAMIC)

- hl7:component containing template 2.16.840.1.113883.10.22.4.22 *IPS Comment Activity* (DYNAMIC)

- hl7:component containing template 2.16.840.1.113883.10.22.4.23 *IPS ObservationMedia* (DY-

		NAMIC)	
└ `hl7:component`	0 ... *	Contains 2.16.840.1.113883.10.22.4.13 *IPS Laboratory Result Observation* (DY-NAMIC)	(IPS...zer)
└ `hl7:component`	0 ... *	Contains 2.16.840.1.113883.10.22.4.12 *IPS Radiology Result Observation* (DY-NAMIC)	(IPS...zer)
└ `hl7:component`	0 ... *	Contains 2.16.840.1.113883.10.22.4.11 *IPS Pathology Result Observation* (DY-NAMIC)	(IPS...zer)
└ `hl7:component`	0 ... *	Contains 2.16.840.1.113883.10.22.4.10 *IPS Result Observation* (DYNAMIC)	(IPS...zer)
	🎯 hl7ips-dataelement-23	🟠 Observation Result	🟠 CEN/TC 251 prEN 17269
└ `hl7:component`	0 ... *	Contains 2.16.840.1.113883.10.22.4.30 *IPS Specimen Collection* (DYNAMIC)	(IPS...zer)
	Constraint	An IPS Specimen Collection SHALL be present only if the organizer carries anatomic pathology or microbiology laboratory observations, which need to be associated with the specific anatomic site the specimen was collected from.	
└ `hl7:component`	0 ... *	Contains 2.16.840.1.113883.10.22.4.22 *IPS Comment Activity* (DYNAMIC)	(IPS...zer)
	Constraint	An IPS Comment Activity SHALL contain a general comment applying to the whole set of observations present in the organizer	
└ `hl7:component`	0 ... *	Contains 2.16.840.1.113883.10.22.4.23 *IPS ObservationMedia* (DYNAMIC)	(IPS...zer)

10.46 IPS Severity Observation

Id	2.16.840.1.113883.10.22.4.25	**Effective Date**	2017-04-07
Status	🟠 Under pre-publication review	**Version Label**	STU1

Name	EntrySeverity	Display Name	IPS Severity Observation

Description

This clinical statement represents the subjective assessment of the severity of the condition as evaluated by the clinician.

The Severity Observation can be associated with a Reaction Observation.
When the Severity Observation is associated with a Reaction Observation it characterizes a reaction. A person may manifest many symptoms in a reaction to a single substance, and each reaction to the substance can be represented. However, each reaction observation can have only one severity observation associated with it. For example, someone may have a rash reaction observation as well as an itching reaction observation, but each can have only one level of severity.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.25
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Associated with 3 concepts

Associated with	Id	Name		Data Set	
	hl7ips-dataelement-128	🟡 Severity		🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-136	🟡 Severity		🟡 CEN/TC 251 prEN 17269	
	hl7ips-dataelement-194	🟡 Severity		🟡 CEN/TC 251 prEN 17269	

Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.1 *eHDSI Severity* (DYNAMIC) `ref` `epsos-`

Example

Example	

```xml
<observation classCode="OBS" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.22.4.25"/>
  <id root="1.2.3.999" extension="__example only__"/>
  <code code="SEV" displayName="Severity Observation" codeSystem="2.16.840.1.113883.5.4"/>
  <text>
    <reference value="#example"/>
  </text>
  <statusCode code="completed"/>
```

```
<value code="255604002" displayName="Mild" codeSystem="2.16.840.1.113883.6.96"/>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation			**R**		(Ent...ity)
		◉ hl7ips-dataelement-128	🟡	Severity 🟡 CEN/TC 251 prEN 17269	
		hl7ips-dataelement-194	🟡	Severity 🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	**0 … 1**	F	OBS	
└ **@moodCode**	cs	**1 … 1**	F	EVN	
└ **hl7:templateId**	II	**1 … 1**	M		(Ent...ity)
└ **@root**	uid	**1 … 1**	F	2.16.840.1.113883.10.22.4.25	
└ **hl7:id**	II	**0 … ***	R		(Ent...ity)
└ **hl7:code**	CD	**1 … 1**	R		(Ent...ity)
	CONF			The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.20386 *SeverityObservationCode* (DYNAMIC)	
└ **hl7:text**	ED	**0 … 1**	R	If present, the \<text> element shall contain a \<reference> element pointing to the narrative where the severity is recorded\</reference>\</text>	(Ent...ity)
└ **hl7:reference**	TEL	**1 … 1**	M		(Ent...ity)
└ **@value**	url	**1 … 1**	R	Reference pointing to the narrative, typically #{label}–{generated-id}, e.g. #xxx-1	
└ **hl7:statusCode**	CS	**1 … 1**	M		(Ent...ity)
└ **@code**	CONF	**1 … 1**	F	completed	

└ `hl7:value`	CD.IPS (preferred) **1 ... 1 R**	The <value> element contains the level of severity.	(Ent...ity)

	◎ hl7ips-dataelement-136	🟠 Severity	🟠 CEN/TC 251 prEN 17269
	CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.18 *Problem Severity* (DYNAMIC)	

10.47 IPS Social History Alcohol Use

Id	2.16.840.1.113883.10.22.4.35	**Effective Date**	2017-06-29
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSSocialHistoryObsAlcoholUse	**Display Name**	IPS Social History Alcohol Use
Description	This template is a specialization of the Social History Observation that may be used to represent alcohol consumption habits.		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.35		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		

	Associated with 2 concepts
	Id / **Name** / **Data Set**
Associated with	hl7ips-dataelement-151 🟠 Reference date range — 🟠 CEN/TC 251 prEN 17269
	hl7ips-dataelement-176 🟠 Life Style Factor — 🟠 CEN/TC 251 prEN 17269

Relationship	Adaptation: template 2.16.840.1.113883.10.20.22.4.38 *Social History Observation (V3)* (2015-08-01) `ref` `ccda-` Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) `ref` `ad1bbr-`

Example	**Example**
	
	``xml
	<observation classCode="OBS" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.35"/>
	  <id root="1.2.3.999" extension="__example only__"/>
	  <code code="74013-4" codeSystem="2.16.840.1.113883.6.96" displayName="Alcoholic drinks per day"/>
	  <statusCode code="completed"/>
	  <effectiveTime>
	    <low value="20170719113711"/>
	  </effectiveTime>
	  <value xsi:type="PQ" value="1" unit="d"/>
	</observation>
	``

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...Use)
	◎ hl7ips-dataelement-176			🟡 Life Style Factor 🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	**1 ... 1**	F	OBS	
└ **@moodCode**	cs	**1 ... 1**	F	EVN	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...Use)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.35	
└ **hl7:id**	II	**0 ... ***			(IPS...Use)
└ **hl7:code**	**CD.IPS** (preferred)	**1 ... 1**	**R**		(IPS...Use)
└ **@code**	CONF	**0 ... 1**	F	74013-4	
└ **@codeSystem**		**0 ... 1**	F	2.16.840.1.113883.6.1 (LOINC)	

└ **hl7:translation**		**0 ... * R**		(IPS...Use)
└ **hl7:statusCode**	**CS**	**1 ... 1 M**		(IPS...Use)
└ **@code**	CONF	**1 ... 1 F**	completed	
└ **hl7:effectiveTime**	**IVL_TS**	**1 ... 1 R**		(IPS...Use)
	◎ hl7ips-dataelement-151	🟠 Reference date range	🟠 CEN/TC 251 prEN 17269	
└ **hl7:value**	**PQ**	**1 ... 1 R**		(IPS...Use)
└ **@xsi:type**	cs	**1 ... 1 F**	PQ	
└ **@unit**		**1 ... 1 F**	/d	

10.48 IPS Social History Observation

Id	2.16.840.1.113883.10.22.4.48	**Effective Date**	2020-05-10 15:16:16
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSSocialHistoryObservation	**Display Name**	IPS Social History Observation

Description

This template represents a patient's occupations, lifestyle, and environmental health risk factors. Demographic data (e.g., marital status, race, ethnicity, religious affiliation) are captured in the header. Though tobacco use and exposure may be represented with a Social History Observation, it is recommended to use the Current Smoking Status template or the Tobacco Use template instead, to represent smoking or tobacco habits.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.48

Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)
Relationship	Adaptation: template 2.16.840.1.113883.10.20.22.4.38 *Social History Observation (V3)* (2015-08-01) [ref ccda-] Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) [ref ad1bbr-] Version: template 2.16.840.1.113883.10.20.22.4.38 *Social History Observation* (2013-01-31) [ref ccda-]

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@classCode**	cs	1 ... 1	F	OBS	
└ **@moodCode**	cs	1 ... 1	F	EVN	
└ **hl7:templateId**	II	1 ... 1	M		(IPS...ion)
└ **@root**	uid	1 ... 1	F	2.16.840.1.113883.10.22.4.48	
└ **hl7:id**	II	0 ... *			(IPS...ion)
└ **hl7:code**	**CD.IPS** (example)	**1 ... 1**	**R**		(IPS...ion)
	CONF			Examples of the value of @code are in the value set 2.16.840.1.113883.3.88.12.80.60 *Social History Type* (2008-12-18)	
└ **hl7:text**	ED	0 ... 1	R	The <text> element if present points to the text describing the problem being recorded; including any dates, comments, et cetera. The <reference> contains a URI in value attribute. This URI points to the free text description of the problem in the document that is being described.</reference></text>	(IPS...ion)

	Example			`<text>`
				`  <reference value="#problem-1"/>`
				`</text>`	

└ **hl7:reference**	**TEL**	**1 ... 1**	**M**		(IPS...ion)

└ **@value**	url	**1 ... 1** R	When used it shall refer to the narrative, typically #{label}–{generated-id}, e.g. #xxx-1
└ **hl7:statusCode**	**CS**	**1 ... 1** M	(IPS...ion)
└ **@code**	CONF	**1 ... 1** F	completed
└ **hl7:effectiveTime**	**IVL_TS**	**0 ... 1**	(IPS...ion)
└ **hl7:value**		**0 ... 1** R	(IPS...ion)
	Constraint		If Observation/value is a physical quantity (xsi:type="PQ"), the unit of measure *SHALL* be selected from ValueSet UnitsOfMeasureCaseSensitive (2.16.840.1.113883.1.11.12839) *DYNAMIC*

10.49 IPS Social History Tobacco Use

Id	2.16.840.1.113883.10.22.4.34	**Effective Date**	2017-06-20
Status	🟠 Under pre-publication review	**Version Label**	STU1
Name	IPSSocialHistoryObsTobaccoUse	**Display Name**	IPS Social History Tobacco Use
Description	This template is a specialization of the Social History Observation that may be used to represent smoking or tobacco habits.		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.34		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		
Associated with	Associated with 1 concept		
	Id	Name	Data Set

	hl7ips-dataelement-176 🟡 Life Style Factor	🟡 CEN/TC 251 prEN 17269
Relationship	Adaptation: template 2.16.840.1.113883.10.20.22.4.38 *Social History Observation (V3)* (2015-08-01) `ref ccda-` Adaptation: template 2.16.840.1.113883.10.12.303 *CDA Observation* (2005-09-07) `ref ad1bbr-`	

Example

```
<observation>
  <templateId/>
  <id root="1.2.3.999" extension="--example only--"/>
  <code code="72166-2" codeSystem="2.16.840.1.113883.6.1" displayName="Tobacco smoking status NHIS"/>
  <statusCode code="completed"/>
  <effectiveTime>
    <low value="20171214094510"/>
  </effectiveTime>
  <value code="LA18976-3" codeSystem="2.16.840.1.113883.6.1" displayName="Current every day smoker"/>
</observation>
```

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...Use)
	◎ hl7ips-dataelement-176		🟡 Life Style Factor	🟡 CEN/TC 251 prEN 17269	
└ **@classCode**	cs	**1 ... 1**	F	OBS	
└ **@moodCode**	cs	**1 ... 1**	F	EVN	
└ **hl7:templateId**	II	**1 ... 1**	M		(IPS...Use)
└ **@root**	uid	**1 ... 1**	F	2.16.840.1.113883.10.22.4.34	
└ **hl7:id**	II	**0 ... ***			(IPS...Use)
└ **hl7:code**	CD.IPS	**1 ... 1**	M		(IPS...Use)
└ **@code**	CONF	**1 ... 1**	F	72166-2	

└ **@codeSystem**		**1 ... 1 F**	2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:translation**		**0 ... * R**		(IPS...Use)
└ **hl7:statusCode**	**CS**	**1 ... 1 M**		(IPS...Use)
└ **@code**	CONF	**1 ... 1 F**	completed	
└ **hl7:effectiveTime**	**IVL_TS**	**1 ... 1 R**		(IPS...Use)
└ **hl7:value**	**CD.IPS**	**1 ... 1 R**		(IPS...Use)
└ **@xsi:type**	cs	**1 ... 1 F**	CD	
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.59 *IPS Current Smoking Status* (DYNAMIC)	

10.50 IPS Specimen Collection

Id	2.16.840.1.113883.10.22.4.30	**Effective Date**	2024-08-04 21:03:07 Other versions this id: ▪ ◯ IPSSpecimenCollection as of 2017-04-14
Status	🟡 Draft	**Version Label**	STU2
Name	IPSSpecimenCollection	**Display Name**	IPS Specimen Collection

Description

Specimen Collection is used when a set of laboratory or pathology observations produced on one or more specimens need to be associated with the minimal characteristics

of the specimen(s): specimen source site and type of specimen.
In addition this template enables to convey when the specimen was collected.
In a patient summary there is no need to provide more data than these 4:

- collection method,

- source site,

- type of specimen and

- time of collection.

An occurrence of this template describes one specimen collected, used by the set of observations present in the same Result Organizer.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.30
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)
Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.3.1.2 *Specimen Collection* (2008-08-08) ref XDLAB- Adaptation: template 2.16.840.1.113883.10.12.301 *CDA Act* (2005-09-07) ref ad1bbr-

Example	**Example**
	
	``xml
	<procedure classCode="PROC" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.22.4.30"/>
	  <code code="33882-2" codeSystem="2.16.840.1.113883.6.1" displayName="Collection date of Unspecified specimen"/>
	  <effectiveTime>
	    <low value="20170719123716"/>
	  </effectiveTime>
	  <targetSiteCode/>
	  <participant typeCode="PRD">
	    <participantRole classCode="SPEC">
	      <id root="1.2.3.999" extension="__example only__"/>
	      <playingEntity classCode="ENT" determinerCode="INSTANCE">
	        <code code="122555007" codeSystem="2.16.840.1.113883.6.96" displayName="Venous blood specimen (specimen)"/>
	      </playingEntity>
	    </participantRole>
	  </participant>
	</procedure>
	``

Item	DT	Card	Conf	Description	Label
hl7:procedure					(IPS...ion)
└ **@classCode**	cs	**1 ... 1** F		PROC	
└ **@moodCode**	cs	**1 ... 1** F		EVN	
└ **hl7:templateId**	II	**1 ... 1 M**			(IPS...ion)
└ **@root**	uid	**1 ... 1** F		2.16.840.1.113883.10.22.4.30	
└ **hl7:code**	**CD.IPS**	**0 ... 1 R**		LOINC code representing the act of specimen collection	(IPS...ion)
└ **@code**		**0 ... 1** F	CONF	33882-2	
└ **@codeSystem**		**0 ... 1** F		2.16.840.1.113883.6.1 (LOINC)	
└ **hl7:effectiveTime**	**IVL_TS**	**0 ... 1 R**		Date and time of specimen collection	(IPS...ion)
└ **hl7:methodCode**	**CE.IPS**	**0 ... 1 R**			(IPS...ion)
			CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.76 *IPS Results Specimen Collection Method* (DYNAMIC)	
└ **hl7:targetSiteCode**	**CE.IPS**	**0 ... 1 R**			(IPS...ion)
			CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.55 *IPS Body Site* (DYNAMIC)	
└ **hl7:participant**		**0 ... 1 R**		One single participant, which is the product of the procedure (PRD), role of specimen (SPEC) played by the playingEntity, which conveys the type of specimen collected (blood, urine, tissue, ...)	(IPS...ion)
└ **@typeCode**	cs	**1 ... 1** F		PRD	

└ **hl7:participantRole**		**1 … 1 M**		(IPS...ion)
└ **@classCode**	cs	**0 … 1** F	SPEC	
└ **hl7:id**	II	**0 … 1 R**		(IPS...ion)
└ **hl7:playingEntity**		**1 … 1 R**		(IPS...ion)
└ **@determinerCode**	cs	**0 … 1** F	INSTANCE	
└ **@classCode**	cs	**0 … 1** F	ENT	
└ **hl7:code**	**CE** (preferred)	**1 … 1 M**		(IPS...ion)
	CONF	The value of @code comes preferably from value set 2.16.840.1.113883.11.22.56 *IPS Specimen Type* (DYNAMIC)		

10.51 IPS Survey Observation

Id	2.16.840.1.113883.10.22.4.43	**Effective Date**	2020-05-08 19:05:11
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSSurveyObservation	**Display Name**	IPS Survey Observation

Description

Survey observations are used to record responses to assessment instruments. They are simple observations conforming to the CCD Result template. The vocabulary and data type constraints on survey observations is specified elsewhere, either in the specializations of the survey observation template, or by the template that makes use of it.

Context   Parent nodes of template element with id 2.16.840.1.113883.10.22.4.43

Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)
Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.1.12.3.6 *IHE Survey Observation* (2017-03-22 14:26:05) ref IHE-PCC- Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.4.13 (2005-09-07)

Example	**Example**
	
	`<hl7:observation classCode="OBS" moodCode="EVN">`
	`  <hl7:templateId root="2.16.840.1.113883.10.22.4.43"/>`
	`  <hl7:code/>`
	`  <hl7:value xsi:type="ANY"/>`
	`  <hl7:interpretationCode/>`
	`</hl7:observation>`

Item	DT	Card	Conf	Description	Label
hl7:observation					(IPS...ion)
└ **@classCode**	cs	**1 … 1**	F	OBS	
└ **@moodCode**	cs	**1 … 1**	F	EVN	
└ **hl7:templateId**	II	**1 … 1**	M		(IPS...ion)
└ **@root**	uid	**1 … 1**	F	2.16.840.1.113883.10.22.4.43	
└ **hl7:code**	CD	**1 … 1**	R		(IPS...ion)
└ **hl7:value**	ANY	**1 … ***	R		(IPS...ion)
└ **hl7:interpretationCode**	CE	**0 … ***			(IPS...ion)
└ **hl7:methodCode**	CE		NP		(IPS...ion)
└ **hl7:targetSiteCode**	CD		NP		(IPS...ion)

10.52 IPS Survey Panel

Id	2.16.840.1.113883.10.22.4.42	**Effective Date**	2020-05-08 19:02:26
Status	🟠 Under pre-publication review	**Version Label**	TI-2020
Name	IPSSurveyPanel	**Display Name**	IPS Survey Panel

Description	A survey panel collects related survey observations.
Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.4.42
Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Uses

Uses 1 template

Uses	as	Name	Version
2.16.840.1.113883.10.22.4.43	Containment	🟠 IPS Survey Observation (TI-2020)	DYNAMIC

Relationship

Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.1.12.3.7 *IHE Survey Panel* (2017-03-22 14:37:13) ref IHE-PCC-
Adaptation: template 2.16.840.1.113883.10.20.1.32 (2005-09-07)

Example

