Shelly

→ too accident focused

→ No medical cases represented (majority of them)

→ PMH - (menstrual Hx)

Lisa Gleod

(let me know if you can't read anything)

Integrating the Healthcare Enterprise

IHE PCC

Technical Framework Supplement

10

EMS Transfer of Care (ETC)

Public Comment

15

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20

This is a supplement to the IHE PCC Technical Framework V4.0

It is submitted for Public Comment between June 1, 2009 and July 1, 2009.

Comments shall be submitted within that period to http://forums.rsna.org:

25
1. Select the "IHE" forum
2. Select PCC Technical Framework
3. Select 2009-2010 Supplements for Public Comment
4. Select EMS Transfer of Care

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

30

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

Details about the IHE Patient Care Coordination (PCC) may be found at:
http://www.ihe.net/Domains/index.cfm

35

**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

The current version of the IHE <Domain Name> Technical Framework may be found at:.
40   http://www.ihe.net/Technical_Framework/index.cfm

45

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

Replace Section X.X by the following:

TABLE OF CONTENTS

50

75

Introduction

[handwritten: → what where is this document]

This supplement adds the EMS Transfer of Care Profile to Volume I of the IHE PCC Technical Framework, and the EMS Transfer Document Content Module and related modules to Volume II.

Profile Abstract

The EMS Transfer of Care (ETC) Profile supports the exchange of clinically relevant data between EMS providers and emergency care facilities.

Open Issues and Questions

[handwritten: → what is this]

1. Need to consider work in HITSP IS04 and IHE ITI -08 ID/ECON White Paper and align where necessary. This was discussed in an email thread just before the public comment publication deadline and there was not sufficient time to incorporate these changes, however, those involved in this discussion feel strongly that these considerations need to be addressed.

[handwritten: what email thread ?]

Closed Issues

[handwritten: need to address the patient ID]

Volume 1 – Integration Profiles

Glossary

Add the following terms to the Glossary:

2.5 Dependencies among Integration Profiles

95 | *Add the following to Table 2-5*

Integration Profile	Dependency	Dependency Type	Purpose
EMS Transfers of Care	None	N/A	N/A

2.7 History of Annual Changes

Add the following bullet to the end of the bullet list in Section 2.7

100 In the 2009-2010 cycle of the Patient Care Coordination Initiative, the following content profile was added as a supplement to the technical framework.

- Added the EMS Transfer of Care (ETC) Profile that supports the exchange of clinically relevant data between EMS providers and emergency care facilities.

Add Section X

X EMS Transfer of Care Content Profile

105 The electronic exchange of key clinical information between EMS and emergency department personnel would improve the quality of care provided to emergency patients. However, this exchange is mostly a paper-based process today. This is a critical gap in the emergency care process. ANSI/HITSP identified this gap in the Emergency Responder use case in 2007 and requested the assistance of organizations like IHE to fill this gap. This profile has been

110 developed in part in response to that request.

The profile makes use of the HL7 Clinical Document Architecture standard to define a clinical document that would enable the exchange of this clinical information. IHE Patient Care Coordination has already developed a number of profiles in support of emergency patients:

- The Emergency Department Referral (EDR) profile to supports physician referral of *[handwritten: Not sure what compl... this would for]*
115 patients to an emergency care facility.

- The Emergency Department Encounter Summary (EDES) profile supports reporting of emergency care given to a patient in an emergency care facility. *[handwritten: ?]*

Many of the key data elements needed in these settings are also pertinent to pre-hospital emergency treatment provided by EMS personnel. For example, emergency contact information,

120   the chief complaint and problems, medications and allergies are relevant in both settings. These
        data elements have been reused in this profile. Other data elements, such as the nature of the
        patient's injury or a description of the events leading to the need for emergency care are more
        specific to the EMS setting and have been added to the technical framework by this supplement.

