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IHE Patient Care Coordination (PCC) Technical Framework Supplement

10

Newborn Discharge Summary (NDS)

Draft for Public Comment

15

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Foreword

20 This page is standard language for all IHE supplements. The Introduction section following will list all other IHE documents that are modified by this supplement. This document is a supplement to the IHE Patient Care Coordination Technical Framework V5.0. The technical framework can be found at http://www.ihe.net/Technical_Framework/index.cfm#pcc.

25 This and all IHE supplements are written as changes to a base document. The base document is normally one or more IHE Final Text documents. Supplements tell a technical editor and the reader how to modify the final text (additions, deletions, changes in wording). In order to understand this supplement, the reader needs to read and understand all of the base documents that are modified by this supplement.

In this supplement you will see “boxed” instructions similar to the following:

30

Replace Section X.X by the following:

These “boxed” instructions are for the author to indicate to the Volume Editor how to integrate the relevant section(s) into the overall Technical Framework.

35 This format means the reader has to integrate the base documents and the supplement. When the material in the supplement is considered ready for incorporation into the final text of the Technical Framework, the IHE committees will update the technical framework documents with the final text. Supplements are written in this format to avoid duplication material. This means that two IHE documents (one possibly final text, and the other a supplement) should not contain contradictory material.

40 Text in this document is not considered final for the Technical Framework. It becomes Final Text only after the IHE Patient Care Coordination Technical Committee ballots the supplement (after testing) and agrees that the material is ready for integration with the existing Technical Framework documents.

It is submitted for Public Comment starting June 01, 2010.

45 **Comments on this supplement may be submitted <http://forums.rsna.org>:**

1. Select the “IHE” forum
2. Select Patient Care Coordination Technical Framework
3. Select 2010-2011 Supplements for Public Comment
4. Select Newborn Discharge Summary

50

Please use the Public Comment Template provided there when starting your New Thread.

Details about IHE may be found at: www.ihe.net

55 **Details about the IHE Patient Care Coordination may be found at:**
<http://www.ihe.net/Domains/index.cfm>

Details about the structure of IHE Technical Frameworks and Supplements may be found at:
<http://www.ihe.net/About/process.cfm> and <http://www.ihe.net/profiles/index.cfm>

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Introduction

95 This supplement is written for Public Comment. It is written as changes to the documents listed below. The reader should have already read and understood these documents:

1. [PCC Technical Framework Volume 1, Revision 5.0](#)
2. [PCC Technical Framework Volume 2, Revision 5.0](#)

This supplement also references other documents¹. The reader should have already read and understood these documents:

- 100 1. [IT Infrastructure Technical Framework Volume 1, Revision 6.0](#)
2. [IT Infrastructure Technical Framework Volume 2, Revision 6.0](#)
3. [IT Infrastructure Technical Framework Volume 3, Revision 6.0](#)
4. [The Patient Identifier Cross-Reference \(PIX\) and Patient Demographic Query \(PDQ\) HL7 v3 Supplement to the IT Infrastructure Technical Framework.](#)
- 105 5. HL7 and other standards documents referenced in Volume 1 and Volume 2
6. Dilbert 2.0: 20 Years of Dilbert by Scott Adams, ISBN-10: 0740777351, ISBN-13: 978-0740777356

How to read the Newborn Discharge Summary Profile supplement

Please see the below documents that will need to be referenced to fully understand the profiles in this supplement. Each document has a short description describing what is contained.

1. **Perinatal Workflow (PW):** makes use of the antepartum, labor and delivery, postpartum, and newborn delivery profiles (some are in this supplement and many are in other supplements).
2. **Content Modules Supplement:** This document contains all PCC Section Templates, Entry Templates and Value Sets that are NOT in Final Text (that is, they are not in the Technical Framework Volume 2).
3. **PCC Technical Framework Volume 2, Revision 5.0 (published August 2008):** This contains all PCC Section Templates, Entry Templates and Value Sets (among other things) that ARE in Final Text.

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¹ The first three documents can be located on the IHE Website at http://www.ihe.net/Technical_Framework/index.cfm#IT. The remaining documents can be obtained from their respective publishers.