```xml
<hl7:organizer classCode="CLUSTER" moodCode="EVN">
  <hl7:templateId root="2.16.840.1.113883.10.22.4.42"/>
  <hl7:id root="1.2.3.999" extension="--example only--"/>
  <hl7:code/>
  <hl7:statusCode code="completed"/>
  <hl7:effectiveTime>
    <hl7:low value="20200510120846"/>
  </hl7:effectiveTime>
  <hl7:component>
    <!-- template 2.16.840.1.113883.10.22.4.43 'IPS Survey Observation' (2020-05-08T19:05:11) -->
  </hl7:component>
</hl7:organizer>
```

Item	DT	Card	Conf	Description	Label
hl7:organizer					(IPS...nel)
└ **@classCode**	cs	**1 ... 1**	**F**	CLUSTER	
└ **@moodCode**	cs	**0 ... 1**	**F**	EVN	
└ **hl7:templateId**	II	**1 ... 1**	**M**		(IPS...nel)
└ **@root**	uid	**1 ... 1**	**F**	2.16.840.1.113883.10.22.4.42	
└ **hl7:id**	II	**0 ... ***	**R**		(IPS...nel)
└ **hl7:code**	CD	**1 ... 1**	**R**		(IPS...nel)
└ **hl7:statusCode**	CS	**1 ... 1**	**M**		(IPS...nel)
└ **@code**	CONF	**1 ... 1**	**F**	completed	
└ **hl7:effectiveTime**	IVL_TS	**0 ... 1**	**R**		(IPS...nel)
└ **hl7:component**		**1 ... ***	**M**	Contains 2.16.840.1.113883.10.22.4.43 *IPS Survey Observation* (DYNAMIC)	(IPS...nel)

10.53 UV Subordinate Substance Administration

Id	2.16.840.1.113883.10.21.4.6	Effective Date	2023-01-30 09:36:00 Other versions this id: ▪ ○ UVSubordinateadministration as of 2017-04-30

Status	🟡 Draft	**Version Label**	2023
Name	UVSubordinateadministration	**Display Name**	UV Subordinate Substance Administration
Description	Universal Subordinate Substance Administration to convey information about dosages		
Context	Parent nodes of template element with id 2.16.840.1.113883.10.21.4.6		
Classification	CDA Entry Level Template		
Open/Closed	Open (other than defined elements are allowed)		
Relationship	Version: template 2.16.840.1.113883.10.21.4.6 *UV Subordinate Substance Administration* (2017-04-30) Specialization: template 2.16.840.1.113883.10.12.308 *CDA SubstanceAdministration* (2005-09-07) ref ad1bbr-		

Example	**Example**
	
	``xml
	<substanceAdministration classCode="SBADM" moodCode="EVN">
	  <templateId root="2.16.840.1.113883.10.21.4.6"/>
	  <statusCode code="active"/>
	  <effectiveTime xsi:type="PIVL_TS" institutionSpecified="true">
	    <period value="12" unit="h"/>
	  </effectiveTime>
	  <doseQuantity xsi:type="IVL_PQ" value="2" unit="{puff}"/>
	  <consumable>
	    <manufacturedProduct>
	      <manufacturedMaterial nullFlavor="NA"/>
	    </manufacturedProduct>
	  </consumable>
	</substanceAdministration>
	``		

Item	DT	Card	Conf	Description	Label
hl7:substanceAdministration		**1 ... 1**	R		(UVS...ion)
└ **@classCode**	cs	**1 ... 1**	F	SBADM	
└ **@moodCode**	cs	**1 ... 1**	R	If the subordinate substance administration refers to Medication Order then a substance administration request (moodCode is 'RQO') is used. If it refers to a Medication Statement, the moodCode shall be set to event/intent (moodCode is 'EVN' or 'INT').	

		CONF	The value of @moodCode shall be drawn from value set 2.16.840.1.113883.11.21.4 *Mood Code Evn Int Rqo* (DYNAMIC)	
		Constraint	The moodCode of this subordinate substance administration SHALL be the same of the parent substance administration	
hl7:templateId	II	**1 … 1 M**		(UVS...ion)
@root	uid	**1 … 1** F	2.16.840.1.113883.10.21.4.6	
hl7:statusCode	CS	**1 … 1 M**		(UVS...ion)
		Constraint	The statusCode of this subordinate substance administration SHALL be the same of that of the parent substance administration.	
		CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.21.2 *ActStatusActiveCompletedAbortedSuspended* (DYNAMIC)	
Choice		**1 … 1**	Elements to choose from: ▪ hl7:effectiveTime[@value or @nullFlavor] ▪ hl7:effectiveTime[@xsi:type='PIVL_TS'] ▪ hl7:effectiveTime[@xsi:type='EIVL_TS'] ▪ hl7:effectiveTime[@xsi:type='SXPR_TS']	
hl7:effectiveTime	TS	**0 … 1 C**	This required element describes the frequency of intakes. If not known it shall be valued with the nullflavor "UNK"	(UVS...ion)
where *[@value or @nullFlavor]*				
		Example	Once (known date) `<effectiveTime value="20170404"/>`	
		Example	Unknown `<effectiveTime nullFlavor="UNK"/>`	
hl7:effectiveTime	PIVL_TS	**0 … 1 C**	Periodic Time Interval	(UVS...ion)
where *[@xsi:type='PIVL_TS']*				

	Example	Every 4 hours
		`<effectiveTime xsi:type="PIVL_TS" institutionSpecified="false">`
		`  <period value="4" unit="h"/>`
		`</effectiveTime>`			

	Example	Twice a day
		`<effectiveTime xsi:type="PIVL_TS" institutionSpecified="true">`
		`  <period value="12" unit="h"/>`
		`</effectiveTime>`			

└ **hl7:effectiveTime** where *[@xsi:type='EIVL_TS']*	EIVL_TS	**0 … 1 C**	Event Related Time Interval		(UVS...ion)

	Example	After meal
		`<effectiveTime xsi:type="EIVL_TS">`
		`  <event code="PC" codeSystem="2.16.840.1.113883.5.139"/>`
		`</effectiveTime>`			

	Example	One hour before breakfast
		`<effectiveTime xsi:type="EIVL_TS">`
		`  <event code="ACM" codeSystem="2.16.840.1.113883.5.139"/>`
		`  <offset>`
		`    <low value="1" unit="h"/>`
		`  </offset>`
		`</effectiveTime>`			

└ **hl7:event**	EIVL.event	**0 … 1 C**			(UVS...ion)
└ **@code**	cs	**0 … 1**			
	CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.10706 *TimingEvent* (DYNAM-IC)			
└ **hl7:effectiveTime** where *[@xsi:type='SXPR_TS']*	SXPR_TS	**0 … 1 R**	Combined Time Interval		(UVS...ion)
└ **hl7:doseQuantity**	IVL_PQ	**0 … 1 R**	The doseQuantity describes the amount of the medication given (the dosage). If a dose range is given (e.g., 1-2 tablets, or 325-750mg), then the <low> and <high> bounds are specified in their respective elements; otherwise only one physical quantity is specified (e.g. 2 drops)		(UVS...ion)

| | | | The dose can be in some known and measurable unit, such as grams, milligrams, or described in "administration" units (unit of presentation, such as capsules).

If the dose is in countable items (tablets, caplets, "eaches"), then the unit could be omitted or valorized using the UCUM annotations for describing the type of countable items (e.g. .{tablet}, {puff},..).

The unit attribute – when expresses unit of measures- shall be derived from the UCUM code system.
The used elements should contain a <translation> element that provides a reference to the originalText found in the narrative body of the document. |
| └ `@unit` | cs | **0 … 1** | |

Example	Not pre-coordinated consumable `<doseQuantity value="25" unit="mg"/>`

Example	Pre-coordinated consumable - Dose Range
	`<doseQuantity>`
	`  <low value="1" unit="{tablet}"/>`
	`  <high value="2" unit="{tablet}"/>`
	`</doseQuantity>`

Example	Pre-coordinated consumable `<doseQuantity value="2" unit="{puff}"/>`

Example	Pre-coordinated consumable with text reference
	`<doseQuantity value="2" unit="{puff}">`
	`  <translation nullFlavor="NI">`
	`    <originalText>`
	`      <reference value="#text-ref-1"/>`
	`    </originalText>`
	`  </translation>`
	`</doseQuantity>`

Example	Textual dosage
	`<doseQuantity nullFlavor="NI">`
	`  <translation nullFlavor="NI">`
	`    <originalText>`
	`      <reference value="#text-ref-1"/>`
	`    </originalText>`
	`  </translation>`
	`</doseQuantity>`

└ **hl7:rateQuantity**	IVL_PQ	**0 … 1**		(UVS...ion)
└ **hl7:maxDoseQuantity**	RTO_PQ_PQ	**0 … 1**		(UVS...ion)
└ **hl7:administrationUnitCode**	CE	**0 … 1**		(UVS...ion)
	CONF		The value of @code shall be drawn from value set 2.16.840.1.113883.1.11.14570 *AdministrableDrug-Form* (DYNAMIC)	
└ **hl7:consumable**		**1 … 1 R**		(UVS...ion)
└ **hl7:manufacturedProduct**		**1 … 1 R**		(UVS...ion)
└ **hl7:manufacturedMaterial**		**1 … 1 R**		(UVS...ion)
└ **@nullFlavor**	cs	**1 … 1** F	NA	

10.54 UV Use Period

Id	2.16.840.1.113883.10.21.9.1	Effective Date	2023-01-30 09:55:27 Other versions this id: • ◯ Useperiod as of 2017-05-02 • ◯ Useperiod as of 2017-01-02
Status	🟡 Draft	Version Label	2023
Name	Useperiod	Display Name	UV Use Period

Description

This element encodes the start and stop time of the medication regimen. This is an interval of time (xsi:type='IVL_TS'), and must be specified as shown. This is an additional constraint placed upon CDA Release 2.0 by this profile, and simplifies the exchange of start/stop and frequency information between EMR systems.

Classification	CDA Entry Level Template
Open/Closed	Open (other than defined elements are allowed)

Item	DT	Card	Conf	Description	Label
Choice		1 … 1		The effectiveTime element encodes the use period of the medication, it is always expressed as an interval of time. It may be expressed using the low and high OR with the width element. The first is used to indicate a specified interval (e.g. from march 15th, 2017); the latter for indicating a 'floating' period (e.g. 2 weeks). Elements to choose from: ▪ hl7:effectiveTime[hl7:low | hl7:high][not(hl7:width)] ▪ hl7:effectiveTime[hl7:width][not(hl7:low|hl7:high)] ▪ hl7:effectiveTime[hl7:low | hl7:width][not(hl7:high)]	
└ **hl7:effectiveTime**	IVL_TS	0 … 1 C		**Case 1: specified interval** The low and high values of the first effectiveTime element represent the start and stop times for the medication. The low value represents the start time, and the high value represents the stop time. If either the low or the high value is unknown, this shall be recorded by setting the nullFlavor attribute to UNK. In case of unbounded period (continuous therapy) the high element will be valued with the nullFlavor attribute to NA.	(Use...iod)

			The high value records the end of the medication regime according to the information provided in the prescription or order. For example, if the prescription is for enough medication to last 30 days, then the high value should contain a date that is 30 days later then the low value. The rationale is that a provider, seeing a prescription that has not been refilled would normally assume that the medication is no longer being taken, even if the intent of the treatment plan is to continue the medication indefinitely.	
where *[hl7:low* or *[not(hl7:width)]*				
└ **@nullFlavor**	cs	0 … 1		

Example	Known Interval
	`<effectiveTime type="IVL_TS">`
	  `<low value="20130321"/>`
	  `<high value="20140321"/>`
	`</effectiveTime>`	

Example	Information not available about the period `<effectiveTime type="IVL_TS" nullFlavor="NI"/>`	

Example	Unknown end date
	`<effectiveTime type="IVL_TS">`
	  `<low value="20130321"/>`
	  `<high nullFlavor="UNK"/>`
	`</effectiveTime>`	

Example	continous therapy
	`<effectiveTime type="IVL_TS">`
	  `<low value="20130321"/>`
	  `<high nullFlavor="NA"/>`
	`</effectiveTime>`	

└ **hl7:low**	IVXB_TS	1 … 1 R		(Use...iod)
└ **hl7:high**	IVXB_TS	0 … 1 R		(Use...iod)
└ **hl7:effectiveTime**	IVL_TS	0 … 1 C	**Case 2: 'floating' period:** The width element is used to specify a period of (actual or intended) administration that is not anchored to any specific date (e.g. a two weeks therapy)	(Use...iod)
where *[hl7:width] [not(hl7:low*or *hl7:high)]*				

	Example		2 week period
			`<effectiveTime type="IVL_TS">`
			  `<width value="2" unit="w"/>`
			`</effectiveTime>`		

└ **hl7:low**			**NP**		(Use...iod)
└ **hl7:high**			**NP**		(Use...iod)
└ **hl7:center**			**NP**		(Use...iod)
└ **hl7:width**	**PQ**	**1 ... 1** R			(Use...iod)
└ **@unit**	cs	**1 ... 1** R			
	CONF		The value of @unit shall be drawn from value set 2.16.840.1.113883.11.21.1 *Medication Time Units (UCUM)* (DYNAMIC)		
└ **hl7:effectiveTime**	**IVL_TS**	**0 ... 1** C	**Case 3: anchored period:** The width element is used to specify a period of (actual or intended) administration anchored to a specific date (e.g. a two weeks therapy starting today)		(Use...iod)
where *[hl7:low* or *[not(hl7:high)]*					

	Example		2 week period starting on 2013-03-21
			`<effectiveTime type="IVL_TS">`
			  `<low value="20130321"/>`
			  `<width value="2" unit="w"/>`
			`</effectiveTime>`		

└ **hl7:low**	**IVXB_TS**	**0 ... 1** C			(Use...iod)
└ **hl7:width**	**PQ**	**1 ... 1** R			(Use...iod)
└ **@unit**	cs	**1 ... 1** R			
	CONF		The value of @unit shall be drawn from value set 2.16.840.1.113883.11.21.1 *Medication Time Units (UCUM)* (DYNAMIC)		

10.55 Vital Signs Organizer

1.3.6.1.4.1.19376.1.5.3.1.4.13.1 (not listed here)

11 Terminology

11.1 Quantity Units

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.28	Effective Date	2017-05-03
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/quantityUnits		
Status	🟡 Draft	Version Label	
Name	IPSQuantityUnits	Display Name	Quantity Units

Usage: 12

Id	Name	Type
Template		
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC

A valid code from the code system:

Code System Name	Code System Id
Unified Code for Units of Measure	2.16.840.1.113883.6.8

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.2 IPS Medicine Doseform

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.25	Effective Date	2024-08-02 10:06:10
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/medicine-doseform		
Status	🟡 Draft	Version Label	
Name	IPSDoseForm	Display Name	IPS Medicine Doseform

Description

EDQM (European Directorate for the Quality of Medicines and Healthcare) Dose Form codes. This Value Set includes all the EDQM Standard Terms having:

[Concept Status] = 'Current' AND

[Concept Class] IN ('PDF', 'CMT', 'CDF', 'PFT') AND

[Domain] = 'Human and Veterinary'

PDF = 'Pharmaceutical dose form'; CMT = 'Combined terms'; CDF = 'Combined pharmaceutical dose form'; PFT = 'Patient Friendly'

Usage: 3		
Id	**Name**	**Type**
Template		
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (2021)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC

Source Code System	0.4.0.127.0.16.1.1.2.1 - *EDQM* - FHIR: *urn:oid:0.4.0.127.0.16.1.1.2.1*

Level/ Type	Code	Display Name	Code System
0-L	10101000	Oral drops, solution	EDQM
0-L	10102000	Oral drops, suspension	EDQM
0-L	10103000	Oral drops, emulsion	EDQM
0-L	10104000	Oral liquid	EDQM
0-L	10105000	Oral solution	EDQM
0-L	10106000	Oral suspension	EDQM
0-L	10107000	Oral emulsion	EDQM
0-L	10108000	Oral gel	EDQM
0-L	10109000	Oral paste	EDQM
0-L	10110000	Powder for oral solution	EDQM
0-L	10111000	Powder for oral suspension	EDQM
0-L	10112000	Granules for oral solution	EDQM
0-L	10113000	Granules for oral suspension	EDQM
0-L	10114000	Powder and solvent for oral solution	EDQM
0-L	10115000	Powder and solvent for oral suspension	EDQM

0-L	10116000	Lyophilisate for suspension	EDQM
0-L	10117000	Syrup	EDQM
0-L	10118000	Powder for syrup	EDQM
0-L	10119000	Granules for syrup	EDQM
0-L	10120000	Soluble tablet	EDQM
0-L	10121000	Dispersible tablet	EDQM
0-L	10122000	Herbal tea	EDQM
0-L	10201000	Oral powder	EDQM
0-L	10202000	Instant herbal tea	EDQM
0-L	10203000	Effervescent powder	EDQM
0-L	10204000	Granules	EDQM
0-L	10205000	Effervescent granules	EDQM
0-L	10206000	Gastro-resistant granules	EDQM
0-L	10207000	Prolonged-release granules	EDQM
0-L	10208000	Modified-release granules	EDQM
0-L	10209000	Cachet	EDQM
0-L	10210000	Capsule, hard	EDQM
0-L	10211000	Capsule, soft	EDQM
0-L	10212000	Gastro-resistant capsule, hard	EDQM
0-L	10213000	Gastro-resistant capsule, soft	EDQM
0-L	10214000	Chewable capsule, soft	EDQM
0-L	10215000	Prolonged-release capsule, hard	EDQM
0-L	10216000	Prolonged-release capsule, soft	EDQM
0-L	10217000	Modified-release capsule, hard	EDQM
0-L	10218000	Modified-release capsule, soft	EDQM

0-L	10219000	Tablet	EDQM
0-L	10220000	Coated tablet	EDQM
0-L	10221000	Film-coated tablet	EDQM
0-L	10222000	Effervescent tablet	EDQM
0-L	10223000	Orodispersible tablet	EDQM
0-L	10224000	Oral lyophilisate	EDQM
0-L	10225000	Gastro-resistant tablet	EDQM
0-L	10226000	Prolonged-release tablet	EDQM
0-L	10227000	Modified-release tablet	EDQM
0-L	10228000	Chewable tablet	EDQM
0-L	10229000	Medicated chewing-gum	EDQM
0-L	10230000	Oral gum	EDQM
0-L	10231000	Pillules	EDQM
0-L	10236100	Orodispersible film	EDQM
0-L	10301000	Gargle	EDQM
0-L	10302000	Concentrate for gargle	EDQM
0-L	10303000	Gargle, powder for solution	EDQM
0-L	10304000	Gargle, tablet for solution	EDQM
0-L	10305000	Oromucosal solution	EDQM
0-L	10306000	Oromucosal suspension	EDQM
0-L	10307000	Oromucosal drops	EDQM
0-L	10308000	Oromucosal spray	EDQM
0-L	10309000	Sublingual spray	EDQM
0-L	10310000	Mouthwash	EDQM
0-L	10311000	Mouthwash, tablet for solution	EDQM

0-L	10312000	Gingival solution	EDQM
0-L	10313000	Oromucosal gel	EDQM
0-L	10314000	Oromucosal paste	EDQM
0-L	10314005	Oromucosal ointment	EDQM
0-L	10314010	Oromucosal cream	EDQM
0-L	10314011	Buccal film	EDQM
0-L	10315000	Gingival gel	EDQM
0-L	10316000	Gingival paste	EDQM
0-L	10317000	Oromucosal capsule	EDQM
0-L	10318000	Sublingual tablet	EDQM
0-L	10319000	Muco-adhesive buccal tablet	EDQM
0-L	10320000	Buccal tablet	EDQM
0-L	10321000	Lozenge	EDQM
0-L	10322000	Compressed lozenge	EDQM
0-L	10323000	Pastille	EDQM
0-L	10401000	Periodontal powder	EDQM
0-L	10402000	Dental gel	EDQM
0-L	10403000	Dental stick	EDQM
0-L	10404000	Dental insert	EDQM
0-L	10405000	Dental powder	EDQM
0-L	10406000	Dental solution	EDQM
0-L	10407000	Dental suspension	EDQM
0-L	10408000	Dental emulsion	EDQM
0-L	10409000	Toothpaste	EDQM
0-L	10410000	Periodontal gel	EDQM

0-L	10411000	Periodontal insert	EDQM
0-L	10501000	Bath additive	EDQM
0-L	10502000	Cream	EDQM
0-L	10503000	Gel	EDQM
0-L	10504000	Ointment	EDQM
0-L	10505000	Cutaneous paste	EDQM
0-L	10506000	Medicated plaster	EDQM
0-L	10507000	Cutaneous foam	EDQM
0-L	10508000	Shampoo	EDQM
0-L	10509000	Cutaneous spray, solution	EDQM
0-L	10510000	Cutaneous spray, suspension	EDQM
0-L	10511000	Cutaneous spray, powder	EDQM