        Some countries have already established national level standards for reporting of prehospital
125   care. For example, National EMS Information System (NEMSIS) is an effort in the United
        States to standardize the information collected across the 50 states. This profile identifies key
        information found in that standard to support the exchange of the necessary clinical data to
        emergency department personnel.

        In addition to information exchange from the EMS to the ED, emergency responders can also
130   benefit from the ability to access information available from personal health records, emergency
        contact registries, or health information exchanges. For example, an emergency data set could
        be exchanged using the Exchange of Personal Health Record (XPHR) Content profile. This
        information can then be transferred to the EMS Transfer of Care document, which would support
        access to the information by the emergency department personnel providing care. When the
135   Content Creator of this profile is grouped with the Content Consumer of other IHE PCC profiles,
        this profile requires the exchange of the key clinical data from one to the other.

        The application of health information technology to exchanges between EMS personnel and
        emergency departments will improve care and survivability for patients suffering from a health
   emergency. The EMS Transfers of Care profile is designed to meet this need.

140   # X.1 Actors and Transactions

        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
145   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 by section 3.7 Content Bindings with XDS, XDM and XDR
        found in the Patient Care Coordination Technical Framework

150
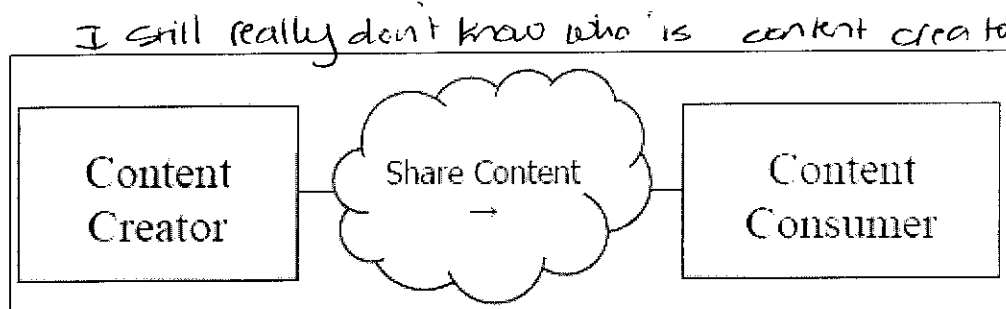
Figure X.1-1 EMS Transfer of Care Actors and Transactions

X.2 EMS Transfer of Care Options

Actor	Option	Section
	View Option (See Note 1)	PCC TF-2: 3.0.1
Content Consumer	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	None	

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

X.3 Grouping

This section describes the behaviors expected of the Content Creator and Content Consumer actors of this profile when grouped with actors of other IHE profiles.

X.3.1 Content Bindings with XDS, XDM and XDR

160 It is expected that the exchanges of this content will occur in an environment where emergency responders and emergency care centers have a coordinated infrastructure that serves the information sharing needs of this community of care. Several mechanisms are supported by IHE profiles:

- A registry/repository-based infrastructure is defined by the IHE Cross Enterprise
165 Document Sharing (XDS) and other IHE Integration Profiles such as patient identification (PIX & PDQ) and notification of availability of documents (NAV).

- A media-based infrastructure is defined by the IHE Cross Enterprise Document Media Interchange (XDM) profile.

- A reliable messaging-based infrastructure is defined by the IHE Cross Enterprise
170 Document Reliable Interchange (XDR) profile.

- All of these infrastructures support Security and privacy through the use of the Consistent Time (CT) and Audit Trail and Node Authentication (ATNA) profiles.

For more details on these profiles, see the IHE IT Infrastructure Technical Framework. Content profiles may impose additional requirements on the transactions used when grouped with actors
175 from other IHE Profiles.

X.3.2 Cross Enterprise Document Sharing, Media Interchange and Reliable Messages

Actors from the ITI XDS, XDM and XDR profiles most often embody the Content Creator and Content Consumer sharing function of this profile. A Content Creator or Content Consumer may
180 be grouped with appropriate actors from the XDS, XDM or XDR profiles, and the metadata sent in the document sharing or interchange messages has specific relationships to the content of the clinical document described in the content profile.