How to Access the Reference Material

To access Perinatal Workflow and Content Modules supplements refer to the same web page from which you accessed this supplement. In the event that has left your memory please follow these instructions:

- Navigate to <http://www.ihe.net>
- Click “Get Involved” on the top menu
- Select “Public Comment”
- Click the “Patient Care Coordination” link

To access the PCC Technical Framework Volume 2 Revision 5.0 follow this link:

http://www.ihe.net/Technical_Framework/upload/IHE_PCC_TF_50_Vol_2_2009-08-10.pdf

Open Issues and Questions

- 115 1) Several sections are pulled over from other related profiles (and sometimes added to) and we need to address how to resolve this. It is likely something in the Groupings section, but could also go in an appendix as this same need applies to Antepartum and Labor and Delivery profiles.
- 120 2) A Process Flow Diagram is still needed to represent the flow of this data between systems.
- 125 3) The Vital Records Birth Registration does not yet exist as a Content Profile but is one of the context areas that will interact with the NDS. Use of a placeholder may be appropriate
- 130 4) Newborn screening lab results are sent to the hospital using HL7 v2.5.1 messages and public health labs will not generate V3 XD-Lab reports but having such document reports will be useful. There is no profile for newborn screening labs but one is not necessary because it builds on existing lab message profiles constrained by special vocabularies and sample messages developed and maintained at NLM. It is not clear whether a profile is needed for newborn screening labs (NBSL) or if the NDS can be a content consumer for NBSL and integrate the data into the NDS eliminating the need for a separate XD-Lab document or a newborn screening lab document conforming to XD-lab could be produced and included in a folder with the NDS. It also would be possible to create a separate content profile for newborn screening, but it may be more appropriate to keep newborn screening results as part of the laboratory result section of a newborn discharge medical summary.
- 135

- 140
- 145
- 5) Newborn Hearing Screening is being developed as its own profile in 2010 and until it is complete and it is clear what it include, it must be a placeholder for NDS.
 - 6) The NDS includes data on both the mother and the infant that are stored in the infant's record. It will be necessary to carefully develop methods for correctly identifying the patient on which the data elements were collected.
 - 7) A special problem occurs in the problem list where problems identified in the mother are relevant for the infant and should either be entered as part of the family history using the codes and terms relevant to the mother, or in the infant's problem list under a different code and term such as exposure to HIV for the infant whose mother has HIV. Qualifiers such as "Family History of ..." do not work correctly for the infant's problem list and can misidentify infants as having problems which they do not have but may only be at risk for.

Closed Issues

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- 155
- 1) The content creator of an NDS also functions as a content consumer for other profiles such as the APR or LDR. Proper representations of these roles will be important. This is out of scope of this profile other than brief mention in the Process Flow section. Details of workflow will be handled in future work (Pediatric Workflow).

Volume 1 – Profiles

160 *Add the following to section 1.1.5*

1.1.5 Copyright Permissions

Add the following to section 2.5

2.5 Dependencies of the PCC Integration Profiles

<Profile Name>	<?>	<?>	<->
----------------	-----	-----	-----

165

Add the following to section 2.7

2.7 History of Annual Changes

Add Section X

170 **X Newborn Discharge Summary Profile**

The Newborn Discharge Summary represents a summary of the most critical information to a newborn care provider after discharge from the birthing facility. For 2010, the scope will be constrained to newborn discharges cared for in a normal newborn nursery and will not include
175 infants with complex problems cared for in a NICU. The NDS draws heavily on other content profiles such as APR and LDR and can also be used to display the results of newborn screening tests when they are available. As newborn screening results may not be available until after the newborn goes home, updating the NDS can be an effective strategy for transferring these results to future medical home (because the medical home is not always identified before the infant
180 leaves the hospital but the family can always identify the birthing facility where the birth occurred.)

Newborn hospital discharge represents the first transfer of care for the over 4 million infants born in the United States each year. The NDS can play a critical role in creating a new
185 ambulatory EHR for the infant at the time of their first office visit which is usually 2 or 3 days after they leave the birthing. Information recorded on the NDS can accurately be filed in the infant's lifetime record. The NDS also can play a critical role in assuring that all care requirements identified during newborn hospitalization are met after discharge and can provide the basis for quality measurement reporting and provide data required for clinical decision
190 support.