0-L	10512000	Cutaneous liquid	EDQM
0-L	10513000	Cutaneous solution	EDQM
0-L	10514000	Concentrate for cutaneous solution	EDQM
0-L	10515000	Cutaneous suspension	EDQM
0-L	10516000	Cutaneous emulsion	EDQM
0-L	10517000	Cutaneous powder	EDQM
0-L	10517500	Cutaneous patch	EDQM
0-L	10518000	Solution for iontophoresis	EDQM
0-L	10519000	Transdermal patch	EDQM
0-L	10520000	Collodion	EDQM
0-L	10521000	Medicated nail lacquer	EDQM
0-L	10521500	Nail solution	EDQM
0-L	10522000	Poultice	EDQM

0-L	10523000	Cutaneous stick	EDQM
0-L	10524000	Cutaneous sponge	EDQM
0-L	10525000	Impregnated dressing	EDQM
0-L	10539500	Scrub	EDQM
0-L	10546500	Transdermal spray, solution	EDQM
0-L	10547000	Transdermal system	EDQM
0-L	10548000	Solution for skin-prick test	EDQM
0-L	10549000	Solution for skin-scratch test	EDQM
0-L	10550000	Plaster for provocation test	EDQM
0-L	10601000	Eye cream	EDQM
0-L	10602000	Eye gel	EDQM
0-L	10603000	Eye ointment	EDQM
0-L	10604000	Eye drops, solution	EDQM
0-L	10604500	Eye drops, emulsion	EDQM
0-L	10605000	Eye drops, suspension	EDQM
0-L	10606000	Eye drops, powder and solvent for solution	EDQM
0-L	10607000	Eye drops, powder and solvent for suspension	EDQM
0-L	10608000	Eye drops, solvent for reconstitution	EDQM
0-L	10609000	Eye drops, prolonged-release	EDQM
0-L	10610000	Eye lotion	EDQM
0-L	10611000	Eye lotion, solvent for reconstitution	EDQM
0-L	10612000	Ophthalmic insert	EDQM
0-L	10613000	Ophthalmic strip	EDQM
0-L	10701000	Ear cream	EDQM
0-L	10702000	Ear gel	EDQM

0-L	10703000	Ear ointment	EDQM
0-L	10704000	Ear drops, solution	EDQM
0-L	10705000	Ear drops, suspension	EDQM
0-L	10706000	Ear drops, emulsion	EDQM
0-L	10707000	Ear drops, powder and solvent for suspension	EDQM
0-L	10708000	Ear powder	EDQM
0-L	10709000	Ear spray, solution	EDQM
0-L	10710000	Ear spray, suspension	EDQM
0-L	10711000	Ear spray, emulsion	EDQM
0-L	10712000	Ear wash, solution	EDQM
0-L	10713000	Ear wash, emulsion	EDQM
0-L	10714000	Ear tampon	EDQM
0-L	10715000	Ear stick	EDQM
0-L	10801000	Nasal cream	EDQM
0-L	10802000	Nasal gel	EDQM
0-L	10803000	Nasal ointment	EDQM
0-L	10804000	Nasal drops, solution	EDQM
0-L	10805000	Nasal drops, suspension	EDQM
0-L	10806000	Nasal drops, emulsion	EDQM
0-L	10807000	Nasal powder	EDQM
0-L	10808000	Nasal spray, solution	EDQM
0-L	10809000	Nasal spray, suspension	EDQM
0-L	10810000	Nasal spray, emulsion	EDQM
0-L	10811000	Nasal wash	EDQM
0-L	10812000	Nasal stick	EDQM

0-L	10900500	Intravaginal ring	EDQM
0-L	10901000	Vaginal cream	EDQM
0-L	10902000	Vaginal gel	EDQM
0-L	10903000	Vaginal ointment	EDQM
0-L	10904000	Vaginal foam	EDQM
0-L	10905000	Vaginal solution	EDQM
0-L	10906000	Vaginal suspension	EDQM
0-L	10907000	Vaginal emulsion	EDQM
0-L	10908000	Tablet for vaginal solution	EDQM
0-L	10909000	Pessary	EDQM
0-L	10910000	Vaginal capsule, hard	EDQM
0-L	10911000	Vaginal capsule, soft	EDQM
0-L	10912000	Vaginal tablet	EDQM
0-L	10913000	Effervescent vaginal tablet	EDQM
0-L	10914000	Medicated vaginal tampon	EDQM
0-L	10915000	Vaginal delivery system	EDQM
0-L	10916000	Vaginal sponge	EDQM
0-L	11001000	Rectal cream	EDQM
0-L	11002000	Rectal gel	EDQM
0-L	11003000	Rectal ointment	EDQM
0-L	11004000	Rectal foam	EDQM
0-L	11005000	Rectal solution	EDQM
0-L	11006000	Rectal suspension	EDQM
0-L	11007000	Rectal emulsion	EDQM
0-L	11008000	Concentrate for rectal solution	EDQM

0-L	11009000	Powder for rectal solution	EDQM
0-L	11010	Oral drops	EDQM
0-L	11010000	Powder for rectal suspension	EDQM
0-L	11011000	Tablet for rectal solution	EDQM
0-L	11012000	Tablet for rectal suspension	EDQM
0-L	11013000	Suppository	EDQM
0-L	11014000	Rectal capsule	EDQM
0-L	11015000	Rectal tampon	EDQM
0-L	11050	Oral liquid	EDQM
0-L	11101000	Nebuliser solution	EDQM
0-L	11102000	Nebuliser suspension	EDQM
0-L	11103000	Powder for nebuliser suspension	EDQM
0-L	11104000	Powder for nebuliser solution	EDQM
0-L	11105000	Nebuliser emulsion	EDQM
0-L	11106000	Pressurised inhalation, solution	EDQM
0-L	11107000	Pressurised inhalation, suspension	EDQM
0-L	11108000	Pressurised inhalation, emulsion	EDQM
0-L	11109000	Inhalation powder	EDQM
0-L	11110000	Inhalation powder, hard capsule	EDQM
0-L	11111000	Inhalation powder, pre-dispensed	EDQM
0-L	11112000	Inhalation vapour, powder	EDQM
0-L	11113000	Inhalation vapour, capsule	EDQM
0-L	11114000	Inhalation vapour, solution	EDQM
0-L	11115000	Inhalation vapour, tablet	EDQM
0-L	11116000	Inhalation vapour, ointment	EDQM

0-L	11117000	Inhalation vapour, liquid	EDQM
0-L	11118000	Inhalation gas	EDQM
0-L	11201000	Solution for injection	EDQM
0-L	11202000	Suspension for injection	EDQM
0-L	11203000	Emulsion for injection	EDQM
0-L	11204000	Gel for injection	EDQM
0-L	11205000	Powder for solution for injection	EDQM
0-L	11206000	Powder for suspension for injection	EDQM
0-L	11207000	Powder and solvent for solution for injection	EDQM
0-L	11208000	Powder and solvent for suspension for injection	EDQM
0-L	11209000	Concentrate for solution for injection	EDQM
0-L	11210000	Solution for infusion	EDQM
0-L	11210500	Solution for infusion in administration system	EDQM
0-L	11211000	Emulsion for infusion	EDQM
0-L	11212000	Powder for solution for infusion	EDQM
0-L	11213000	Concentrate for solution for infusion	EDQM
0-L	11214000	Powder and solvent for solution for infusion	EDQM
0-L	11214500	Lyophilisate and solvent for solution for injection	EDQM
0-L	11215000	Lyophilisate for solution for infusion	EDQM
0-L	11216000	Solvent for parenteral use	EDQM
0-L	11217000	Lyophilisate for solution for injection	EDQM
0-L	11218000	Lyophilisate for suspension for injection	EDQM
0-L	11301000	Implant	EDQM
0-L	11302000	Implantation tablet	EDQM
0-L	11303000	Implantation chain	EDQM

0-L	11303500	Implantation suspension	EDQM
0-L	11304000	Powder and solvent for implantation paste	EDQM
0-L	11401000	Solution for peritoneal dialysis	EDQM
0-L	11402000	Solution for haemofiltration	EDQM
0-L	11403000	Solution for haemodiafiltration	EDQM
0-L	11404000	Solution for haemodialysis	EDQM
0-L	11405000	Concentrate for haemodialysis solution	EDQM
0-L	11501000	Solution for intravesical use	EDQM
0-L	11502000	Bladder irrigation	EDQM
0-L	11503000	Powder for bladder irrigation	EDQM
0-L	11504000	Urethral gel	EDQM
0-L	11505000	Urethral stick	EDQM
0-L	11601000	Endotracheopulmonary instillation, solution	EDQM
0-L	11602000	Endotracheopulmonary instillation, powder for solution	EDQM
0-L	11603000	Endotracheopulmonary instillation, suspension	EDQM
0-L	11604000	Endotracheopulmonary instillation, powder and solvent for solution	EDQM
0-L	11701000	Endocervical gel	EDQM
0-L	11702000	Powder and solvent for endocervical gel	EDQM
0-L	11901000	Intrauterine delivery system	EDQM
0-L	11902000	Intrauterine solution	EDQM
0-L	11903000	Intrauterine suspension	EDQM
0-L	11904000	Intrauterine emulsion	EDQM
0-L	11905000	Intrauterine tablet	EDQM
0-L	11906000	Intrauterine capsule	EDQM
0-L	12004000	Nebulisation solution	EDQM

0-L	12100	Capsule	EDQM
0-L	12100500	Absorbable coated sponge	EDQM
0-L	12101000	Denture lacquer	EDQM
0-L	12102000	Anticoagulant and preservative solution for blood	EDQM
0-L	12103000	Solution for blood fraction modification	EDQM
0-L	12104000	Wound stick	EDQM
0-L	12105000	Radiopharmaceutical precursor	EDQM
0-L	12106000	Radionuclide generator	EDQM
0-L	12107000	Kit for radiopharmaceutical preparation	EDQM
0-L	12108000	Gastroenteral solution	EDQM
0-L	12109000	Dispersion	EDQM
0-L	12109500	Fibrin sealant-powder and solvent for fibrin sealant	EDQM
0-L	12110000	Gastroenteral suspension	EDQM
0-L	12111000	Gastroenteral emulsion	EDQM
0-L	12112000	Solution for organ preservation	EDQM
0-L	12113000	Irrigation solution	EDQM
0-L	12114000	Stomach irrigation	EDQM
0-L	12115000	Sealant	EDQM
0-L	12115500	Solution of perfusion of organs	EDQM
0-L	12116000	Powder and solvent for sealant	EDQM
0-L	12117000	Impregnated pad	EDQM
0-L	12118000	Living tissue equivalent	EDQM
0-L	12119000	Medicated sponge	EDQM
0-L	12120	Gastro-resistant capsule	EDQM
0-L	12120000	Intestinal gel	EDQM

0-L	12130000	Medicated thread	EDQM
0-L	12131000	Solution for provocation test	EDQM
0-L	12150	Prolonged-release capsule	EDQM
0-L	12200	Tablet	EDQM
0-L	12301000	Medicinal gas, compressed	EDQM
0-L	12302000	Medicinal gas, cryogenic	EDQM
0-L	12303000	Medicinal gas, liquefied	EDQM
0-L	13050	Oromucosal liquid	EDQM
0-L	13220	Lozenge	EDQM
0-L	14050	Dental liquid	EDQM
0-L	15090	Cutaneous spray	EDQM
0-L	15130	Cutaneous liquid	EDQM
0-L	16040	Eye drops	EDQM
0-L	17040	Ear drops	EDQM
0-L	17090	Ear spray	EDQM
0-L	17120	Ear wash	EDQM
0-L	18040	Nasal drops	EDQM
0-L	18080	Nasal spray	EDQM
0-L	19050	Vaginal liquid	EDQM
0-L	19100	Vaginal capsule	EDQM
0-L	20050	Enema	EDQM
0-L	21010	Nebuliser liquid	EDQM
0-L	21060	Pressurised inhalation	EDQM
0-L	21100	Inhalation powder	EDQM
0-L	21140	Inhalation vapour	EDQM

0-L	22010	Injection	EDQM
0-L	22050	Powder for injection	EDQM
0-L	22090	Sterile concentrate	EDQM
0-L	22100	Infusion	EDQM
0-L	22120	Powder for infusion	EDQM
0-L	26010	Endotracheopulmonary instillation	EDQM
0-L	29020	Intrauterine liquid	EDQM
0-L	30047500	Pouch	EDQM
0-L	31030	Blood fraction modifier	EDQM
0-L	31080	Gastroenteral liquid	EDQM
0-L	50001000	Chewable/dispersible tablet	EDQM
0-L	50001250	Coated granules in sachet	EDQM
0-L	50001500	Concentrate and diluent for solution for infusion	EDQM
0-L	50002000	Concentrate and solvent for concentrate for solution for infusion	EDQM
0-L	50003000	Concentrate and solvent for cutaneous solution	EDQM
0-L	50004000	Concentrate and solvent for cutaneous use	EDQM
0-L	50005000	Concentrate and solvent for injection	EDQM
0-L	50006000	Concentrate and solvent for solution for infusion	EDQM
0-L	50007000	Concentrate and solvent for solution for injection	EDQM
0-L	50008000	Concentrate and solvent for suspension for injection	EDQM
0-L	50009000	Concentrate for cutaneous spray, emulsion	EDQM
0-L	50009300	Concentrate for dispersion for infusion	EDQM
0-L	50009500	Concentrate for emulsion for infusion	EDQM
0-L	50010000	Concentrate for oral solution	EDQM
0-L	50011000	Concentrate for oral/rectal solution	EDQM

0-L	50012000	Concentrate for peritoneal dialysis solution	EDQM
0-L	50013000	Concentrate for solution for intravesical use	EDQM
0-L	50013500	Concentrate for spray emulsion	EDQM
0-L	50014000	Concentrate for suspension for infusion	EDQM
0-L	50015000	Cutaneous and nasal ointment	EDQM
0-L	50015300	Cutaneous/oromucosal/oral solution	EDQM
0-L	50015400	Cutaneous/oromucosal spray	EDQM
0-L	50015500	Cutaneous spray, emulsion	EDQM
0-L	50016000	Cutaneous spray, ointment	EDQM
0-L	50017000	Dental paste	EDQM
0-L	50018000	Ear/eye drops, solution	EDQM
0-L	50019000	Ear/eye oinment	EDQM
0-L	50020000	Ear/eye/nose drops, solution	EDQM
0-L	50020500	Effervescent buccal tablet	EDQM
0-L	50021000	Emulsion for injection/infusion	EDQM
0-L	50021500	Emulsion and suspension for emulsion for injection	EDQM
0-L	50022000	Endosinusial wash, suspension	EDQM
0-L	50023000	Eye drops, solution in single-dose container	EDQM
0-L	50023500	Film coated gastro-resistant tablet	EDQM
0-L	50024000	Gargle/mouthwash	EDQM
0-L	50025000	Gastro-resistant coated tablet	EDQM
0-L	50026000	Gastro-resistant granules for oral suspension	EDQM
0-L	50026250	Gastro-resistant prolonged-release tablet	EDQM
0-L	50026500	Granules and solvent for oral suspension	EDQM
0-L	50027000	Granules and solvent for suspension for injection	EDQM

0-L	50028000	Granules for oral and rectal suspension	EDQM
0-L	50029000	Granules for oral drops, solution	EDQM
0-L	50029250	Granules for use in drinking water	EDQM
0-L	50029500	Granules for vaginal solution	EDQM
0-L	50029600	Hard capsule with gastro-resistant pellets	EDQM
0-L	50029700	Herbal tea in bag	EDQM
0-L	50030000	Inhalation powder, tablet	EDQM
0-L	50031000	Inhalation vapour, effervescent tablet	EDQM
0-L	50032000	Inhalation vapour, emulsion	EDQM
0-L	50033000	Inhalation vapour, impregnated pad	EDQM
0-L	50033300	Intrauterine foam	EDQM
0-L	50033500	Intravitreal implant in applicator	EDQM
0-L	50034000	Liquefied gas for dental use	EDQM
0-L	50035000	Modified-release film-coated tablet	EDQM
0-L	50036000	Modified-release granules for oral suspension	EDQM
0-L	50036100	Muco-adhesive buccal prolonged-release tablet	EDQM
0-L	50036500	Nasal/oromucosal solution	EDQM
0-L	50037000	Nasal spray and oromucosal solution	EDQM
0-L	50037250	Nasal spray, solution in single-dose container	EDQM
0-L	50037750	Oral drops, liquid	EDQM
0-L	50038000	Oral/rectal suspension	EDQM
0-L	50038500	Oral solution/concentrate for nebuliser solution	EDQM
0-L	50039000	Oromucosal patch	EDQM
0-L	50039300	Oromucosal powder in pouch	EDQM
0-L	50039500	Oromucosal/laryngopharyngeal solution	EDQM

0-L	50040000	Oromucosal/laryngopharyngeal solution/spray	EDQM
0-L	50041000	Pillules in single-dose container	EDQM
0-L	50041500	Powder and solution for solution for injection	EDQM
0-L	50042000	Powder and solvent for concentrate for solution for infusion	EDQM
0-L	50043000	Powder for concentrate for solution for infusion	EDQM
0-L	50044000	Powder and solvent for cutaneous solution	EDQM
0-L	50044500	Powder and solvent for dispersion for injection	EDQM
0-L	50045000	Powder and solvent for endosinusial solution	EDQM
0-L	50045500	Powder and solvent for epilesional solution	EDQM
0-L	50046000	Powder and solvent for gingival gel	EDQM
0-L	50047000	Powder and solvent for instillation solution for intraocular use	EDQM
0-L	50047500	Powder and solvent for intravesical solution	EDQM
0-L	50047700	Powder and solvent for nebuliser solution	EDQM
0-L	50048000	Powder and solvent for prolonged-release suspension for injection	EDQM
0-L	50048250	Powder and solvent for solution for injection in pre-filled syringe	EDQM
0-L	50048300	Powder and solvent for suspension for injection in pre-filled syringe	EDQM
0-L	50048500	Powder and suspension for suspension for injection	EDQM
0-L	50048600	Powder, dispersion and solvent for concentrate for dispersion for injection	EDQM
0-L	50048750	Powder for concentrate for dispersion for infusion	EDQM
0-L	50049000	Powder for concentrate for haemodialysis solution,	EDQM
0-L	50049100	Powder for concentrate for intravesical suspension	EDQM
0-L	50049250	Powder for concentrate for solution for injection/infusion	EDQM
0-L	50049270	Powder for dental solution	EDQM
0-L	50049300	Powder for epilesional solution	EDQM
0-L	50049500	Powder for implantation suspension	EDQM

0-L	50050000	Powder for intravesical solution	EDQM
0-L	50051000	Powder for intravesical suspension	EDQM
0-L	50051100	Powder for mouth wash	EDQM
0-L	50052000	Powder for oral/rectal suspension	EDQM
0-L	50053000	Powder for solution for injection or infusion	EDQM
0-L	50053500	Powder for solution for injection/infusion	EDQM
0-L	50054000	Powder for solution for intravesical use	EDQM
0-L	50055000	Powder for solution for nasal spray	EDQM
0-L	50055500	Prolonged-release film-coated tablet	EDQM
0-L	50056000	Prolonged-release granules for oral suspension	EDQM
0-L	50056500	Radiopharmaceutical precursor, solution	EDQM
0-L	50057000	Solution for haemodialysis/haemofiltration	EDQM
0-L	50058000	Solution for infusion and oral solution	EDQM
0-L	50059000	Solution for injection/concentrate for solution for infusion	EDQM
0-L	50060000	Solution for injection/infusion	EDQM
0-L	50060100	Solution for injection in cartridge	EDQM
0-L	50060200	Solution for injection in pre-filled pen	EDQM
0-L	50060300	Solution for injection in pre-filled syringe	EDQM
0-L	50060400	Solution for injection in pre-filled syringe with automatic needle guard	EDQM
0-L	50060500	Solution for injection/infusion in pre-filled syringe	EDQM
0-L	50061000	Solution for intraperitoneal use	EDQM
0-L	50061300	Solution for use in drinking water	EDQM
0-L	50061500	Solution for sealant	EDQM
0-L	50061600	Solvent for nasal use	EDQM
0-L	50062000	Suspension and effervescent granules for oral suspension	EDQM

0-L	50062500	Suspension and solution for spray	EDQM
0-L	50063000	Suspension for infusion	EDQM
0-L	50063100	Suspension for injection in cartridge	EDQM
0-L	50063200	Suspension for injection in pre-filled pen	EDQM
0-L	50063300	Suspension for injection in pre-filled syringe	EDQM
0-L	50063500	Suspension for use in drinking water	EDQM
0-L	50064000	Tablet and solvent for rectal suspension	EDQM
0-L	50065000	Tablet and powder for oral solution	EDQM
0-L	50066000	Tablet for oral suspension	EDQM
0-L	50070000	Oral suspension for use in drinking water	EDQM
0-L	50071000	Powder and solvent for dental gel	EDQM
0-L	50072000	Powder for use in drinking water	EDQM
0-L	50073000	Powder for solution for intraocular irrigation	EDQM
0-L	50074000	Solvent for solution for intraocular irrigation	EDQM
0-L	50076000	Solvent for solution for infusion	EDQM
0-L	50077000	Dispersion for injection	EDQM
0-L	50078000	Gas and solvent for dispersion for injection/infusion	EDQM
0-L	50079000	Concentrate for solution for injection/infusion	EDQM
0-L	50080000	Powder and solvent for solution for injection/infusion	EDQM
0-L	50081000	Inhalation solution	EDQM
0-L	50082000	Oral drops, powder for suspension	EDQM

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.3 IPS Healthcare Professional Roles

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.53	Effective Date	2017-06-21
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/healthcare-professional-roles-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSHealthcareProfessionalRoles	Display Name	IPS Healthcare Professional Roles

Usage: 3

Id	Name	Type
Template		
hl7ips-header-template-2	IPS CDA author (STU1)	DYNAMIC