6

X.3.3 Audit Trail and Node Authentication (ATNA)

When the Content Creator or Content Consumer actor of this profile is grouped with the Secure Node or Secure Application actor of the ATNA profile, the content creator actor shall generate appropriate audit record events for each of the following trigger events:

Trigger Event	Description
Actor-start-stop	Start up and shut-down of the content creator or content consumer actor.
Patient-Record-Event	Creation, access, modification[1] or deletion of the content described within this profile.
Node-Authentication-Failure	Secure node authentication failure is detected.

The above list is a minimum set that must be demonstrated by all actors of this profile when grouped with the secure node or secure application actor. Additional audit records shall also be generated depending upon the actions available the product implementing the secure node or secure application actor.

X.3.4 Notification of Document Availability (NAV)

A Document Source should provide the capability to issue a Send Notification Transaction per the ITI Notification of Document Availability (NAV) Integration Profile in order to notify one or more Document Consumer(s) of the availability of one or more documents for retrieval. One of the Acknowledgement Request options may be used to request from a Document Consumer that an acknowledgement should be returned when it has received and processed the notification. A Document Consumer should provide the capability to receive a Receive Notification Transaction per the NAV Integration Profile in order to be notified by Document Sources of the availability of one or more documents for retrieval. The Send Acknowledgement option may be used to issue a Send Acknowledgement to a Document Source that the notification was received and processed.

X.3.5 Document Digital Signature (DSG)

When a Content Creator Actor needs to digitally sign a document in a submission set, it may support the Digital Signature (DSG) Content Profile as a Document Source. When a Content Consumer Actor needs to verify a Digital Signature, it may retrieve the digital signature document and may perform the verification against the signed document content.

Signatures to obtain : pt's of for billing)
pt's for ? consent to treat (not sure on this one)

sometimes nurse or md sign required (medicare, narcotic unsure)

---

[1] Clinical documents are not normally modified after being finalized. However, prior to that event one or more parties may author the content in stages. Each subsequent stage should be treated as a modification of the previous stage.

X.3.6 Grouping with Other PCC Content Profiles

When the Content Creator of this profile is grouped with a Content Consumers of other profiles found in the IHE PCC Technical Framework, the following key information available in documents specified in these profiles must be able to transferred from consumer to the creator for incorporation into the exchange.

Entries \ Profiles	XDS-MS	XPHR	EDR	EDES	APR	LDR
Emergency Contact Information	R	R	R	R	R	R
Problems	R	R	R	R	R	R
Medications	R	R	R	R	R	R
Allergies	R	R	R	R	R	R
Advance Directives (e.g., DNR status)	O	O	R	R	O	O
Pregnancy Status	O	O	O	O	R	R

X.4 Content Modules

Content Modules describe the content of a payload found in an IHE transaction. Content profiles are transaction neutral. They do not have dependencies upon the transaction that they appear in. This integration profile defines one content module, the EMS Transfer of Care, defined in section PCC TF-2:6.1.1.Y.

The EMS Transfer of Care content module is intended to document the relevant clinical information necessary for appropriate care in emergency care settings, and to support the exchange of information obtained via other IHE content profiles (e.g., in the case where the EMS system is able to obtain relevant information from a PHR or other HIT system, such as an emergency contact registry (i.e., VIN# ECON, DL# ECON).

This content module incorporates other content modules already present in this Technical Framework. The names of these content modules do not always use the terminology used by emergency care providers (e.g., Review of Systems). However, the data elements found in these sections are identical in content regardless of the level of training of the care providing that information, be they a nurse, physician or other health care professional. The purpose of section classification is to identify the type of information found in it. The author that generated this information is separately identified within the content module.