X.1 Purpose and Scope

The newborn discharge is produced when a newborn infant leaves the hospital and can play a
195 critical role in creating a new ambulatory EHR at the time of the first visit following discharge. Many of the data elements that are recorded on the NDS should become a part of the lifetime record but often are not available in an infant's record if data is not transferred from the hospital. Ideally this data, such as the birth weight, time of birth, discharge weight, and hepatitis B immunization, should be discretely imported into the ambulatory record, but it is useful to import
200 that data as an intact document. The same NDS can also be used to start a personal health record for the infant.

For 2010, the NDS will be constrained in scope to the care of a newborn who did not require special care in a Neonatal Intensive Care Unit (NICU) and did not have any complex problems
205 requiring extended stay or more complex treatment. In future years, the scope of the NDS can be expanded to include the more complex events that occur during NICU admissions.

The NDS is an example of a short stay hospital record (as sanctioned by JCAHO) where a single document serves several functions. A short stay hospital record includes the admission history

- 210 and physical, a discharge note, and all significant progress notes so that it contains all necessary elements of a hospital discharge summary and a separate dictated discharge summary is not required. A short stay hospital record produces the discharge summary as an on-going process during the hospital stay rather than as a separate process.
- 215 Much of the data required to complete a NDS is available in other documents found other places such as the Antepartum Record and in the Labor and Delivery Record. An important purpose of the NDS to provide accurate capture and re-use of data that was originally collected on the mother but that is of significance to the infant
- 220 A key purpose of the NDS is to coordinate care that is incomplete at the time of discharge and that will need to be completed in the ambulatory setting, such as repeat hearing screening or consults, or imaging studies that were ordered but not completed during the hospital or birthing facility stay.
- 225 Clinical decision support can be used to determine care requirements for newborns after discharge, and a key purpose of the NDS is to provide necessary data elements to drive CDS in the ambulatory setting
- 230 Quality of care measures are being developed by NCQA to track completion of all mandated newborn screening activities. The NDS is expected to provide key data elements necessary to measure quality which will involve integration of data from the hospital or birthing center with data from ambulatory care.
- 235 Family history is an important component of an infant's medical record and newborn discharge is a good time to collect an initial family history. The NDS will include sections in the medical summary designed to contain the family history. Tools are available to collect family history that could be utilized to transfer data to the NDS.
- 240 During the newborn hospital or birthing facility stay, the infant is identified as "BabyBoy" or "BabyGirl", and special pediatric demographics are used to handle multiple births. Before the infant leaves the hospital a birth certificate registration is usually completed and filed with vital records. The birth certificate also contains data about the parents, such as mother's education level, in addition to the infant's name. It will be useful to extract data such as birth weight from the NDS for use in completing the birth certificate registration, and data from the national
- 245 standard electronic birth certificate (plus individual state additions) will be useful for updating the NDS with complete and accurate demographics.
- 250 Because normal newborn hospitalizations are extremely brief, the results of many screening tests are not available when the infant leaves the hospital or birthing facility. These results will be returned to the hospital where the tests were ordered but most newborns are not cared for by the same provider during the newborn hospital admission and afterwards in the medical home. It will be extremely useful to update the NDS with the results of newborn screening tests and to make

- these updates available to future providers, since the future primary care provider and medical home are often not known at the time of discharge, but the hospital of birth is almost always
255 know to future providers who can query for this data at the hospital of birth. A provider seeing the newborn for the first time in an ambulatory setting could register with the hospital to receive notice of document availability when results of newborn screening are sent to the hospital.
- 260 The hospital is usually responsible for completing newborn hearing screening if this was not done during the admission, and this is often done at a hospital run ambulatory hearing testing facility. The results of the hearing test (or re-test) can also be added to the NDS post discharge (completing an order placed during the admission) and this new information made available through a notice of document availability.
- 265 The range of problems, data observations, procedures, and medication that are relevant to care provided in the normal newborn nursery is quite limited, and this content profile will include tables of commonly used codes including mapping of ICD9, ICD10, and SNOMED codes for describing common newborn conditions and targets of newborn screening. These coding
270 vocabulary subsets should be used to improve the quality of ambulatory problem lists in future records built from the NDS.