hl7ips-header-template-5	IPS Patient Contacts (STU1)	DYNAMIC
hl7ips-header-template-6	IPS CDA documentationOf (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.2.9.6.2.7 - FHIR: *urn:oid:2.16.840.1.113883.2.9.6.2.7*

Level/ Type	Code	Display Name	Code System
0-L	22	Health professionals	2.16.840.1.113883.2.9.6.2.7
0-L	221	Medical doctors	2.16.840.1.113883.2.9.6.2.7
0-L	2211	Generalist medical practitioners	2.16.840.1.113883.2.9.6.2.7
0-L	2212	Specialist medical practitioners	2.16.840.1.113883.2.9.6.2.7
0-L	222	Nursing and midwifery professionals	2.16.840.1.113883.2.9.6.2.7
0-L	2221	Nursing professionals	2.16.840.1.113883.2.9.6.2.7
0-L	2222	Midwifery professionals	2.16.840.1.113883.2.9.6.2.7
0-L	223	Traditional and complementary medicine professionals	2.16.840.1.113883.2.9.6.2.7
0-L	224	Paramedical practitioners	2.16.840.1.113883.2.9.6.2.7

0-L	225	Veterinarians	2.16.840.1.113883.2.9.6.2.7
0-L	226	Other health professionals	2.16.840.1.113883.2.9.6.2.7
0-L	2261	Dentists	2.16.840.1.113883.2.9.6.2.7
0-L	2262	Pharmacists	2.16.840.1.113883.2.9.6.2.7
0-L	2263	Environmental and occupational health and hygiene professionals	2.16.840.1.113883.2.9.6.2.7
0-L	2264	Physiotherapists	2.16.840.1.113883.2.9.6.2.7
0-L	2265	Dieticians and nutritionists	2.16.840.1.113883.2.9.6.2.7
0-L	2266	Audiologists and speech therapists	2.16.840.1.113883.2.9.6.2.7
0-L	2267	Optometrists and ophthalmic opticians	2.16.840.1.113883.2.9.6.2.7
0-L	2269	Health professionals not elsewhere classified	2.16.840.1.113883.2.9.6.2.7
0-L	32	Health associate professionals	2.16.840.1.113883.2.9.6.2.7
0-L	321	Medical and pharmaceutical technicians	2.16.840.1.113883.2.9.6.2.7
0-L	3211	Medical imaging and therapeutic equipment technicians	2.16.840.1.113883.2.9.6.2.7
0-L	3212	Medical and pathology laboratory technicians	2.16.840.1.113883.2.9.6.2.7
0-L	3213	Pharmaceutical technicians and assistants	2.16.840.1.113883.2.9.6.2.7
0-L	3214	Medical and dental prosthetic technicians	2.16.840.1.113883.2.9.6.2.7
0-L	322	Nursing and midwifery associate professionals	2.16.840.1.113883.2.9.6.2.7
0-L	3221	Nursing associate professionals	2.16.840.1.113883.2.9.6.2.7
0-L	3222	Midwifery associate professionals	2.16.840.1.113883.2.9.6.2.7
0-L	323	Traditional and complementary medicine associate professionals	2.16.840.1.113883.2.9.6.2.7
0-L	325	Other health associate professionals	2.16.840.1.113883.2.9.6.2.7
0-L	3251	Dental assistants and therapists	2.16.840.1.113883.2.9.6.2.7
0-L	3252	Medical records and health information technicians	2.16.840.1.113883.2.9.6.2.7
0-L	3253	Community health workers	2.16.840.1.113883.2.9.6.2.7
0-L	3254	Dispensing opticians	2.16.840.1.113883.2.9.6.2.7

0-L	3255	Physiotherapy technicians and assistants	2.16.840.1.113883.2.9.6.2.7
0-L	3256	Medical assistants	2.16.840.1.113883.2.9.6.2.7
0-L	3257	Environmental and occupational health inspectors and associates	2.16.840.1.113883.2.9.6.2.7
0-L	3258	Ambulance workers	2.16.840.1.113883.2.9.6.2.7
0-L	3259	Health associate professionals not elsewhere classified	2.16.840.1.113883.2.9.6.2.7

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.4 Medicine Package

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.27	Effective Date	2017-05-03
Status	🟡 Draft	Version Label	
Name	IPSPackage	Display Name	Medicine Package

Description

Value Set Definition:

Value Set Definition
 DrawnFromCodeSystem 0.4.0.127.0.16.1.1.2.1 (EDQM)
 PropertyBasedContentSet.IncludeWithProperty.Expression
 (
        ([Concept Status] = 'Current')
   AND ([Concept Class] IN ('Administration device ; 'Container ';'Closure')
   AND ([Domain] = 'Human and Veterinary')

)

The list of values reported hereafter is provided only as example

Usage: 6		
Id	**Name**	**Type**
Template		
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC

Source Code System	0.4.0.127.0.16.1.1.2.1 - *EDQM* - FHIR: *urn:oid:0.4.0.127.0.16.1.1.2.1*

Level/ Type	**Code**	**Display Name**	**Code System**
0-L	30000500	Administration system	EDQM
0-L	30001000	Ampoule	EDQM
0-L	30002000	Applicator	EDQM
0-L	30004000	Bag	EDQM
0-L	30006000	Barrel	EDQM
0-L	30007000	Blister	EDQM
0-L	30008000	Bottle	EDQM
0-L	30009000	Box	EDQM
0-L	30010000	Brush	EDQM

0-L	30011000	Brush applicator	EDQM
0-L	30012000	Cannula	EDQM
0-L	30013000	Cap	EDQM
0-L	30014000	Cartridge	EDQM
0-L	30015000	Child-resistant closure	EDQM
0-L	30016000	Cup	EDQM
0-L	30017000	Dabbing applicator	EDQM
0-L	30019000	Dredging applicator	EDQM
0-L	30020000	Dredging container	EDQM
0-L	30022000	Dropper applicator	EDQM
0-L	30023000	Dropper container	EDQM
0-L	30023005	Fixed cryogenic vessel	EDQM
0-L	30024000	Gas cylinder	EDQM
0-L	30025000	High pressure transdermal delivery device	EDQM
0-L	30026000	Implanter	EDQM
0-L	30026500	Inhaler	EDQM
0-L	30027000	In-ovo injection device	EDQM
0-L	30028000	Injection needle	EDQM
0-L	30029000	Injection syringe	EDQM
0-L	30031000	Intramammary syringe	EDQM
0-L	30032000	Jar	EDQM
0-L	30033000	Measuring device	EDQM
0-L	30034000	Measuring spoon	EDQM
0-L	30035000	Metering pump	EDQM
0-L	30036000	Metering valve	EDQM

0-L	30036005	Mobile cryogenic vessel	EDQM
0-L	30037000	Mouthpiece	EDQM
0-L	30038000	Multidose container	EDQM
0-L	30039000	Multidose container with airless pump	EDQM
0-L	30040000	Multipuncturer	EDQM
0-L	30041000	Nasal applicator	EDQM
0-L	30042000	Nebuliser	EDQM
0-L	30043000	Needle applicator	EDQM
0-L	30044000	Nozzle	EDQM
0-L	30045000	Oral syringe	EDQM
0-L	30046000	Pipette	EDQM
0-L	30047000	Pipette applicator	EDQM
0-L	30048000	Pour-on container	EDQM
0-L	30049000	Pre-filled gastroenteral tube	EDQM
0-L	30050000	Pre-filled pen	EDQM
0-L	30051000	Pre-filled syringe	EDQM
0-L	30052000	Pressurised container	EDQM
0-L	30053000	Prick test applicator	EDQM
0-L	30053500	Roll-on container	EDQM
0-L	30054000	Sachet	EDQM
0-L	30055000	Scarifier	EDQM
0-L	30056000	Screw cap	EDQM
0-L	30057000	Single-dose container	EDQM
0-L	30058000	Spatula	EDQM
0-L	30059000	Spot-on applicator	EDQM

0-L	30060000	Spray container	EDQM
0-L	30061000	Spray pump	EDQM
0-L	30062000	Spray valve	EDQM
0-L	30063000	Stab vaccinator	EDQM
0-L	30064000	Stopper	EDQM
0-L	30064500	Straw	EDQM
0-L	30065000	Strip	EDQM
0-L	30066000	Tablet container	EDQM
0-L	30067000	Tube	EDQM
0-L	30069000	Vial	EDQM

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.5 IPS Allergy Reaction

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.3	Effective Date	2024-08-02 09:21:05
Canonical URI	http://hl7.org/fhir/ips/ValueSet/allergy-reaction-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSAllergyReaction	Display Name	IPS Allergy Reaction
Description			

	IPS Allergy Reaction Value Set.
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Usage: 1

Id	Name	Type
Template		
hl7ips-entry-template-6	IPS Reaction Manifestation (STU2)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Intensional Definition	Code System
	⊕ Include	*code and descendants 4386001 Bronchospasm (finding)*	SNOMED Clinical Terms
	⊕ Include	*code and descendants 9826008 Conjunctivitis (finding)*	SNOMED Clinical Terms
	⊕ Include	*code and descendants 23924001 Pressure in chest (finding)*	SNOMED Clinical Terms
	⊕ Include	*code and descendants 24079001 Atopic dermatitis (finding)*	SNOMED Clinical Terms
	⊕ Include	*code and descendants 31996006 Vasculitis (finding)*	SNOMED Clinical Terms
	⊕ Include	*code and descendants 39579001 Anaphylaxis (finding)*	SNOMED Clinical Terms
	⊕ Include	*code and descendants 41291007 Angioedema (finding)*	SNOMED Clinical Terms
	⊕ Include	*code and descendants 43116000 Eczema (finding)*	SNOMED Clinical Terms
	⊕ Include	*code and descendants 49727002 Cough (finding)*	SNOMED Clinical Terms

⊕ Include	*code and descendants 51599000 Edema of larynx (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 62315008 Diarrhea (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 70076002 Rhinitis (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 73442001 Stevens-Johnson syndrome (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 76067001 Sneezing (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 91175000 Seizure (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 126485001 Urticaria (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 162290004 Dry eyes (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 195967001 Airway hyperreactivity (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 247472004 Weal (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 267036007 Dyspnea (finding*	SNOMED Clinical Terms
⊕ Include	*code and descendants 271757001 Papular eruption (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 271759003 Bullous eruption (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 271807003 Eruption (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 410430005 Cardiorespiratory arrest (disorder)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 418363000 Itching of skin (finding*	SNOMED Clinical Terms
⊕ Include	*code and descendants 422400008 Vomiting (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 422587007 Nausea (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 698247007 Arrhythmia (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 702809001 DRESS syndrome (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 768962006 Lyell syndrome (finding)*	SNOMED Clinical Terms
⊕ Include	*code and descendants 781682005 Bloodshot eye (finding)*	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.6 Laterality (qualifier)

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.57	Effective Date	2017-12-12 19:27:25
Status	🟡 Draft	Version Label	
Name	lateralityQualifierCode	Display Name	Laterality (qualifier)
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Usage: 2

Id	Name	Type
Template		
hl7ips-entry-template-12	IPS Radiology Result Observation (STU2)	DYNAMIC
hl7ips-entry-template-12	IPS Radiology Result Observation (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Display Name	Code System	Designations
0-L	7771000	Left (qualifier value)	SNOMED Clinical Terms	
0-L	24028007	Right (qualifier value)	SNOMED Clinical Terms	
0-L	51440002	Right and left (qualifier value)	SNOMED Clinical Terms	

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.7 IPS Results Coded Values Laboratory/Pathology

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.74	Effective Date	2024-08-02 10:25:29
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/procedures-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSResultsCodedLaboratoryPathology	Display Name	IPS Results Coded Values Laboratory/Pathology
Description	IPS Results Coded Values Laboratory/Pathology value set.		
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Usage: 2

Id	Name	Type
Template		
hl7ips-entry-template-13	IPS Laboratory Result Observation (STU2)	DYNAMIC
hl7ips-entry-template-11	IPS Pathology Result Observation (STU2)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Intensional Definition	Code System
⊕ Include		*descendants of code 365636006 Blood group*	SNOMED Clinical Terms
⊕ Include		*descendants of code 260411009 Presence findings*	SNOMED Clinical Terms
⊕ Include		*descendants of code 272519000 Absence findings*	SNOMED Clinical Terms
⊕ Include		*descendants of code 409822003 Domain Bacteria (organism)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 441649000 Class Cestoda and/or Class Trematoda and/or Phylum Nemata (organism)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 414561005 Kingdom Fungi (organism)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 84676004 Prion*	SNOMED Clinical Terms
⊕ Include		*descendants of code 49872002 Virus*	SNOMED Clinical Terms
⊕ Include		*descendants of code 417396000 Kingdom Protozoa (organism)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 419036000 Superkingdom Archaea (organism)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 426785004 Kingdom Chromista (organism)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 370570004 Kingdom Protista (organism)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 417377004 Kingdom Viridiplantae (organism)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 243565002 Slime mold (finding (organism)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 106253005 Histologic grading differentiation AND/OR behavior*	SNOMED Clinical Terms
⊕ Include		*descendants of code 373369003 Finding of histologic grading differentiation AND/OR behavior (finding)*	SNOMED Clinical Terms
⊕ Include		*descendants of code 399981008 Neoplasm and/or hamartoma (disorder)*	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.8 IPS Personal Relationship

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.54	Effective Date	2017-07-18
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/personal-relationship-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSPersonalRelationship	Display Name	IPS Personal Relationship
Description	The Value Set is used (optionally) to code the type of contact relationship between a person and the patient.		

Usage: 1

Id	Name	Type
Template		
hl7ips-header-template-5	IPS Patient Contacts (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.5.111 - *Role Code* - FHIR: *http://terminology.hl7.org/CodeSystem/v3-RoleCode* - HL7 V2: *ROLECODE*

Level/ Type	Code	Display Name	Code System
0-L	AUNT	aunt	Role Code
0-L	CHILD	child	Role Code
0-L	CHLDADOPT	adopted child	Role Code
0-L	CHLDFOST	foster child	Role Code
0-L	CHLDINLAW	child in-law	Role Code
0-L	COUSN	cousin	Role Code
0-L	DAU	natural daughter	Role Code
0-L	DAUADOPT	adopted daughter	Role Code
0-L	DAUC	daughter	Role Code
0-L	DAUFOST	foster daughter	Role Code

0-L	DAUINLAW	daughter in-law	Role Code
0-L	DOMPART	domestic partner	Role Code
0-L	FAMMEMB	family member	Role Code
0-L	FRND	unrelated friend	Role Code
0-L	FTH	father	Role Code
0-L	FTHINLAW	father-in-law	Role Code
0-L	GGRPRN	great grandparent	Role Code
0-L	GRNDCHILD	grandchild	Role Code
0-L	GRPRN	grandparent	Role Code
0-L	MTH	mother	Role Code
0-L	MTHINLAW	mother-in-law	Role Code
0-L	NBOR	neighbor	Role Code
0-L	NCHILD	natural child	Role Code
0-L	NIENEPH	niece/nephew	Role Code
0-L	PRN	parent	Role Code
0-L	PRNINLAW	parent in-law	Role Code
0-L	ROOM	roomate	Role Code
0-L	SIB	sibling	Role Code
0-L	SIGOTHR	significant other	Role Code
0-L	SON	natural son	Role Code
0-L	SONADOPT	adopted son	Role Code
0-L	SONC	son	Role Code
0-L	SONFOST	foster son	Role Code
0-L	SONINLAW	son in-law	Role Code
0-L	SPS	spouse	Role Code

0-L	STPCHLD	step child		Role Code
0-L	STPDAU	stepdaughter		Role Code
0-L	STPSON	stepson		Role Code
0-L	UNCLE	uncle		Role Code

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.9 IPS Procedures

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.35	**Effective Date**	2024-08-02 10:25:29
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/procedures-uv-ips		
Status	🟡 Draft	**Version Label**	
Name	IPSProcedures	**Display Name**	IPS Procedures
Description	IPS Procedure codes value set.		
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Usage: 4

Id	Name	Type
Template		
hl7ips-entry-template-17	IPS Procedure Entry (2021)	DYNAMIC
hl7ips-entry-template-17	IPS Procedure Entry (STU1)	DYNAMIC
hl7ips-entry-template-17	IPS Procedure Entry (STU2)	DYNAMIC
hl7ips-entry-template-38	IPS Planned Procedure (TI-2020)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Display Name / Intensional Definition	Code System
	⊕ Include	*descendants of code 71388002 Procedure (procedure)*	SNOMED Clinical Terms
0-L	787480003	No known procedures	SNOMED Clinical Terms
	⊖ Exclude	*code and descendants 14734007 Administrative procedure (procedure)*	SNOMED Clinical Terms
	⊖ Exclude	*code and descendants 59524001 Blood bank procedure (procedure)*	SNOMED Clinical Terms
	⊖ Exclude	*code and descendants 389067005 Community health procedure (procedure)*	SNOMED Clinical Terms
	⊖ Exclude	*code and descendants 442006003 Determination of information related to transfusion (procedure)*	SNOMED Clinical Terms
	⊖ Exclude	*code and descendants 225288009 Environmental care procedure (procedure)*	SNOMED Clinical Terms
	⊖ Exclude	*code and descendants 308335008 Patient encounter procedure (procedure)*	SNOMED Clinical Terms
	⊖ Exclude	*code and descendants 710135002 Promotion (procedure)*	SNOMED Clinical Terms
	⊖ Exclude	*code and descendants 389084004 Staff related procedure (procedure)*	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.10 IPS Condition Status Code

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.24	Effective Date	2017-05-02
Status	🟡 Draft	Version Label	
Name	IPSConditionStatusCode	Display Name	IPS Condition Status Code
Description	This is a placeholder for the condition status code based on SNOMED CT		

Usage: 2

Id	Name	Type
Template		
hl7ips-template-56	IPS Entry Problem Status Observation	STATIC
hl7ips-entry-template-20	IPS Problem Status Observation (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.4.642.3.155 - *CareTeamCategory* - FHIR: ***http://hl7.org/fhir/ValueSet/care-team-category***

Level/ Type	Code	Display Name	Code System	Description
0-S	active	Active	CareTeamCategory	The subject is currently experiencing the symptoms of the condition or there is evidence of the condition
1-L	recurrence	Recurrence	CareTeamCategory	The subject is experiencing a re-occurrence or repeating of a previously **resolved** condition ▪ Example: recurrence of (previously resolved) urinary tract infection, pancreatitis, cholangitis, conjunctivitis