X.5 EMS Transfer of Care Process Flow

The process flow for EMS Transfers of care is shown in Figure X.1-1 below. Upon determination of the patient identity. When grouped with the content consumer actor of other IHE PCC profiles, the content consumer actor can consume content present in a PHR, ECON, or HIE system. Information from this content can be transferred to the document content module described in this profile, and can then be shared with the content consumer, as might be implemented by the recieving EDIS system. The shaded actors are defined elsewhere in IHE

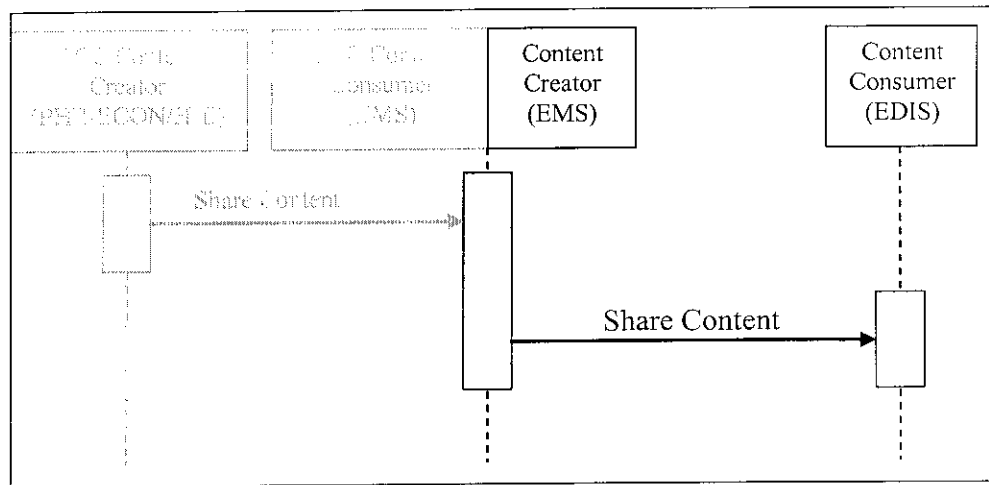PCC profiles. For details on these actors, see section X.3.6 Grouping with Other PCC Content Profiles.

240

Figure X.5-1 EMS Transfers of Care Process Flow

X.6 EMS Transfer of Care Security Considerations

245 EMS personnel may access to a great deal of personal health information for emergency patients by virtue of their role. The identity of personnel accessing this information should be provided to the suppliers of this information to ensure adequate access control and auditing. The IHE XUA profile may be used to support the exchange of identity informaiton between the different systems. The IHE ATNA profile may be used to support auditing of information access and to secure the communications between systems. Patients may want to create an "Emergency" data set which they authorize release to emergency responders. The IHE BPPC profile can be used 250 by patients to authorize release of certain information, and to mark the information that can be released to emergency providers.

[handwritten margin note: ? need a quick ems access to data minin consent]

255 Information communicated by EMS personnel to emergency departments is at least as sensitive as other healthcare data, and may also have ramifications beyond the use of it to treat emergency patients. For example, the health status of an emergency patient prior to an accident could have significant legal or financial impacts on the emergency patient. Communication of this information in an automated fashion between EMS personnel and an EDIS may require additional security measures, especially when communicated using physical media. In the latter case, policies over the control, access and erasure of this media will need to be established to secure the data.

260 Procedures will also need to be established to ensure adequate linkage of the media with the patient. The establishment of patient identity often presents difficulties in the emergency setting. Not all patients will be readily identifiable in emergency situations, and multiple patients may be transferred at the same time. Apporpriate policies and procecures will need to be established to ensure that adequate patient identification is exchanged between EMS and ED 265 personnel.