X.2 Process Flow

X.2.1 Use Cases

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X.2.1.1 A normal newborn with no special problems

A normal newborn discharge illustrates all of the features of the profile:

- 280
1. The initial observations on the newborn are recorded in the infant section of the labor and delivery record including the birth weight, apgar scores, and other measurements.
 2. When the infant is admitted to the normal newborn nursery, a newborn discharge summary is created as the electronic medical record for the newborn.
 3. Selected data from the Mother's antepartum history and physical is transferred to the
285 NDS or entered manually.

X.2.1.2 An infant who fails to pass newborn hearing screening

A normal newborn who fails to pass the most recent hearing screening before discharge from the hospital will require additional testing after hospital discharge. The NDS contains only the results of the most recent hearing test performed prior to discharge.

290

X.2.1.3 An infant with hyperbilirubinemia

Some infants will develop jaundice due to elevation of serum bilirubin that will require diagnostic studies and possible therapy during the newborn hospitalization and potentially after discharge. Severe elevations of bilirubin are rare, but can cause brain damage. A key role of the newborn discharge summary is to provide data for clinical decision support to determine the need for therapy and to coordinate care provided in the hospital with care required after discharge. Some infants will have transcutaneous bilirubin measurements performed at the bedside. Some infants will have blood drawn (usually by heel stick) for laboratory measurement of bilirubin and the results will usually be returned as HL7 v2.x lab results messages. All infants will have the mother's blood type measured as part of the antepartum labs.

305

X.2.1.4 An infant born to an HIV positive mother

When a mother is known to be infected with HIV, treatment is started during pregnancy and delivery to prevent transfer of the virus to the newborn.

X.2.1.5 An infant born to a mother who is positive for Hepatitis B antigen

An infant born to a mother who is known to be Hepatitis B antigen positive requires special treatment because they must receive both the Hepatitis B vaccine (which might be optional or deferred in other infants) and the Hepatitis B Hyperimmune Globulin (which provides passive immunity). It will be important to use the NDS to communicate the Hepatitis B lab results from the mother, the immunizations given to infant, and the plan of care that documents the need for future testing and careful observation of the infant to assure that maternal infant transmission of hepatitis has not occurred.

X.2.1.6 An infant with a heart murmur

A heart murmur is a common finding in newborns and most are not associated with congenital heart disease. Some significant congenital heart disease is not detected by examining the infant and it has been proposed that all newborns be screened by measuring pulse oxygenation (a vital sign on the medical summary.) This practice is undergoing evidence based review.

X.2.1.7 An infant with a congenital malformation such as equinovarus (club foot)

Many congenital malformations are not life threatening and do not require immediate therapy. A key role for the NDS is to document which diagnostic studies and consultations were completed during the hospitalization and which ones have been scheduled.

325

X.2.2 Diagrams

Figure X.2.2-1. Basic Process Flow in Newborn Discharge Summary Profile

330

X.3 Actors/Transactions

335 There are two actors in this profile, the Content Creator and the Content Consumer. Content is created by a Content Creator and is to be consumed by a Content Consumer. The sharing or transmission of content from one actor to the other is addressed by the appropriate use of IHE profiles described below, and is out of scope of this profile. A Document Source or a Portable Media Creator may embody the Content Creator Actor. A Document Consumer, a Document Recipient, or a Portable Media Importer may embody the Content Consumer Actor. The sharing or transmission of content or updates from one actor to the other is addressed by the use of appropriate IHE profiles described in the section on Content Bindings with XDS, XDM and XDR. in PCC TF_2:4.1

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Figure X.3-1 Actor Diagram

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X.3.1 Requirements of Actors

X.4 Options

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Table X.4-1 Newborn Discharge Summary - Actors and Options

Actor	Option	Section
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Actor	Option	Section
Content Consumer	View Option (See Note 1)	PCC TF-2: 3.0.1
	Document Import Option (See Note 1)	PCC TF-2: 3.0.2
	Section Import Option (See Note 1)	PCC TF-2: 3.0.3
	Discrete Data Import Option (See Note 1)	PCC TF-2: 3.0.4
Content Creator	No options defined	

Note 1: The Actor shall support at least one of these options.