1-L	relapse	Relapse	CareTeamCategory	The subject is experiencing a return of a condition, or signs and symptoms after a period of improvement or **remission**

- Examples: relapse of cancer, multiple sclerosis, rheumatoid arthritis, systemic lupus erythematosus, bipolar disorder, [psychotic relapse of] schizophrenia, etc

0-S	inactive	Inactive	CareTeamCategory	The subject is no longer experiencing the symptoms of the condition or there is no longer evidence of the condition
1-L	remission	Remission	CareTeamCategory	The subject is no longer experiencing the symptoms of the condition, but there is a risk of the symptoms or condition returning
1-L	resolved	Resolved	CareTeamCategory	The subject is no longer experiencing the symptoms of the condition and there is a negligible perceived risk of the symptoms returning

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.11 IPS Results Specimen Collection Method

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.76	**Effective Date**	2024-08-02 10:53:20
Status	🟡 Draft	**Version Label**	
Name	IPSResultsSpecimenCollectionMethod	**Display Name**	IPS Results Specimen Collection Method
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Usage: 1

Id	Name	Type

Template		
hl7ips-entry-template-30	IPS Specimen Collection (STU2)	DYNAMIC

Source Code System	
	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Display Name / Intensional Definition	Code System
	⊕ Include	*descendants of code 129316008 Aspiration - action (qualifier value)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 129314006 Biopsy - action (qualifier value)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 129300006 Puncture - action (qualifier value)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 129304002 Excision - action (qualifier value)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 129323009 Scraping - action (qualifier value)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 73416001 Urine specimen collection, clean catch (procedure)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 225113003 Timed urine collection (procedure)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 70777001 Urine specimen collection, catheterized (procedure)*	SNOMED Clinical Terms
0-L	386089008	Collection of coughed sputum (procedure)	SNOMED Clinical Terms
0-L	278450005	Finger-prick sampling (procedure)	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.12 IPS Results Radiology Textual Observations

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id		Effective Date	
	2.16.840.1.113883.11.22.66		2024-08-02 10:50:26

Status	🟡 Draft	Version Label	
Name	IPSResultsRadiologyTextualObservations	Display Name	IPS Results Radiology Textual Observations
Description	IPS Results Radiology Textual Observation		

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Usage: 1

Id	Name	Type
Template		
hl7ips-document-template-	IPS Radiology Result Observation Component (STU2)	DYNAMIC

3 Source Code Systems	2.16.840.1.113883.6.1 - *Logical Observation Identifier Names and Codes* - FHIR: *http://loinc.org* - HL7 V2: *LN* 1.2.840.10008.2.16.4 - *DICOM Controlled Terminology* - FHIR: *http://dicom.nema.org/resources/ontology/DCM* 2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Display Name	Code System
0-L	11329-0	History	Logical Observation Identifier Names and Codes
0-L	55115-0	Request	Logical Observation Identifier Names and Codes
0-L	121065	Procedure Description	DICOM Controlled Terminology
0-L	121069	Previous Finding	DICOM Controlled Terminology
0-L	121071	Finding	DICOM Controlled Terminology

0-L	121073	Impression	DICOM Controlled Terminology
0-L	121075	Recommendation	DICOM Controlled Terminology
0-L	121077	Conclusion	DICOM Controlled Terminology
0-L	121110	Patient Presentation	DICOM Controlled Terminology
0-L	121111	Summary	DICOM Controlled Terminology
0-L	116224001	Complication of Procedure	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.13 IPS Allergy or Intolerance Conditions

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.10	Effective Date	2024-08-02 09:16:33
Status	🟡 Draft	Version Label	
Name	IPSAllergyOrIntoleranceConditions	Display Name	IPS Allergy or Intolerance Conditions
Description		IPS Allergy intolerance codes value set with focus on Conditions.	
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Usage: 2

Id	Name	Type
Template		
hl7ips-entry-template-1	IPS Allergy or Intolerance (STU1)	DYNAMIC
hl7ips-entry-template-1	IPS Allergy or Intolerance (STU2)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Intensional Definition	Code System
	⊕ Include	*descendants of code 420134006 Propensity to adverse reaction (finding)*	SNOMED Clinical Terms
	⊕ Include	*code and descendants 716186003 No known allergy (situation)*	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.14 Allergy or Intolerance Type

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.2	Effective Date	2016-12-06
Status	🟡 Draft	Version Label	
Name	allergyOrIntollerance_VS	Display Name	Allergy or Intolerance Type

Usage: 2

Id	Name	Type
Template		
hl7ips-entry-template-1	IPS Allergy or Intolerance (STU1)	DYNAMIC
hl7ips-entry-template-1	IPS Allergy or Intolerance (STU2)	DYNAMIC

2 Source Code Systems	2.16.840.1.113883.4.642.1.122 - FHIR: *urn:oid:2.16.840.1.113883.4.642.1.122*
	2.16.840.1.113883.5.4 - *Act Code* - FHIR: *http://terminology.hl7.org/CodeSystem/v3-ActCode* - HL7 V2: *ACTCODE*

Level/ Type	Code	Display Name	Code System	Description
1-L	OINT	Allergy or Intolerance	Act Code	Hypersensitivity resulting in an adverse reaction upon exposure to an agent.
1-L	allergy	Allergy	2.16.840.1.113883.4.642.1.122	A propensity for hypersensitivity reaction(s) to a substance. These reactions are most typically type I hypersensitivity, plus other "allergy-like" reactions, including pseudoallergy.
1-L	intolerance	Intolerance	2.16.840.1.113883.4.642.1.122	A propensity for adverse reactions to a substance that is not judged to be allergic or "allergy-like". These reactions are typically (but not necessarily) non-immune. They are to some degree idiosyncratic and/or individually specific (i.e. are not a reaction that is expected to occur with most or all patients given similar circumstances).

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.15 IPS Current Smoking Status

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.59	Effective Date	2024-08-02 09:32:33
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/current-smoking-status-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSCurrentSmokingStatus	Display Name	IPS Current Smoking Status
Description	HL7 IPS SNOMED value set for smoking status.		
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Usage: 1

Template	Id	Name	Type
	hl7ips-entry-template-34	IPS Social History Tobacco Use (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Display Name	Code System
0-L	449868002	Smokes tobacco daily (finding)	SNOMED Clinical Terms
0-L	428041000124106	Occasional tobacco smoker (finding)	SNOMED Clinical Terms
0-L	8517006	Ex-smoker (finding)	SNOMED Clinical Terms
0-L	266919005	Never smoked tobacco (finding)	SNOMED Clinical Terms
0-L	77176002	Smoker (finding)	SNOMED Clinical Terms
0-L	266927001	Tobacco smoking consumption unknown (finding)	SNOMED Clinical Terms

| 0-L | 230063004 | Heavy cigarette smoker (finding) | SNOMED Clinical Terms |
| 0-L | 230060001 | Light cigarette smoker (finding) | SNOMED Clinical Terms |

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.16 IPS Medications Products

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.71	Effective Date	2024-08-02 09:41:07
Status	🟡 Draft	Version Label	
Name	IPSMedicationsProducts	Display Name	IPS Medications Products
Description	IPS Medication codes value set.		
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Usage: 1

Id	Name	Type

Template		
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC

Source Code System	
	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Intensional Definition	Code System
⊕	Include	*descendants of code 763158003 Medicinal product (product)*	SNOMED Clinical Terms
⊖	Exclude	*code and descendants 787859002 Vaccine product (medicinal product)*	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.17 IPS Medical Devices

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.23	Effective Date	2024-08-02 09:37:16
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/medical-devices-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSMedicalDevices	Display Name	IPS Medical Devices
Description	IPS Medical device codes value set.		
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Usage: 3

Id	Name	Type
Template		
hl7ips-entry-template-**17**	IPS Procedure Entry (2021)	DYNAMIC
hl7ips-entry-template-**17**	IPS Procedure Entry (STU2)	DYNAMIC
hl7ips-entry-template-**26**	IPS Medical Device (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Display Name / Intensional Definition	Code System
	⊕ Include	*descendants of code 49062001 Device (physical object)*	SNOMED Clinical Terms
0-L	787483001	No known device use (situation)	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.18 IPS Allergy Verification Status

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.62	Effective Date	2018-02-07 12:04:21
Status	🟡 Draft	Version Label	
Name	IPSAllergyVerificationStatus	Display Name	IPS Allergy Verification Status

Usage: 1

Id	Name	Type
Template		
hl7ips-document-template-	IPS Allergy Certainty Observation (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.4.642.3.115 - *AllergyIntoleranceVerificationStatus* - FHIR: *http://hl7.org/fhir/ValueSet/request-priority*

Level/ Type	Code	Display Name	Code System	Description
0-S	unconfirmed	Unconfirmed	AllergyIntoleranceVerificationStatus	There is not sufficient diagnostic and/or clinical evidence to treat this as a confirmed condition.
0-L	confirmed	Confirmed	AllergyIntoleranceVerificationStatus	A high level of certainty about the propensity for a reaction to the identified substance, which may include clinical evidence by testing or rechallenge.
0-L	refuted	Refuted	AllergyIntoleranceVerificationStatus	A propensity for a reaction to the identified substance has been disproven with a high level of clinical certainty, which may include testing or rechallenge, and is refuted.

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.19 IPS Vaccines

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.44	Effective Date	2024-08-02 11:41:23
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/vaccines-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSVaccines	Display Name	IPS Vaccines
Description	IPS Vaccine codes value set.		
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Usage: 2

Template	Id	Name	Type
	hl7ips-entry-template-16	IPS Immunization Medication Information (STU1)	DYNAMIC
	hl7ips-entry-template-16	IPS Immunization Medication Information (STU2)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Display Name / Intensional Definition	Code System
	⊕ Include	*descendants of code 71181003 Vaccine (product)*	SNOMED Clinical Terms
0-L	787482006	No known immunizations (situation)	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.20 IPS Problems

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.73	Effective Date	2024-08-02 09:41:07
Status	🟡 Draft	Version Label	
Name	IPSProblems	Display Name	IPS Problems
Description	IPS Problem (Condition) codes value set.		
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Usage: 1

Template	Id	Name	Type
hl7ips-entry-template-8		IPS Problem Entry (2021)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Display Name / Intensional Definition	Code System
	⊕ Include	*descendants of code 404684003 Clinical finding (finding)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 243796009 Situation with explicit context (situation)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 272379006 Event (event)*	SNOMED Clinical Terms
0-L	160245001	No current problems or disability (situation)	SNOMED Clinical Terms

11.21 Allergy-intolerance Criticality

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.60	**Effective Date**	2017-12-14 10:22:48
Status	🟡 Draft	**Version Label**	
Name	allergy-intolerance-criticality	**Display Name**	Allergy-intolerance Criticality

Description	**description:** Recommended values for criticality observations

Usage: 1

Template	Id	Name	Type
	hl7ips-entry-template-18	IPS Criticality Observation (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.4.642.1.120 - FHIR: *urn:oid:2.16.840.1.113883.4.642.1.120*

Level/ Type	Code	Display Name	Code System	Description
1-L	high	High Risk	2.16.840.1.113883.4.642.1.120	Worst case result of a future exposure is assessed to be life-threatening or having

				high potential for organ system failure.
1-L	low	Low Risk	2.16.840.1.113883.4.642.1.120	Worst case result of a future exposure is not assessed to be life-threatening or having high potential for organ system failure.
1-L	unable-to-assess	Unable to Assess Risk	2.16.840.1.113883.4.642.1.120	Unable to assess the worst case result of a future exposure.

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.22 IPS Results Laboratory/Pathology Observation

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.75	Effective Date	2024-08-02 10:25:29
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/procedures-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSResultsLaboratoryPathology	Display Name	IPS Results Laboratory/Pathology Observation

Description

IPS Results Values Laboratory/Pathology value set.

Value Set Definition: LOINC {STATUS in {ACTIVE}, CLASSTYPE in {Laboratory class (1)}, CLASS exclude {LP62148-9 (NR STATS), LP175679-2 (H&P.HX.LAB), LP7785-1 (CHALSKIN), LP94892-4 (LABORDERS)}}

Usage: 2		
Id	**Name**	**Type**
Template		
hl7ips-entry-template-**13**	IPS Laboratory Result Observation (STU2)	DYNAMIC
hl7ips-entry-template-**11**	IPS Pathology Result Observation (STU2)	DYNAMIC

Source Code System	2.16.840.1.113883.6.1 - *Logical Observation Identifier Names and Codes* - FHIR: *http://loinc.org* - HL7 V2: *LN*

Level/ Type	**Code**	**Intensional Definition**	**Code System**
	⊕ In-clude	*A valid code from the code system where:* ▪ Property STATUS equal "ACTIVE" ▪ Property CLASSTYPE equal "Laboratory class"	Logical Observation Identifier Names and Codes
	⊖ Ex-clude	*A valid code from the code system where:* ▪ Property CLASS equal "LP62148-9"	Logical Observation Identifier Names and Codes
	⊖ Ex-clude	*A valid code from the code system where:* ▪ Property CLASS equal "LP175679-2"	Logical Observation Identifier Names and Codes
	⊖ Ex-clude	*A valid code from the code system where:* ▪ Property CLASS equal "LP7785-1"	Logical Observation Identifier Names and Codes
	⊖ Ex-clude	*A valid code from the code system where:* ▪ Property CLASS equal "LP94892-4"	Logical Observation Identifier Names and Codes

11.23 IPS Allergy Status Code

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.42	Effective Date	2017-05-24
Status	🟡 Draft	Version Label	
Name	IPSAllergyStatusCode	Display Name	IPS Allergy Status Code

Usage: 1

	Id	Name	Type
Template	hl7ips-entry-template-21	IPS Allergy Status Observation (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.4.642.3.155 - *CareTeamCategory* - FHIR: *http://hl7.org/fhir/ValueSet/care-team-category*

Level/ Type	Code	Display Name	Code System	Description
0-S	active	Active	CareTeamCategory	The subject is currently experiencing the symptoms of the condition or there is evidence of the condition
0-S	inactive	Inactive	CareTeamCategory	The subject is no longer experiencing the symptoms of the condition or there is no longer evidence of the condition
1-L	resolved	Resolved	CareTeamCategory	The subject is no longer experiencing the symptoms of the condition and there is a negligible perceived risk of the symptoms returning

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.24 IPS Medicine Active Substances

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.32	Effective Date	2024-08-02 09:41:07
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/medicine-active-substances-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSActiveSubstances	Display Name	IPS Medicine Active Substances
Description	IPS Medicine active substance codes value set.		
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Usage: 2

Id	Name	Type
Template		
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC

Level/ Type	Code	Intensional Definition	Code System
hl7ips-entry-template-3		IPS Manufactured Material (STU2)	DYNAMIC
⊕ Include		*descendants of code 410942007 Drug or medicament (substance)*	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.25 IPS Body Site

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.55	Effective Date	2024-08-02 09:31:31
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/target-site-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSTargetSiteCode	Display Name	IPS Body Site
Description	IPS body site value set.		
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Usage: 8

Id	Name	Type
Template		
hl7ips-entry-template-17	IPS Procedure Entry (2021)	DYNAMIC
hl7ips-entry-template-12	IPS Radiology Result Observation (STU2)	DYNAMIC
hl7ips-entry-template-17	IPS Procedure Entry (STU1)	DYNAMIC