Volume 2 – Transactions and Content

> Add Section 6.1.1.Y to the end of Section 6.1.1

6.1.1 CDA Document Content Modules

6.1.1.Y EMS Transfer of Care   1.3.6.1.4.1.19376.1.5.3.1.1.19.1

270   The EMS Transfer of Care Document Content module lists the necessary clinical data elements for communication between EMS and Emergency Department personnel. This content module has shown the mapping of these data elements to LOINC, DEEDS and NEMSIS standards to show the coorrespondence between these standards and vocabularies. The mapping of DEEDS is present to show the progression from EMS care to the Emergency Department.

275   #### 6.1.1.Y.1   LOINC Code

The LOINC code for this document is **X-EMS** EMS Report

6.1.1.Y.2   Standards

CDAR2	HL7 CDA Release 2.0
CCD	ASTM/HL7 Continuity of Care Document
NEMCIS	http://www.nemsis.org/softwareDevelopers/datasetComponentsRequirements.html
DEEDS	http://www.cdc.gov/ncipc/pub-res/deedspage.htm
ASTM 1744	http://www.astm.org/Standards/E1744.htm

6.1.1.Y.3 Data Element Index

Data Element	LOINC	DEEDS	NEMSIS
Emergency Contact Information			?
Chief Complaint	10154-3 CHIEF COMPLAINT	4.06 Chief Complaint	E09_05 Chief Complaint
Injury Incident Description	11374-6 INJURY INCIDENT DESCRIPTION	5.03 Injury Incident Description	E09 Situation E10 Situation/Trauma
History of Present Illness	10164-2 HISTORY OF PRESENT ILLNESS	5.15 ED Clinical Finding	
Acuity Assessment	11283-9 ACUITY	4.08 First ED	

Handwritten annotations:
- "I'm assuming these are standards but not clear"
- "Is this data from NEMSIS referred to earlier? A Reference would be great!)"
- "Nice to have esp if minor also EMS" (near Emergency Contact Information)
- "are the only ones who know status of family + their arrival to hospital"
- "A must" (near Chief Complaint)
- "A must" (near Injury Incident Description)
- "?" (near History of Present Illness)
- "In EMS world, this is usually included in Chief complaint"
- "?" and ">" (near Acuity Assessment)
- "different systems used different assessor" (left margin bottom)
- "What tool is being used? Some use a 5 level acuity, Some use 4 level..."

		ASSESSMENT	Acuity Assessment	
check? (handwritten)	Active Problems	11450-4 PROBLEM LIST	5.15 ED Clinical Finding	E12_10 Medical/Surgical History
Must (handwritten)	Current Medications	10160-0 CURRENT MEDICATIONS	5.09 Current Therapeutic Medication	E12_14 Current Medications
Must (handwritten)	Allergies	48765-2 ALLERGIES, ADVERSE REACTIONS, ALERTS	5.15 ED Clinical Finding	E12_08 Medication Allergies. E12_09 Environmental/Food Allergies
Not necessary – nice to have (handwritten)	Immunizations	11369-6 HISTORY OF IMMUNIZATIONS	5.15 ED Clinical Finding	E12_12 Immunization History
Must ? (handwritten)	History of Past Illness *confused c active problems* (handwritten)	11348-0 HISTORY OF PAST ILLNESS	5.15 ED Clinical Finding	E12_10 Medical/Surgical History
Not necessary (handwritten)	History of Pregnancies	10162-6 HISTORY OF PREGNANCIES	5.15 ED Clinical Finding	E12_20 Pregnancy
Must if avail (handwritten)	Advance Directives	42348-3 ADVANCE DIRECTIVES	5.15 ED Clinical Finding	E12_07 Advanced Directives
Not necess. (handwritten)	Family History	10157-6 HISTORY OF FAMILY MEMBER DISEASES	5.15 ED Clinical Finding	E12_10 Medical/Surgical History
Not necess. (handwritten)	Social History	29762-2 SOCIAL HISTORY	5.15 ED Clinical Finding	E12_10 Medical/Surgical History
Must (handwritten)	Vital Signs	8716-3 VITAL SIGNS	5.15 ED Clinical Finding	E14 Assessment/ Vital Signs
Must - brief of pertinent system (handwritten)	Pertinent ROS	10187-3 REVIEW OF SYSTEMS	5.15 ED Clinical Finding	E09_13 Primary Symptom
Not necess (handwritten)	Physical Examination	29545-1 PHYSICAL EXAMINATION	5.15 ED Clinical Finding	E16 Assessment/ Exam
Brief of pertinent system (handwritten)	Assessment	X-ASSESS ASSESSMENTS	8.30 Patient Problem Assessed	E09_15 Providers Primary Impression
Must (handwritten)	Intravenous Fluids Administered	X-IVFLU INTRAVENOUS FLUID ADMINISTERED	6.02 ED Procedure	
Must (handwritten)	Medications Administered	18610-6 MEDICATION ADMINISTERED (COMPOSITE)	7.04 ED Medication	E18_03 Medication Given
Must (handwritten)	Procedures Performed	X-PROC PROCEDURES PERFORMED	6.02 ED Procedure	E19_03 Procedure
Must (handwritten)	Transport Mode	11459-5 TRANSPORT MODE	4.02 Mode of Transport	E20 Disposition