355 X.5 Groupings

X.6 Security Considerations

X.7 Content Modules

360 Table X.7-1 maps data elements to existing PCC section templates. Existing section template mappings are displayed in the format of:

[Profile]:[Section]:[Subsection]

When data elements are mapped to existing sections all existing data shall be incorporated into the section within this profile. Additional data may be added if appropriate.

365

Table X.7-1 Newborn Discharge Summary Content Modules

Datum	PCC Template Name	PCC Template Id
Demographics	Header Modules	n/a
Pregnancy History	Pregnancy History	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4
Maternal Risk Factors	Coded Social History	1.3.6.1.4.1.19376.1.5.3.1.3.16.1
Maternal Labs	Coded Results	1.3.6.1.4.1.19376.1.5.3.1.3.28
Labor and Delivery Info	LDS:Labor and Delivery Events	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3
Family History	APHP:Coded Family Medical History	1.3.6.1.4.1.19376.1.5.3.1.3.15
Infant Birth Data	LDS:Newborn Delivery Information	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4

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Datum	PCC Template Name	PCC Template Id
Admit Exam	Admission Physical Exam	1.3.6.1.4.1.19376.1.5.3.1.1.22.1.1.2.1
Fetal Labs	Coded Results	1.3.6.1.4.1.19376.1.5.3.1.3.28
Infant Labs	Coded Results	1.3.6.1.4.1.19376.1.5.3.1.3.28
Plans at admission	LDHP: Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31
Hearing Screening	Coded Results	1.3.6.1.4.1.19376.1.5.3.1.3.28
Discharge Exam	Discharge Physical Exam	1.3.6.1.4.1.19376.1.5.3.1.3.26
Discharge Impression	Discharge Diagnosis	1.3.6.1.4.1.19376.1.5.3.1.3.7
Plan at Discharge	Care Plan	1.3.6.1.4.1.19376.1.5.3.1.3.31
Feeding and Output	Discharge Diet	1.3.6.1.4.1.19376.1.5.3.1.3.33

Glossary

370

<i>Add the following terms to the Glossary:</i>

<any glossary additions associated with the profile draft go here>

375

Volume 2 – Transactions and Content Modules

5.0 Namespaces and Vocabularies

codeSystem	codeSystemName	Description

5.1 IHE Format Codes

Profile	Format Code	Media Type	Template ID
Newborn Discharge Summary	urn:ihe:pcc:nds:2010	text/xml	1.3.6.1.4.1.19376.1.5.3.1.1.22.1.1

380

6.0 PCC Content Modules

6.3 HL7 Version 3.0 Content Modules

6.3.1 CDA Document Content Modules

385 **Add section 6.3.1.A**

6.3.1.A Newborn Discharge Summary 1.3.6.1.4.1.19376.1.5.3.1.1.22.1.1

390 The Newborn Discharge Summary represents a summary of the most critical information to a newborn care provider after discharge from the birthing facility. This document content module is a Medical Summary and inherits all header constraints from Medical Summary (1.3.6.1.4.1.19376.1.5.3.1.1.2).

6.3.1. A.1 Format Code

The XDSDocumentEntry format code for this content is **urn:ihe:pcc:nds:2010**

6.3.1. A.2 LOINC Code

The LOINC code for this document is **XX-NewbornDischargeSummary**

395 **6.3.1.A.3 Standards**

CCD ASTM/HL7 Continuity of Care Document

CDAR2 [HL7 CDA Release 2.0](#)

CDTHP [CDA for Common Document Types History and Physical Notes \(DSTU\)](#)

6.3.1.A.4 Specification

This section references content modules using Template Id as the key identifier. Definitions of the modules are found in either:

- IHE Patient Care Coordination Volume 2: Final Text
- IHE PCC Content Modules 2010 Supplement