hl7ips-entry-template-17	IPS Procedure Entry (STU2)	DYNAMIC
hl7ips-entry-template-30	IPS Specimen Collection (STU2)	DYNAMIC
hl7ips-entry-template-12	IPS Radiology Result Observation (STU1)	DYNAMIC
hl7ips-entry-template-38	IPS Planned Procedure (TI-2020)	DYNAMIC
hl7ips-entry-template-10	IPS Result Observation (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Intensional Definition	Code System
	Include	*descendants of code 442083009 Anatomical or acquired body structure (body structure)*	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.26 IPS Results Radiology Observation

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.40	Effective Date	2024-08-02 10:48:07
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/imaging-observations-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSRadResultsObservation	Display Name	IPS Results Radiology Observation
Description	Value Set Definition: LOINC {STATUS in {ACTIVE}, CLASS in LP29684-5 ("RAD")}		

Usage: 3

Id	Name	Type
Template		
hl7ips-entry-template-12	IPS Radiology Result Observation (STU2)	DYNAMIC
hl7ips-document-template-	IPS Radiology Result Observation Component (STU2)	DYNAMIC
hl7ips-entry-template-12	IPS Radiology Result Observation (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.6.1 - *Logical Observation Identifier Names and Codes* - FHIR: *http://loinc.org* - HL7 V2: *LN*

Level/ Type	Code	Intensional Definition	Code System
	⊕ In-clude	*A valid code from the code system where:*	Logical Observation Identifier Names and Codes
		▪ Property STATUS equal "ACTIVE"	
		▪ Property CLASS equal "LP29684-5"	

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.27 IPS Pregnancy Status

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.68	Effective Date	2024-08-02 10:17:58
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/pregnancy-status-uv-ips		
Status	🟡 Draft	Version Label	
Name	Pregnancy_status_uv_ips	Display Name	IPS Pregnancy Status
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Usage: 3

Id	Name	Type
Template		
hl7ips-entry-template-27	IPS Pregnancy Status Observation	DYNAMIC
hl7ips-entry-template-27	IPS Pregnancy Status Observation (2021)	DYNAMIC
hl7ips-entry-template-27	IPS Pregnancy Status Observation (TI-2020)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Display Name	Code System
0-L	77386006	Pregnancy (finding)	SNOMED Clinical Terms
0-L	60001007	Not pregnant (finding)	SNOMED Clinical Terms
0-L	152231000119106	Pregnancy not yet confirmed (finding)	SNOMED Clinical Terms
0-L	146799005	Possible pregnancy (situation)	SNOMED Clinical Terms

11.28 Absent or Unknown Devices

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.61	Effective Date	2018-01-27 22:19:47
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/absent-or-unknown-devices-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSNoDevicesInfos	Display Name	Absent or Unknown Devices

Usage: 3

Id	Name	Type
Template		
hl7ips-entry-template-17	IPS Procedure Entry (2021)	DYNAMIC
hl7ips-entry-template-17	IPS Procedure Entry (STU2)	DYNAMIC
hl7ips-entry-template-26	IPS Medical Device (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.5.1150.1 - *IPS CodeSystem - Absent and Unknown Data* - FHIR: *urn:oid:2.16.840.1.113883.5.1150.1*

Level/ Type	Code	Display Name	Code System	Description
0-L	no-de-vice-in-fo	No infor-mation about de-	IPS CodeSystem - Absent and Unknown Data	There is no information available regarding implanted or external devices for the subject.

		vice		
0-L	no-known-devices	No known devices in use	IPS CodeSystem - Absent and Unknown Data	There are no devices known to be implanted in or used by the subject that have to be reported in this record. This can mean either that there are none known, or that those known are not relevant for the purpose of this record.

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.29 IPS Allergy or Intolerance Substances

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.65	Effective Date	2024-08-02 09:13:15
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/allergy-intolerance-substance-condition-uv-ips		
Status	🟡 Draft	Version Label	
Name	Allergyintolerancesubstancecondition	Display Name	IPS Allergy or Intolerance Substances
Description	IPS Allergy intolerance codes value set with focus on Substances.		
Copyright	This artefact includes content from SNOMED Clinical Terms® (SNOMED CT®) which is copyright of the International Health Terminology Standards Development Organisation (IHTSDO). Implementers of these artefacts must have the appropriate SNOMED CT Affiliate license - for more information contact http://www.snomed.org/snomed-ct/getsnomed-ct or info@snomed.org.		

Usage: 1

Id	Name	Type

Template		
hl7ips-entry-template-1	IPS Allergy or Intolerance (STU2)	DYNAMIC

Source Code System	
	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: *http://snomed.info/sct* - HL7 V2: *SCT*

Level/ Type	Code	Intensional Definition	Code System
	⊕ Include	*descendants of code 105590001 Substance (substance)*	SNOMED Clinical Terms
	⊕ Include	*descendants of code 373873005 Pharmaceutical / biologic product (product)*	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.30 IPS Vaccines WHO ATC

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.78	Effective Date	2024-08-02 11:41:23
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/vaccines-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSWHOVaccines	Display Name	IPS Vaccines WHO ATC
Description	IPS Vaccine codes value set. This value set includes codes from the World Health Organization Anatomical Therapeutic Chemical (ATC) classification system: all descendants of J07 "VACCINES"		

Usage: 1

Id	Name	Type
Template		
hl7ips-entry-template-16	IPS Immunization Medication Information (STU2)	DYNAMIC

Source Code System	2.16.840.1.113883.6.73 - *WHO Anatomical Therapeutic Chemical classification* - FHIR: ***http://www.whocc.no/atc*** - HL7 V2: *WC*

Level/ Type	Code	Intensional Definition	Code System
	⊕ In-clude	*descendants of code J07 VACCINES*	WHO Anatomical Therapeutic Chemical classification

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.31 IPS Pregnancies Summary

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.21	Effective Date	2017-04-13
Canonical URI	http://hl7.org/fhir//ips/ValueSet/pregnancies-summary-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSPregnanciesSummary	Display Name	IPS Pregnancies Summary

Usage: 1

Id	Name	Type

Template		
hl7ips-entry-template-28	IPS Pregnancy Outcome Observation (STU1)	DYNAMIC

Source Code System	
	2.16.840.1.113883.6.1 - *Logical Observation Identifier Names and Codes* - FHIR: *http://loinc.org* - HL7 V2: *LN*

Level/ Type	Code	Display Name	Code System
0-L	11636-8 [#] Births.live	Logical Observation Identifier Names and Codes
0-L	11637-6 [#] Births.preterm	Logical Observation Identifier Names and Codes
0-L	11638-4 [#] Births.still living	Logical Observation Identifier Names and Codes
0-L	11639-2 [#] Births.term	Logical Observation Identifier Names and Codes
0-L	11640-0 [#] Births total	Logical Observation Identifier Names and Codes
0-L	11612-9 [#] Abortions	Logical Observation Identifier Names and Codes
0-L	11613-7 [#] Abortions.induced	Logical Observation Identifier Names and Codes
0-L	11614-5 [#] Abortions.spontaneous	Logical Observation Identifier Names and Codes
0-L	33065-4 [#] Ectopic pregnancy	Logical Observation Identifier Names and Codes

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.32 IPS Specimen Type

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.56	Effective Date	2024-08-02 10:55:07
Canonical URI	http://hl7.org/uv/ips/fhir/ValueSet/specimen-type		

Status	🟡 Draft	Version Label	
Name	IPS_SpecimenType	Display Name	IPS Specimen Type

Description	IPS Specimen Type codes value set.
Copyright	This artefact includes content from SNOMED Clinical Terms® (SNOMED CT®) which is copyright of the International Health Terminology Standards Development Organisation (IHTSDO). Implementers of these artefacts must have the appropriate SNOMED CT Affiliate license - for more information contact http://www.snomed.org/snomed-ct/getsnomed-ct or info@snomed.org.

Usage: 2

Template	Id	Name	Type
	hl7ips-entry-template-30	IPS Specimen Collection (STU2)	DYNAMIC
	hl7ips-entry-template-30	IPS Specimen Collection (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.6.96 - *SNOMED Clinical Terms* - FHIR: ***http://snomed.info/sct*** - HL7 V2: *SCT*

Level/ Type	Code	Intensional Definition	Code System
⊕ Include		*descendants of code 123038009 Specimen*	SNOMED Clinical Terms

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.33 IPS Pregnancy Expected Delivery Date Method

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.72	Effective Date	2024-08-02 09:41:07
Status	🟡 Draft	Version Label	
Name	IPSPregnancyEDDMethod	Display Name	IPS Pregnancy Expected Delivery Date Method
Description	IPS Expected Delivery Date Method		

Usage: 1

Id	Name	Type
Template		
hl7ips-entry-template-29	IPS Pregnancy Expected Delivery Date Observation (STU2)	DYNAMIC

Source Code System	2.16.840.1.113883.6.1 - *Logical Observation Identifier Names and Codes* - FHIR: *http://loinc.org* - HL7 V2: *LN*

Level/ Type	Code	Display Name	Code System
0-L	11778-8	Delivery date Estimated	Logical Observation Identifier Names and Codes
0-L	11779-6	Delivery date Estimated from last menstrual period	Logical Observation Identifier Names and Codes
0-L	11780-4	Delivery date Estimated from ovulation date	Logical Observation Identifier Names and Codes

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.34 ActStatusActiveCompletedAbortedSuspended

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.12	Effective Date	2017-03-30
Status	🟡 Draft	Version Label	
Name	ActStatusCodeActiveCompletedAbortedSuspended	Display Name	ActStatusActiveCompletedAbortedSuspended

Usage: 4

Id	Name	Type
Template		
hl7ips-entry-template-4	IPS Medication Statement (STU1)	DYNAMIC
hl7ips-entry-template-4	IPS Medication Statement (2021)	DYNAMIC
hl7ips-entry-template-33	IPS Subordinate SubstanceAdministration (STU1)	STATIC
hl7ips-entry-template-4	IPS Medication Statement (STU2)	DYNAMIC

Source Code System	2.16.840.1.113883.5.14 - *ActStatus* - FHIR: *http://terminology.hl7.org/CodeSystem/v3-ActStatus*

Level/ Type	Code	Display Name	Code System
0-L	completed	Completed	ActStatus
0-L	aborted	Aborted	ActStatus
0-L	active	Active	ActStatus
0-L	suspended	Suspended	ActStatus

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.35 ActStatusActiveCompletedAbortedCancelled

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.22	Effective Date	2017-05-02
Status	🟡 Draft	Version Label	
Name	ActStatusActiveCompletedAbortedCancelled	Display Name	ActStatusActiveCompletedAbortedCancelled

Usage: 4

Id	Name	Type
Template		
hl7ips-entry-template-17	IPS Procedure Entry (2021)	DYNAMIC
hl7ips-entry-template-17	IPS Procedure Entry (STU1)	DYNAMIC
hl7ips-entry-template-17	IPS Procedure Entry (STU2)	DYNAMIC
hl7ips-entry-template-38	IPS Planned Procedure (TI-2020)	DYNAMIC

Source Code System	2.16.840.1.113883.5.14 - *ActStatus* - FHIR: *http://terminology.hl7.org/CodeSystem/v3-ActStatus*

Level/ Type	Code	Display Name	Code System
0-L	completed	Completed	ActStatus
0-L	active	Active	ActStatus
0-L	aborted	Aborted	ActStatus
0-L	cancelled	Cancelled	ActStatus

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.36 IPS Medicine Route of Administration

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.33	Effective Date	2024-08-02 10:12:19
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/medicine-route-of-administration		
Status	🟡 Draft	Version Label	
Name	IPSRouteOfAdmin	Display Name	IPS Medicine Route of Administration

Description

EDQM (European Directorate for the Quality of Medicines and Healthcare) Route of Administration codes. This Value Set includes all the EDQM Standard Terms having:

[Concept Status] = 'Current' AND

[Concept Class] = 'ROA' AND

[Domain] = 'Human and Veterinary'

ROA = 'Route of administration'

Usage: 3

Id	Name	Type
Template		
hl7ips-entry-template-4	IPS Medication Statement (STU1)	DYNAMIC
hl7ips-entry-template-4	IPS Medication Statement (2021)	DYNAMIC
hl7ips-entry-template-4	IPS Medication Statement (STU2)	DYNAMIC

A valid code from the code system:

Code System Name	Code System Id

EDQM	0.4.0.127.0.16.1.1.2.1

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.37 Problem Severity

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.18	Effective Date	2017-04-07
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/condition-severity-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSProblemSeverity	Display Name	Problem Severity

Usage: 1

Id	Name	Type
Template		
hl7ips-entry-template-25	IPS Severity Observation (STU1)	DYNAMIC

Source Code System	2.16.840.1.113883.6.1 - *Logical Observation Identifier Names and Codes* - FHIR: *http://loinc.org* - HL7 V2: *LN*

Level/ Type	Code	Display Name	Code System
0-L	LA6752-5	Mild	Logical Observation Identifier Names and Codes
0-L	LA6751-7	Moderate	Logical Observation Identifier Names and Codes

0-L	LA6750-9 Severe	Logical Observation Identifier Names and Codes

11.38 IPS Problem Type

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.16	Effective Date	2017-04-07
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/problem-type-uv-ips		
Status	🟡 Draft	Version Label	
Name	IPSProblemType	Display Name	IPS Problem Type
Description	This value set indicates the level of medical judgment used to determine the existence of a problem.		

Usage: 5

Id	Name	Type
Template		
hl7ips-entry-template-8	IPS Problem Entry (2021)	DYNAMIC
hl7ips-entry-template-8	IPS Problem Entry (2021)	DYNAMIC
hl7ips-entry-template-8	IPS Problem Entry (STU1)	DYNAMIC
hl7ips-entry-template-6	IPS Reaction Manifestation (STU1)	STATIC
hl7ips-entry-template-6	IPS Reaction Manifestation (STU2)	STATIC

Source Code System	2.16.840.1.113883.6.1 - *Logical Observation Identifier Names and Codes* - FHIR: *http://loinc.org* - HL7 V2: *LN*

Level/ Type	Code	Display Name	Code System
0-L	75326-9	Problem	Logical Observation Identifier Names and Codes

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.39 DRUGActCode

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.14	Effective Date	2017-04-01
Status	🟡 Draft	Version Label	
Name	DRUGActCode	Display Name	DRUGActCode

Usage: 3

Id	Name	Type
Template		
hl7ips-entry-template-4	IPS Medication Statement (STU1)	DYNAMIC
hl7ips-entry-template-4	IPS Medication Statement (2021)	DYNAMIC
hl7ips-entry-template-4	IPS Medication Statement (STU2)	DYNAMIC

Source Code System	2.16.840.1.113883.5.4 - *Act Code* - FHIR: *http://terminology.hl7.org/CodeSystem/v3-ActCode* - HL7 V2: *ACTCODE*

Level/ Type	Code	Display Name	Code System
0-L	DRUG	Drug therapy	Act Code

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.40 Medicine Strength Denominator

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.31	Effective Date	2017-05-03
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/strengthDenominator		
Status	🟡 Draft	Version Label	
Name	IPSMedicineStrengthDenominator	Display Name	Medicine Strength Denominator

Usage: 2

Id	Name	Type
Template		
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC

A valid code from the code system:

Code System Name	Code System Id
Unified Code for Units of Measure	2.16.840.1.113883.6.8

11.41 Topographical modifier (qualifier)

Id	2.16.840.1.113883.11.22.58	**Effective Date**	2017-12-12 19:33:52
Status	🟡 Draft	**Version Label**	
Name	topographicalModifierQualifier	**Display Name**	Topographical modifier (qualifier)
Description	<< 106233006 |Topographical modifier (qualifier value)|		

Usage: 2

Id	Name	Type
Template		
hl7ips-entry-template-12	IPS Radiology Result Observation (STU2)	DYNAMIC
hl7ips-entry-template-12	IPS Radiology Result Observation (STU1)	DYNAMIC

11.42 IPS Results Organizer

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.37	**Effective Date**	2017-05-23
Status	🟡 Draft	**Version Label**	

Name	IPSResultsOrganizer	Display Name	IPS Results Organizer

Usage: 1

Id	Name	Type
Template		
hl7ips-entry-template-9	IPS Result Organizer (STU1)	DYNAMIC

A valid code from the code system:

Code System Name	Code System Id
Logical Observation Identifier Names and Codes	2.16.840.1.113883.6.1

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.43 Medicine Strength Numerator

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.30	Effective Date	2017-05-03
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/strengthNumerator		
Status	🟡 Draft	Version Label	
Name	IPSStrengthNumerator	Display Name	Medicine Strength Numerator

Usage: 2

Id	Name	Type

Template		
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (STU2)	DYNAMIC

A valid code from the code system:

Code System Name	Code System Id
Unified Code for Units of Measure	2.16.840.1.113883.6.8

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.44 IPS WHO ATC

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.29	Effective Date	2017-05-03
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/whoatc-uv-ips		
Status	🟡 Draft	Version Label	
Name	WHOATC	Display Name	IPS WHO ATC

Usage: 3

Id	Name	Type
Template		
hl7ips-entry-template-3	IPS Manufactured Material (STU1)	DYNAMIC
hl7ips-entry-template-3	IPS Manufactured Material (2021)	DYNAMIC