need to see this definition – if only preg. than it is incomplete (handwritten right margin)

? Not sure if this means by BLS, ALS, helicopter or if it means different . . . (handwritten)

6.1.1.Y.4   Specification

280   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 2009-2010 Supplement (For Public Comment)

285

Data Element Name	Opt	Template ID
Encounter Data The EMS encounter identifier shall appear in the componentOf/encompassingEncounter element of the CDA header. The effective time of the encounter starts when the emergency responder contacts the patient. It ends at the transfer of care or when the patient is no longer receiving care. _(This could be confusing)_	R	1.3.6.1.4.1.19376.1.5.3.1.1.19.3.2
Emergency Contact Information This section shall contain the name and a phone number of an emergency contact, including a sub-set of emergency contact cross reference identifiers (i.e., vehicle identification number (VIN#) and/or driver license number (DL#) for emergency responder ECON systems. _? Are they common tho? Are they aware_	R	
Chief Complaint This section shall contain a condition entry describing the chief complaint in coded form. The effective time of the chief complaint should be the best estimate or actual time of occurrence of the incident or onset leading to emergency care. It may contain a simple observation describing the cause of the injury.	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1
Injury Incident Description See note 1. This section shall include a description of the incident leading to the injury, including status of relevant safety equipment in use (e.g., safety belts, air bag, helmet). _Is this filling a _____ standard of some sort ?_	C	1.3.6.1.4.1.19376.1.5.3.1.1.19.2.1
History of Present Illness See Note 1	C	1.3.6.1.4.1.19376.1.5.3.1.3.4
Acuity Assessment	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.2
Active Problems See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.6
Current Medications See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.19
Allergies See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.13
Immunizations	O	1.3.6.1.4.1.19376.1.5.3.1.3.23
Past Medical History See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.8
History of Pregnancies See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4

Handwritten annotations: "usually police get involved if needed. EMS need to know if someone is trying to find the parents, etc."

Advanced Directives See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.34
Family History	O	1.3.6.1.4.1.19376.1.5.3.1.3.14
Social History	O	1.3.6.1.4.1.19376.1.5.3.1.3.16
Vital Signs	R	1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2
Pertinent ROS See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.18
Physical Examination See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.1.9.15
Assessment	R	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.4
Intravenous Fluids Administered See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.6
Medications Administered See Note 2	C	1.3.6.1.4.1.19376.1.5.3.1.3.21
Procedures Performed See Note 2. The procedures section shall contain procedure entries describing the type and timing of each intervention performed (e.g., CPR)	C	1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11
Transport Mode The transport mode entry contains the time of departure from the scene with the patient and the time of arrival at the treatment facility, along with the mode of transport of the patient.	R	1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2

Note 1 Either the Injury Incident Description or the History of Present Illness section shall be present. Both are permitted to be present. A content creator must demonstrate the ability to complete both, though not necessarily in the same report.