Table 6.3.1.A.4-1 Newborn Discharge Summary Specification

Template Name	Opt	Section Template Id	Value Set Template Id
Pregnancy History	R2	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4	
Coded Social History	R2	1.3.6.1.4.1.19376.1.5.3.1.3.16.1	
Labor and Delivery Summary: Labor	R	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3	

Template Name	Opt	Section Template Id	Value Set Template Id
and Delivery Events			
Antepartum History and Physical: Coded Family Medical History	R2	1.3.6.1.4.1.19376.1.5.3.1.3.15	
Labor and Delivery Summary: Newborn Delivery Information	R	1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4	
Admission Physical Exam	R	1.3.6.1.4.1.19376.1.5.3.1.1.22.1.1.2.1	
Coded Results This section should include results from any relevant fetal, infant and maternal laboratory tests.	R2	1.3.6.1.4.1.19376.1.5.3.1.3.28	
Labor and Delivery History and Physical: Care Plan This section should included Care Plans from the labor and delivery period as well as Care Plans developed during the period of newborn care.	R	1.3.6.1.4.1.19376.1.5.3.1.3.31	
Discharge Physical Exam	R	1.3.6.1.4.1.19376.1.5.3.1.3.26	
Discharge Diagnosis	R	1.3.6.1.4.1.19376.1.5.3.1.3.7	
Discharge Diet This section should include description of the feeding plan for the newborn such as breast or bottle.	R2	1.3.6.1.4.1.19376.1.5.3.1.3.33	

6.3.1.A.5 Conformance

- 405 CDA Release 2.0 documents that conform to the requirements of this content module shall indicate their conformance by the inclusion of the appropriate <templateId> elements in the header of the document. This is shown in the sample document below. A CDA Document may conform to more than one template. This content module inherits from the [Medical Summary](#) content module, and so must conform to the requirements of that template as well, thus all
- 410 <templateId> elements shown in the example below shall be included.

```

415 <ClinicalDocument xmlns='urn:hl7-org:v3'>
    <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.2'><!--Medical Summary-->
415 <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.22.1.1'><!--Newborn Discharge Summary-->
    <id root=' ' extension=' '/>
    <code code='XX-NewbornDischargeSummary' displayName='Newborn discharge summary'
        codeSystem='2.16.840.1.113883.6.1' codeSystemName='LOINC'/>
420 <title>Newborn Discharge Summary</title>
    <effectiveTime value='20080601012005'/>
    <confidentialityCode code='N' displayName='Normal'
        codeSystem='2.16.840.1.113883.5.25' codeSystemName='Confidentiality' />
    <languageCode code='en-US'/>
    :
425 <component><structuredBody>
    <component>
    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4'>
430 <!--Required if known Pregnancy History Section content -->
    </section>
    </component>
    <component>
    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.16.1'>
435 <!--Required if known Coded Social History Section content -->
    </section>
    </component>
    <component>
    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.3'>
440 <!--Required Labor and Delivery Events Section content -->
    </section>
    </component>
    <component>
    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.15'>
445 <!-- Required if known Coded Family Medical History Section content -->
    </section>
    </component>
450 <component>
    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.21.2.4'>
        <!-- Required Newborn Delivery Information Section content -->
    </section>
455 </component>
    <component>
    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.22.1.1.2.1'>
460 <!-- Required Admission Physical Exam Section content -->
    </section>
    </component>
    <component>
    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.28'>
465 <!-- Required if known Coded Results Section content -->
    </section>
    </component>
    <component>
    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.31'>
470 <!-- Required Care Plan Section content -->
    </section>
    </component>
475 <component>
    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.26'>

```

```

    <!-- Required Discharge Physical Exam Section content -->
  </section>
</component>
<component>
  <section>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.7' />
    <!-- Required Discharge Diagnosis Section content -->
  </section>
</component>
<component>
  <section>
    <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.33' />
    <!-- Required if known Discharge Diet Section content -->
  </section>
</component>
</structuredBody></component>
</ClinicalDocument>
```

Figure 0.1.A.5-1 Sample Newborn Discharge Summary Document