| hl7ips-entry-template-3 | IPS Manufactured Material (STU2) | DYNAMIC |

A valid code from the code system:

Code System Name	Code System Id
WHO Anatomical Therapeutic Chemical classification	2.16.840.1.113883.6.73

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

11.45 IPS Results Observation

This terminology is a snapshot as of . Terminologies may evolve over time. If you need recent (dynamic) versions of this terminology, please retrieve it from the source.

Id	2.16.840.1.113883.11.22.38	Effective Date	2017-05-23
Canonical URI	http://hl7.org/fhir/uv/ips/ValueSet/observation-codes-uv-ips		
Status	🟡 Draft	**Version Label**	
Name	IPSResultsObservation	**Display Name**	IPS Results Observation

Usage: 1

Id	Name	Type
Template		
hl7ips-entry-template-10	IPS Result Observation (STU1)	DYNAMIC

A valid code from the code system:

Code System Name	Code System Id

Logical Observation Identifier Names and Codes	2.16.840.1.113883.6.1

Legenda: Type L=leaf, S=specializable, A=abstract, D=deprecated. NullFlavor OTH (other) suggests text in originalText. HL7 V3: NullFlavors to appear in @nullFlavor attribute instead of @code.

12 List of all artifacts used in this guide

12.1 CDA Templates

12.1.1 Document

▪ 2.16.840.1.113883.10.22.1.2 International Patient Summary (2024)

12.1.2 Header

▪ 2.16.840.1.113883.10.22.2.1 IPS CDA recordTarget

▪ 2.16.840.1.113883.10.22.2.2 IPS CDA author

▪ 2.16.840.1.113883.10.22.2.3 IPS CDA custodian

▪ 2.16.840.1.113883.10.22.2.4 IPS CDA legalAuthenticator

▪ 2.16.840.1.113883.10.22.2.5 IPS Patient Contacts

▪ 2.16.840.1.113883.10.22.2.6 IPS CDA documentationOf

▪ 2.16.840.1.113883.10.22.2.7 IPS CDA relatedDocument

12.1.3 Section

▪ 2.16.840.1.113883.10.22.3.1 IPS Medication Summary Section

▪ 2.16.840.1.113883.10.22.3.2 IPS Allergies and Intolerances Section

▪ 2.16.840.1.113883.10.22.3.3 IPS Problems Section

▪ 2.16.840.1.113883.10.22.3.4 IPS History of Procedures Section

▪ 2.16.840.1.113883.10.22.3.5 IPS Immunizations Section

▪ 2.16.840.1.113883.10.22.3.6 IPS Medical Devices Section

▪ 2.16.840.1.113883.10.22.3.7 IPS History of Past Illness Section

▪ 2.16.840.1.113883.10.22.3.8 IPS Functional Status Section

▪ 2.16.840.1.113883.10.22.3.9 IPS Plan of Care Section

▪ 2.16.840.1.113883.10.22.3.10 IPS Social History Section

▪ 2.16.840.1.113883.10.22.3.11 IPS History of Pregnancy Section

▪ 2.16.840.1.113883.10.22.3.12 IPS Advance Directives Section

▪ 2.16.840.1.113883.10.22.3.14 IPS Results Section

▪ 2.16.840.1.113883.10.22.3.15 IPS Translation Section

▪ 2.16.840.1.113883.10.22.15 IPS Alerts Section

▪ 2.16.840.1.113883.10.22.16 IPS Patient Story Section

12.1.4 Entry

- 2.16.840.1.113883.10.22.4.1 IPS Allergy or Intolerance
- 2.16.840.1.113883.10.22.4.2 IPS Medication Information (detail)
- 2.16.840.1.113883.10.22.4.3 IPS Manufactured Material
- 2.16.840.1.113883.10.22.4.4 IPS Medication Statement
- 2.16.840.1.113883.10.22.4.5 IPS Allergy and Intolerance Concern
- 2.16.840.1.113883.10.22.10 IPS Allergy Certainty Observation
- 2.16.840.1.113883.10.22.4.6 IPS Reaction Manifestation
- 2.16.840.1.113883.10.22.4.7 IPS Problem Concern Entry
- 2.16.840.1.113883.10.22.4.8 IPS Problem Entry
- 2.16.840.1.113883.10.22.4.9 IPS Result Organizer
- 2.16.840.1.113883.10.22.4.10 IPS Result Observation
- 2.16.840.1.113883.10.22.4.11 IPS Pathology Result Observation
- 2.16.840.1.113883.10.22.4.12 IPS Radiology Result Observation
- 2.16.840.1.113883.10.22.17 IPS Radiology Result Observation Component
- 2.16.840.1.113883.10.22.4.13 IPS Laboratory Result Observation
- 2.16.840.1.113883.10.22.4.14 IPS Body Author
- 2.16.840.1.113883.10.22.4.15 IPS Immunization
- 2.16.840.1.113883.10.22.4.16 IPS Immunization Medication Information
- 2.16.840.1.113883.10.22.4.17 IPS Procedure Entry
- 2.16.840.1.113883.10.22.4.18 IPS Criticality Observation
- 2.16.840.1.113883.10.22.4.19 IPS Certainty Observation
- 2.16.840.1.113883.10.22.4.20 IPS Problem Status Observation
- 2.16.840.1.113883.10.22.4.21 IPS Allergy Status Observation
- 2.16.840.1.113883.10.22.4.22 IPS Comment Activity
- 2.16.840.1.113883.10.22.4.23 IPS ObservationMedia
- 2.16.840.1.113883.10.22.4.25 IPS Severity Observation
- 2.16.840.1.113883.10.22.4.26 IPS Medical Device
- 2.16.840.1.113883.10.22.4.27 IPS Pregnancy Status Observation
- 2.16.840.1.113883.10.22.4.28 IPS Pregnancy Outcome Observation
- 2.16.840.1.113883.10.22.4.29 IPS Pregnancy Expected Delivery Date Observation
- 2.16.840.1.113883.10.22.4.30 IPS Specimen Collection
- 2.16.840.1.113883.10.22.4.31 IPS Internal Reference
- 2.16.840.1.113883.10.22.4.34 IPS Social History Tobacco Use

- 2.16.840.1.113883.10.22.4.35 IPS Social History Alcohol Use

- 2.16.840.1.113883.10.22.4.36 IPS Pregnancy Observation

- 2.16.840.1.113883.10.22.4.37 IPS Advance Directive Observation

- 2.16.840.1.113883.10.22.4.38 IPS Planned Procedure

- 2.16.840.1.113883.10.22.4.39 IPS Planned Act

- 2.16.840.1.113883.10.22.4.40 IPS Planned Encounter

- 2.16.840.1.113883.10.22.4.41 IPS Planned Observation

- 2.16.840.1.113883.10.22.4.42 IPS Survey Panel

- 2.16.840.1.113883.10.22.4.43 IPS Survey Observation

- 2.16.840.1.113883.10.22.4.46 IPS Advance Directive Organizer

- 2.16.840.1.113883.10.22.4.47 IPS Planned Immunization

- 2.16.840.1.113883.10.22.4.48 IPS Social History Observation

12.1.5 Other

- 2.16.840.1.113883.10.22.9.1 IPS CDA Organization

- 2.16.840.1.113883.10.22.9.2 IPS CDA Device

- 2.16.840.1.113883.10.22.9.3 IPS CDA Person

- 2.16.840.1.113883.10.22.11 IPS Address

12.2 CDA Template References (Pharmacy)

- 2.16.840.1.113883.10.21.4.6 UV Subordinate Substance Administration

- 2.16.840.1.113883.10.21.9.1 UV Use Period

12.3 CDA Template References (IHE)

- 1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2 IHE Coded Vital Signs Section

- 1.3.6.1.4.1.19376.1.5.3.1.4.13.1 Vital Signs Organizer

12.4 Unconstrained Templates from the original CDA specification

- 2.16.840.1.113883.10.12.151 CDA Organization

- 2.16.840.1.113883.10.12.152 CDA Person

- 2.16.840.1.113883.10.12.153 CDA AssignedEntity

- 2.16.840.1.113883.10.12.318 CDA Author (Body)

- 2.16.840.1.113883.10.12.315 CDA Device

- 2.16.840.1.113883.10.12.319 CDA Informant (Body)

- 2.16.840.1.113883.10.12.323 CDA Performer (Body)

- 2.16.840.1.113883.10.12.313 CDA PlayingEntity

- 2.16.840.1.113883.10.12.316 CDA RelatedEntity

12.5 Value Sets

- 2.16.840.1.113883.11.22.2 Allergy or Intolerance Type

- 2.16.840.1.113883.11.22.3 Allergy Reaction

- 2.16.840.1.113883.11.22.5 CORE Problem List Disorders

- 2.16.840.1.113883.11.22.8 IPS Condition Verification Status

- 2.16.840.1.113883.11.22.9 Absent or Unknown Allergies

- 2.16.840.1.113883.11.22.10 Allergies to substances

- 2.16.840.1.113883.11.22.11 Adverse Reaction Agents

- 2.16.840.1.113883.11.22.12 ActStatusActiveCompletedAbortedSuspended

- 2.16.840.1.113883.11.22.13 Time units (UCUM)

- 2.16.840.1.113883.11.22.14 DRUGActCode

- 2.16.840.1.113883.11.22.15 Absent or Unknown Medication

- 2.16.840.1.113883.11.22.16 Problem Type

- 2.16.840.1.113883.11.22.17 Absent or Unknown Problems

- 2.16.840.1.113883.11.22.18 Problem Severity

- 2.16.840.1.113883.11.22.19 Language Code

- 2.16.840.1.113883.11.22.20 IPS Expected Delivery Date Method

- 2.16.840.1.113883.11.22.21 IPS Pregnancies Summary

- 2.16.840.1.113883.11.22.22 ActStatusActiveCompletedAbortedCancelled

- 2.16.840.1.113883.11.22.23 IPS Medical Devices

- 2.16.840.1.113883.11.22.24 IPS Condition Status Code

- 2.16.840.1.113883.11.22.25 Medicine Doseform

- 2.16.840.1.113883.11.22.27 Medicine Package

- 2.16.840.1.113883.11.22.28 Quantity Units

- 2.16.840.1.113883.11.22.29 WHO ATC

- 2.16.840.1.113883.11.22.30 Medicine Strength Numerator

- 2.16.840.1.113883.11.22.31 Medicine Strength Denominator

- 2.16.840.1.113883.11.22.32 Medicine Active Substances

- 2.16.840.1.113883.11.22.33 Medicine Route of Administration

- 2.16.840.1.113883.11.22.34 IPS No Drug Substances

- 2.16.840.1.113883.11.22.35 IPS Procedures

- 2.16.840.1.113883.11.22.36 Absent or Unknown Procedures

- 2.16.840.1.113883.11.22.37 IPS Results Organizer

- 2.16.840.1.113883.11.22.38 IPS Results Observation

- 2.16.840.1.113883.11.22.39 IPS Results Observation Laboratory

- 2.16.840.1.113883.11.22.40 IPS Results Observation Radiology

- 2.16.840.1.113883.11.22.41 IPS Results Observation Pathology

- 2.16.840.1.113883.11.22.42 IPS Allergy Status Code

- 2.16.840.1.113883.11.22.43 Absent or Unknown Immunization

- 2.16.840.1.113883.11.22.44 IPS Vaccines

- 2.16.840.1.113883.11.22.45 IPS Multingredients Products

- 2.16.840.1.113883.11.22.46 IPS Results Coded Values Laboratory

- 2.16.840.1.113883.11.22.47 IPS Results Coded Values Pathology

- 2.16.840.1.113883.11.22.48 IPS Results Coded Values Radiology

- 2.16.840.1.113883.11.22.49 IPS Results Microorganism

- 2.16.840.1.113883.11.22.50 IPS Results Blood Group phenotypes

- 2.16.840.1.113883.11.22.51 IPS Results ABO+RH GROUP

- 2.16.840.1.113883.11.22.52 IPS Results Presence/Absence

- 2.16.840.1.113883.11.22.53 IPS Healthcare Professional Roles

- 2.16.840.1.113883.11.22.54 IPS Personal Relationship

- 2.16.840.1.113883.11.22.55 IPS Target Site

- 2.16.840.1.113883.11.22.56 IPS Specimen Type

- 2.16.840.1.113883.11.22.57 Laterality (qualifier)

- 2.16.840.1.113883.11.22.58 Topographical modifier (qualifier)

- 2.16.840.1.113883.11.22.59 IPS Current Smoking Status

- 2.16.840.1.113883.11.22.60 Allergy-intolerance Criticality

12.6 Value Sets References

- 2.16.840.1.113883.1.11.1 AdministrativeGender

- 2.16.840.1.113883.1.11.10706 Timing Event

- 2.16.840.1.113883.1.11.11610 x_ActRelationshipDocument

- 2.16.840.1.113883.1.11.15933 ActStatus

- 2.16.840.1.113883.1.11.16926 HL7 BasicConfidentialityKind

- 2.16.840.1.113883.1.11.19446 x_ActRelationshipEntry

- 2.16.840.1.113883.1.11.19563 PersonalRelationshipRoleType

- 2.16.840.1.113883.1.11.19601 x_ServiceEventPerformer

- 2.16.840.1.113883.1.11.19709 ActSubstanceAdministrationImmunizationCode

- 2.16.840.1.113883.1.11.19890 x_ActStatusActiveComplete

- 2.16.840.1.113883.1.11.201 TelecommunicationAddressUse

- 2.16.840.1.113883.1.11.20386 SeverityObservationCode

- 2.16.840.1.113883.1.11.78 Observation Interpretation

- 2.16.840.1.113883.11.20.9.18 MoodCodeEvnInt

- 2.16.840.1.113883.11.20.9.33 INDRoleclassCodes

- 2.16.840.1.113883.3.88.12.80.60 Social History Type

13 Appendix (Informative)

13.1 Acronyms and abbreviations

- **CCD**: Continuity of Care Document

- **C-CDA**: Consolidated CDA

- **CDA**: Clinical Document Architecture

- **CEN**: Comité Européen de Normalisation (European Committee for Standardization)

- **CEN/TC 251** : CEN Technical Committe 251

- **DSTU**: Draft Standard for Trial Use

- **EC**: European Commission

- **EDQM**: European Directorate for the Quality of Medicines & Healthcare

- **eHDSI**: Digital Service Infrastructure for eHealth

- **eHN**: eHealth Network

- **EHR**: Electronic Healthcare Record

- **EN**: European Normative [or Standard] (CEN)

- **epSOS**: European Patient Smart Open Services

- **EU**: European; Europe

- **FDA**: Food and Drug Administration (USA)

- **GP**: General Practitioner

- **HL7**: Health Level Seven

- **HP**: Healthcare Professional

- **IDMP**: IDentification of Medicinal Products (ISO Standard)

- **IHE**: Integrating the Healthcare Enterprise

- **INTERPAS**: International Patient Summary (HL7 International Project)

- **IPS**: International Patient Summary

- **ISO**: International Organization for Standardization

- **JAseHN**: Joint Action to Support the eHealth Network

- **JIC**: Joint Initiative Council on SDO Global Health Informatics Standardization

- **LOINC**: Logical Observation Identifiers Names & Codes

- **MOU**: Memorandum of Understanding (on cooperation surrounding health related information and communication technologies, that between EU and US)

- **MPID**: Medicinal Product Identifier

- **ONC**: Office of the National Coordinator for Health Information Technology (USA)

- **PCC**: Patient Care Coordination

- **PCID** : Medicinal Product Package Identifier

-

    PhPID(s): Pharmaceutical Product Identifier(s)

- **prEN**: Draft European Normative [or Standard] (CEN)

- **prTS**: Draft Technical Specifications (CEN)

- **PS**: Patient Summary

- **S&I**: Standards and Interoperability (S&I) Framework (run by ONC)

- **SAIF**: Service Aware Interoperability Framework

- **SDO**: Standards Developing Organization

- **STU**: Standard for Trial Use

- **TS**: Technical Specifications (CEN)

- **UCUM**: Unified Code for Units of Measure

- **WHO**: World Health Organization

13.2 Glossary

- **Compliance.** A standard or specification is compliant with another standard or specification if all propositions that are true in the initial standard are also true in the complying standard. The target artifact is compliant with the source artifact if and only if all conforming implementations of the target are also conforming with the source (RM-ODP). The term compliance is also used to state expectations as to how certain specifications need to satisfy possible legislative or regulatory constraints or requirements.

- **Conformance** relates an implementation to a standard. Any proposition that is true of the specification must be true in its implementation. (ISO, 2010).

-

Conformance Assessment is a process whereby a given implementation instance is evaluated to determine which of its various Conformance Assertions are valid implementations of a given specification's Conformance Statements.

▪ **Conformance Statement** is a statement that identifies testable requirements at a specified Conformance Point within a specification, explicitly defining the behavior which must be satisfied at these points. Conformance Statements will only occur in standard which are intended to constrain some feature of a real implementation, so that there exists, in principle, the possibility of testing.

▪ **Conformance Assertion** is a testable, verifiable statement made about a specific implementation instance against a corresponding Conformance Statement.

▪ **Conformance Points** are the evaluation of conformance at specific points in the implementation or specification. See Conformance.

▪ **Electronic Patient Summary**: electronic health record extract containing essential healthcare information intended for specific uses . (EN ISO 13940: 2016)

▪ **International Patient Summary** : electronic patient summary for use in the unscheduled, cross-border care scenario comprising at least the required elements of the IPS dataset.

▪ **International Patient Summary dataset**: a minimal and non-exhaustive patient summary dataset, specialty-agnostic, condition-independent, but readily usable by clinicians for the cross-border unscheduled care of a patient.

13.3 Real World User Stories

This section reports a series of real world user stories adapted from the Trillium Bridge project [The Trillium Bridge Project http://www.trilliumbridge.eu] and the eHDSI initiative [The eHDSI initiative https://ec.europa.eu/cefdigital/wiki/display/EHOPERATIONS/eHealth+DSI+Operations+Home].

13.3.1 IPS Storyboard 1: Martha, a traveling corporate executive

Martha, a 45-year old corporate executive and breast cancer survivor travels frequently on business between the US and EU countries. She carries a clinical summary on her mobile phone and on paper just in case she needs to seek medical care regarding recurring symptoms. Martha's summary includes

▪ Breast cancer Stage II with no evidence of recurrence following treatment

- hot flashes as problems

- Anastrozole 1 mg. once daily

- Black Cohosh Extract herbal supplement as medications

- the indication of an allergy to Penicillin

- and finally as Plan of Care, to continue hormone medication with Anastrozole for total of 5 years

- and monitor for potential breast cancer recurrence.

During a visit in Austria, Martha walks up a hill and experiences shortness of breath, faints, and wakes up a few minutes later after hitting her head on a stone step. A passerby helps her get to the emergency department of a local hospital. An ambulance is called and she is brought to the emergency ward.

During registration and admission, Martha hands in her patient summary in a USB key. At the hospital, Martha is evaluated by an oncologist and a cardiologist.

Following care provision, Martha receives an encounter report. When back home she hands in the encounter report to her primary physician, who updates her record.

13.3.2 IPS Storyboard 2: Paolo, a retired businessman

Paolo Cerruti is a 67-year-old retired businessman, who normally lives in the outskirts Bergamo, near Lake Como, in Lombardy. He is generally healthy, but has long-standing hypertension. His regular physician changed his medication two weeks ago because of poor blood pressure control on his previous medication. He is on holiday going through New England, US, travelling on his own to enjoy the autumn foliage, and is presently in Boston, MA. He is nearing the end of his holiday, and will be returning to Italy in three days' time. Two days ago he lost his day bag. The bag included his hypertension medication, and he has not been able to take his tablets for two days.