Note 2 The content creator must demonstrate the ability to complete these sections. If no data is available, the recommended behavior is to send indication that the data is not known, but this is not required.

No areas/sections should be required. "Must haves" shoul[d] come before "not necessary".

6.1.1.Y.5 Conformance

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.

Sample Pre-hospital Patient Care Report Document

```
     <ClinicalDocument xmlns='urn:hl7-org:v3'>
       <typeId extension="POCD_HD000040" root="2.16.840.1.113883.1.3"/>
       <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.19.1'/>
300    <id root=' ' extension=' '/>
       <code code='X-EMS' displayName='EMS Report'
         codeSystem='2.16.840.1.113883.6.1' codeSystemName='LOINC'/>
       <title>Prehospital Patient Care Report</title>
       <effectiveTime value='20090506012005'/>
305    <confidentialityCode code='N' displayName='Normal'
         codeSystem='2.16.840.1.113883.5.25' codeSystemName='Confidentiality' />
       <languageCode code='en-US'/>
          :
       <component><structuredBody>
310     <component>
         <section>
           <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.1'/>
           <!-- Required Chief Complaint Section content -->
         </section>
315     </component>

        <component>
         <section>
           <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.19.2.1'/>
320        <!-- Conditional Injury Incident Description Section content -->
         </section>
        </component>

        <component>
325      <section>
           <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.4'/>
           <!-- Conditional History of Present Illness Section content -->
         </section>
        </component>
330
        <component>
         <section>
           <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.2'/>
           <!-- Required Acuity Assessment Section content -->
335        </section>
        </component>

        <component>
         <section>
340        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.6'/>
           <!-- Conditional Active Problems Section content -->
         </section>
        </component>

345     <component>
         <section>
           <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.19'/>
           <!-- Conditional Current Medications Section content -->
         </section>
350     </component>

        <component>
         <section>
           <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.13'/>
355        <!-- Conditional Allergies Section content -->
         </section>
```

```
      </component>

      <component>
360    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.23'/>
        <!-- Optional Immunizations Section content -->
       </section>
      </component>
365
      <component>
       <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.8'/>
        <!-- Conditional Past Medical History Section content -->
370     </section>
      </component>

      <component>
       <section>
375     <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.5.3.4'/>
        <!-- Conditional History of Pregnancies Section content -->
       </section>
      </component>

380    <component>
       <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.34'/>
        <!-- Conditional Advanced Directives Section content -->
       </section>
385    </component>

      <component>
       <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.14'/>
390     <!-- Optional Family History Section content -->
       </section>
      </component>

      <component>
395    <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.16'/>
        <!-- Optional Social History Section content -->
       </section>
      </component>
400
      <component>
       <section>
        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.5.3.2'/>
        <!-- Required Vital Signs Section content -->
405     </section>
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      <component>
       <section>
410     <templateId root='1.3.6.1.4.1.19376.1.5.3.1.3.18'/>
        <!-- Conditional Pertinent ROS Section content -->
       </section>
      </component>

415    <component>
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        <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.9.15'/>
        <!-- Conditional Physical Examination Section content -->
       </section>
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    </component>

    <component>
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      <!-- Required Assessement Section content -->
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      <!-- Conditional Intravenous Fluids Administered Section content -->
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      <!-- Conditional Medications Administered Section content -->
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    <component>
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      <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.13.2.11'/>
      <!-- Conditional Procedures Performed Section content -->
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    </component>

    <component>
     <section>
      <templateId root='1.3.6.1.4.1.19376.1.5.3.1.1.10.3.2'/>
      <!-- Required Transport Mode Section content -->
     </section>
    </component>


   </structuredBody></component>
  </ClinicalDocument>
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