This morning he has woken up feeling dizzy and has blurred vision. The hotel is able to put him in urgent contact with a local general practitioner (GP). Having assessed him, the GP noted a raised blood pressure, but is uncertain about whether to attribute these symptoms to the raised blood pressure or a side effect of the new medication. Now, the GP in Boston needs to know the medication, and the past few blood pressure readings to determine how exceptional the present reading is and manage Paolo appropriately.

Immediate access to his International Patient Summary would be the perfect answer. Paolo may retrieve his online European Patient Summary for emergency access that is retrieved, transformed into an IPS and shown its content translated in English.

The GP notes that visual disturbances are a recognized side effect of this medication. No specific treatment is indicated, and Paolo is reassured that side effects will gradually subside, and his GP can prescribe a suitable antihypertensive medication upon his return to Lake Como.

13.3.3 IPS Storyboard 3: Diana, a pregnant woman

Diana is a 34-year-old pregnant woman from Lisbon with a past medical history of allergic asthma and thyroid cancer during adolescence; for the latter she had a surgical procedure done (thyroidectomy) and, as a consequence, suffers hypothyroidism which requires hormone replacement for life (levothyroxine). At the age of 31 she was diagnosed with a hereditary cardiac disorder – Brugada Syndrome – and had a cardioverter defibrillator implanted to control potentially lethal arrhythmias.

During the pregnancy of her first child (C-section delivery), she suffered gestational diabetes that developed into type 2 diabetes after giving birth and needs now to receive subcutaneous insulin. As chronic treatment she also needs nebulizations three-time per day for her asthma - this condition is aggravated in her case by being a smoker (1 pack per day) as included in the Social History Section.

At this moment, she presents severe pre-eclampsia (hypertension during pregnancy) in treatment with two oral antihypertensive agents (a combination medication). Additionally, she is following a 14-day-course of antibiotic treatment due to an acute pyelonephritis (kidney infection more likely to be develop in pregnant women due to the physiological changes that may interfere with the flow of urine).

Other sections of her Summary include allergies to latex and kiwi (which are very often associated) and to aspirin, and intolerance to lactose; immunizations administered during childhood and adolescence are also present.

Although being real choices for the different diseases and conditions, the selection of the patient's current medication tries to present some easily described medication as well as not so easily ones: e.g. insulin degludec, amoxicilin+clavulanic acid, and the combination of ipratropium bromide+salbutamol for nebulization. For the oral treatment of the pre-eclampsia the agents selected would not be used in real practice during pregnancy.

13.4 Integrated examples

The IPS specification releases are published at hl7intl.art-decor.org the International Patient Summary Project Publication Page [International Patient Summary Project Publication Page https://hl7intl.art-decor.pub/index.php?prefix=hl7ips-]. The actual release has a link to the XML materials that the W3C schemas are part of; it also includes example CDA document instances. A set of use cases have been defined and represented in IPS format. Also multiple languages are covered.

It is likely that the publication site will move to hl7.org permanently, and we will inform the community about that process.

13.5 Validation artifacts

You can test your implementation (instances) against the IPS specification. To download materials to your computer for local testing and validation consider...

  ▪

...the W3C schemas (actually valid for any CDA specification) located at the Publication Page [https://hl7intl.art-decor.pub/index.php?prefix=hl7ips-]. The actual release has a link to the XML materials as which the W3C schemas are part of; it also includes example CDA document instances.

- ..the ISO schematron, automatically generated by the tool. These are files to do validation locally by associating IPS CDA instances with the main schematron using an XML editor or to use the derived XSLT conversions and apply the according XSLT derivation to your local IPS CDA instance.

For further information you can follow the documentation.

13.6 Operational information

- The IPS project has an official mailing list address ips(at)lists.hl7.org, hosted at the HL7 listserver. Visit your Listserv Subscriptions at hl7.org and subscribe to the **International Patient Summary (IPS)**that is summarised under the Structured Documents Work Group.

- The original specification is hosted on the logical ART-DECOR main server art-decor.org under the *Governance Group* **HL7 International**, the project is reachable at the Live Project Landing Page.

- Any IPS specification release in HTML format resides at the Publication Page [https://hl7intl.art-decor.pub/index.php?prefix=hl7ips-]. It is likely that the publication site will move to hl7.org permanently, we will inform about that process.

- The IPS specification on the wiki is hosted here (international-patient-summary.net). It is likely that the publication site will move to hl7.org permanently, we will inform about that process.

13.7 Licenses

Following is a non-exhaustive list of third-party terminologies that may require a separate license:

- **SNOMED CT**: SNOMED International (formerly know as International Healthcare Terminology Standards Development Organization IHTSDO, see Get SNOMED CT http://www.ihtsdo.org/snomed-ct/get-snomed-ct) or info@ihtsdo.org

- **Logical Observation Identifiers Names & Codes** (LOINC): This material contains content from LOINC® (http://loinc.org). The LOINC Table, LOINC Table Core, LOINC Panels and Forms File, LOINC Answer File, LOINC Part File, LOINC Group File, LOINC Document Ontology File, LOINC Hierarchies, LOINC Linguis-

tic Variants File, LOINC/RSNA Radiology Playbook, and LOINC/IEEE Medical Device Code Mapping Table are copyright © 1995-2017, Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee and is available at no cost under the license at http://loinc.org/license.

- **Unified Code for Units of Measure (UCUM) : Regenstrief Institute, Inc. and the UCUM Organization**

- **EDQM Standard Terms** : European Directorate for the Quality of Medicines & Healthcare (EDQM, see EDQM Standard Terms https://standardterms.edqm.eu).

13.8 FAQ's

This is a placeholder for future Frequently Asked Questions about the International Patient Summary.

14 How to read the table view for templates

The template definitions are shown in a table view. It is comprised of *Template Meta data* and the *Template Design*. For further information please refer to the HL7 Templates Standard: Specification and Use of Reusable Information Constraint Templates, Release 1[1].

Templates may also be included in the hierarchical graph view (often used for CDA), see below.

14.1 Template Meta data

The upper right part of the template table contains the template meta data. Template id, status and the template name are shown (1). Furthermore the Version (effective date), a possible version label and the display name are shown (2).

The description area (plain or an accordion) contains the template descriptions/purpose (3), followed by classifications and whether the template is defined as open or closed (4).

The usage part (5) may list templates that uses this template or what templates this templates uses. A relationship list (6) may show all relationships to other templates or models.

Examples may show the correct use of the template by an XML fragment (7).

Used by 0 transactions and 3 templates, Uses 4 templates			
Used by	**as**	**Name**	**Version**
2.16.840.1.113883.10.22.4.5	Containment	IPS Allergy and Intolerance Concern	2016-11-11
2.16.840.1.113883.10.22.3.2	🔗	IPS Allergies and Intolerances Section	2016-11-11
2.16.840.1.113883.10.22.1.1	🔗	International Patient Summary	2017-04-11
Uses	**as**	**Name**	**Version**
2.16.840.1.113883.10.22.4.6	Containment	IPS Reaction Manifestation	DYNAMIC
2.16.840.1.113883.10.22.4.18	Containment	IPS Criticality Observation	DYNAMIC
2.16.840.1.113883.10.22.4.19	Containment	IPS Certainty Observation	DYNAMIC
2.16.840.1.113883.10.22.4.21	Containment	IPS Allergy Status Observation	2017-05-24

The relationship list shows all relationships to other templates or models for this template. It is divided in the "Used by" part listing templates that make use of this template, and a "Uses" listing all templates that are used by this templates, either as inclusion or containment. Indirect relationships like the parent Document Level Template for a Section Level Template are marked with a chain symbol.

The PDF version is rendered in the same way, but maybe with different fonts etc. to fit customized publication requirements.

Id	2.16.840.1.113883.10.22.3.12	Effective Date	valid from 2017-04-13
Status	Draft	Version Label	
Name	IPSAdvanceDirectivesSection	Display Name	IPS Advance Directives Section

Description
The advance directive section shall contain a narrative description of patient's advance directive. Entries for references to consent and advance directive documents when known will be specified by future versions of this template.

Context	Parent nodes of template element with id 2.16.840.1.113883.10.22.3.12
Classification	CDA Section Level Template
Open/Closed	Open (other than defined elements are allowed)

Used by / Uses	Used by 0 transactions and 1 template, Uses 2 templates			
	Used by	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.1.1	Containment	International Patient Summary	2017-04-11
	Uses	**as**	**Name**	**Version**
	2.16.840.1.113883.10.22.4.14	Containment	IPS Body Author	2017-03-02
	2.16.840.1.113883.10.12.319	Containment	CDA Informant (Body)	DYNAMIC

Relationship	Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.3.35 (DYNAMIC) Adaptation: template 1.3.6.1.4.1.19376.1.5.3.1.3.34 (DYNAMIC) Adaptation: template 2.16.840.1.113883.10.20.22.2.17 (DYNAMIC)

14.2 Table view of Template Design

Item	DT	Card	Conf	Description	Label
▼ hl7:section		0 … *			Immuniza…
@classCode	cs	0 … 1	F	DOCSECT	
@moodCode	cs	0 … 1	F	EVN	
▼ hl7:templateId	II	1 … 1	M		Immuniza…
@root	uid	1 … 1	F	2.16.840.1.113883.3.1937.99.61.7.10.900202	
▼ hl7:templateId	II	1 … 1	R		Immuniza…
@root	uid	1 … 1	F	2.16.840.1.113883.10.12.201	
▼ hl7:code	CE CNE	0 … 1		Description in addition	Immuniza…
@code	CONF	1 … 1	F	11369-6	
@codeSystem		1 … 1	F	2.16.840.1.113883.6.1	
▼ hl7:title	ST	1 … 1	M		Immuniza…
	CONF			element content shall be "Vaccinations"	
hl7:text	SD.TEXT	1 … 1	M		Immuniza…
▼ hl7:entry		0 … *		Contains 2.16.840.1.113883.3.1937.99.61.7.10.900203 *My Immunization Activity* (DYNAMIC)	Immuniza…
@typeCode	st	1 … 1	F	DRIV	

The headings of the table view of a template design are:

Item (1) contains the XML document tree view of all elements and attributes specified in the template design. Elements are denoted by a preceding triangle and attributes by a preceding "@".

DT (2) data types, contains the data type of the item, for more information on valid data types for element and attributes (see [1]).

Card / Conf (3) cardinality (Card) and conformance (Conf) of the item. Cardinality is the usual notion of min and max occurrences of the element. For attributes 0..1 denotes optionality, 1..1 say that the attribute is required and NP denotes prohibited attributes. Conformance may display values as shown in the following table.

Values of the conformance column

Conf	Short	Description
O	optional	Data is truly optional
R	required	If data is present and not masked (e.g. for privacy reasons), it must be provided, otherwise it may be omitted or explicitly null flavored. Sender and receiver must support this element.
M	mandatory	The data must be populated with a valid value from the associated value domain, otherwise the instance is not valid and may not be communicated. Sender and receiver must support this element.
C	conditional	There are conditions when data has to be provided (e.g. co-constraints like "information about pregnancy IF the patient is "female". Sender and receiver must support this element.
F	fixed	The data has a fixed value.
NP	not permitted	Data shall not be present

Description (4) contains a textual description of the item, may also contain constraints and values for fixed attributes.

Label (5) is a human readable label that is displayed upon errors, warnings or notes during validation.

14.2.1 Details of the table view

The actual template design shows the XML structure in a hierarchical list of elements (items) that are typically prefixed by the namespace "hl7:" or "cda:" (1).

Elements are denoted with a triangle, attributes with an @ sign (2).

Data types are specified according to the list of supported data types (3). They may be simple data types (lowercase), regular data types (uppercase) or flavors thereof. In case of coded elements, the coding strength (Required/CNE, Extensible/CWE, Preferred or Example) can be highlighted near the datatype (e.g. "CD.IPS (Extensible/CWE)") ; the absence of indications about the strength (e.g. "CE.IPS") shall be interpreted as "Required/CNE".

Values of the coding strength column

Strength	Displayed as	Description
Required	Required/ CNE	Coded with no exceptions; this element SHALL be from the specified value set
Extensible	Extensible/ CWE	Coded with Exceptions; this element SHALL be from the specified value set if any of the codes within the value set can apply to the concept being communicated. If the value set does not cover the concept (based on human review), alternate codings (or, data type allowing, text) may be included instead.
Preferred	Preferred	Instances are encouraged to draw from the specified codes for interoperability purposes but are not required to do so to be considered conformant.
Example	Example	Instances are not expected or even encouraged to draw from the specified value set. The value set merely provides examples of the types of concepts intended to be included.

The cardinality and conformance column is explained above (4).

Fixed values for e.g. attributes are also shown in the "description" column (5), preceded by a "F" in the Conf column.

Conformance statements are shown together with a CONF box, e.g. a @code and a @codeSystem with fixed and required values (6).

An optional label is displayed at the rightmost column (7).

Inclusion or containments of other templates, e.g. an entry within a section, are shown accordingly (8) along with their template id, display name and flexibility/stability indication, i.e. "DYNAMIC" (the most recent version) or a STATIC binding together with a version date.

Choice	1 … 1	Elements to choose from:
		▪ hl7:assignedPerson
		▪ hl7:representedOrganization

Choices of elements are shown as a choice list with the elements in questions summarised in a bullet point list.

CONF	The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.25 *Medicine Doseform* (2017-05-03)

A typical Conformance Statement is the binding of a coded element to a value set. This is expressed in the way shown. The value set is represented with the id, display name and the flexibility/stability of the binding.

Constraint	At least one subordinate <substanceAdministration> element SHALL be present unless medications are unknown or known absent.

In case a constraint is expressed in words, a box "Constraint" accompanies the textual expression of the constraint.

Schematron assert	role	🔴 error
	test	not(@value) or starts-with(@value, '#')
	Message	This reference/@value SHALL begin with a '#' and SHALL point to its corresponding narrative (using the approach defined in CDA Release 2, section 4.3.5.1)

In cases where constraints are expressed by formalised rules in ISO Schematron, the rule along with the role (error, warning), the test and the assertion message is shown.

14.3 How to read the Templates hierarchical graph view

Section IPS Results Section (2.16.840.1.113883.10.22.3.14)
    Entry IPS Result Organizer (2.16.840.1.113883.10.22.4.9)
        Entry IPS Laboratory Result Observation (2.16.840.1.113883.10.22.4.13)

Templates are often included in the hierarchical graph view (often used for CDA). It gives an overview of e.g. section and entries and their nesting/relationships.

> [*] CDA Person (2.16.840.1.113883.10.12.152)
>
> [@] UV Dispense Request (2.16.840.1.113883.10.21.4.2)

In case a template has more that one type (CDA Person for header, section and entry templates), it is denoted with a *, if a recursive definition is detected, this is shown with the symbol @.

14.4 How to read the *where* criteria

Templates sometimes include criteria for identifying distinct elements from a list (e.g. in a choice).

The criteria used to identify the items are shown in square brackets using the assertion *where [criteria]*

Criteria can be:

1. an **xpath expression** as in the example : *where [hl7:low or hl7:high]*

2. or an **integer** indexing the items of the list: e.g. *where [1]; where [2]*

3. **Cite error: Invalid `<ref>` tag; no text was provided for refs named `teits`**