

Archetype Extraction Report for section

adhoc

****Archetype ID:**** openEHR-EHR-SECTION.adhoc.v1

****Lifecycle State:**** published

****Category:**** SECTION

****Languages:**** de, ru, sv, es-ar, nb, pt-br, sl, en, it, fr

****Purpose:**** To provide a generic section header which will be renamed in a template to suit a specific clinical context.

****Use:**** Use to construct a section heading in a template that will be renamed to suit the specific clinical context. For example: "Ad hoc heading" renamed to "Examination findings".

****Misuse:**** Not to be left unchanged in a template.

****Concepts:****

- at0000::Ad hoc heading - A generic section header which should be renamed in a template to suit a specific clinical context.

advance_care

****Archetype ID:**** openEHR-EHR-SECTION.advance_care.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en

****Purpose:**** To provide a framework and suggested design guidance for consistent modelling of content within a template for an Advance care plan.

****Use:**** Use as a framework and suggested design guidance for consistent modelling of content within a template for an Advance care plan. This archetype is intended to be used within the COMPOSITION.advance_care_plan or as one component of other relevant COMPOSITION archetypes. This archetype can contain two types of statements, each represented by specific archetypes: - statements about the positive presence of advance

care information, using one or more of EVALUATION.advance_care_directive, EVALUATION.advance_intervention_decisions or other relevant clinical archetypes; OR - a statement about no information being available about advance care information, using using the EVALUATION.absence archetype.

****Concepts:****

- at0000::Advance care - A plan for the management of future health and social care requirements, including chronic illness and end of life care.
- at0003::Advance statement - Positive statements about the presence of advance care directives and/or advance intervention decisions.
- at0004::Absence statement - A positive statement that no information is available about advance care directives or intervention decisions.

adverse_reaction_list

****Archetype ID:**** openEHR-EHR-SECTION.adverse_reaction_list.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** ru, pt-br, en

****Purpose:**** To provide a framework and design guidance for consistent modelling of content within a template for an Adverse reaction list.

****Use:**** Use as a framework and suggested design guidance for consistent modelling of content within a template for an Adverse reaction list. This archetype is intended to be used within the COMPOSITION.adverse_reaction_list or as one component of other COMPOSITION archetypes. For example: complex documents, such as a discharge summary or referral. This list can be comprised of three types of statements, each represented by specific archetypes: - statements about the positive presence of adverse reactions can be recorded using multiple instances of the EVALUATION.adverse_reaction_risk, one instance of the archetype per substance; OR - statements about the positive exclusion of adverse reactions can be recorded using the specific EVALUATION.exclusion-global - for example: 'No known adverse reactions'; OR - statements about no information being available - neither a positive presence of adverse reactions nor a positive exclusion - can be recorded using the EVALUATION.absence archetype.

****Keywords:**** adverse, reaction, exclusion, absence, known, list

****Concepts:****

- at0000::Adverse reaction list - Framework for consistent modelling of content within a template for an Adverse reaction list.
- at0001::Adverse reactions - Positive statements about the presence of adverse reactions.
- at0002::Exclusion statement - A positive statement about the exclusion of adverse reactions.
- at0003::Absence statement - A positive statement that no information is available about adverse reactions.

analyze_encounter

****Archetype ID:**** openEHR-EHR-SECTION.analyze_encounter.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en

****Purpose:**** Provide tools to analyze different parameters about quality of a specific healthcare procedure, whenever that activity is carried out.

****Use:**** To register non clinical information so as to monitor a specific healthcare procedure from the perspective of health administration/management.

****Concepts:****

- at0000::Analysis of clinical encounter - Analysis of completion of specific healthcare procedures in terms of quality.
- at0001::Efficiency - Analysis of objective parameters regarding the efficiency of a specific healthcare procedure carried out.
- at0002::Satisfaction - Analysis of satisfaction from the point of view of people involved in a specific healthcare procedure carried out (either patients or clinicians).
- at0003::Success - Analysis of parameters of success regarding a specific clinical encounter carried out.

clinical_decision

****Archetype ID:**** openEHR-EHR-SECTION.clinical_decision.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Manage the process of reaching a decision about the diagnose regarding a specific disease.

****Use:**** All decisions that physicians must take to reach an accurate diagnosis, and thus to adequate therapy, when conduct the clinical evaluation of patients should be included in this archetype.

****Keywords:**** decision, diagnose

****Concepts:****

- at0000::Clinical decision - Defines the process of making a decision about the diagnosis of a specific disease.
- at0001::Clinical synopsis - Narrative summary or overview about a patient, specifically from the perspective of a healthcare provider, and with or without associated interpretations.
- at0002::Problem/diagnosis - An issue or obstacle which adversely impacts on the physical, mental and/or social well-being of an individual. The definition of a problem is deliberately kept rather loose and inclusive of a formal biomedical diagnosis so as to capture any real or perceived concerns that may adversely affect an individual's wellbeing to any degree.
- at0003::Exclusion of a problem/diagnosis - Positive statement/s about problems or diagnoses that need to be recorded as clinically excluded from the health record at a specific point in time.
- at0004::Recommendation - A suggestion, advice or proposal for current healthcare management or for future action.
- at0005::Contraindication - Identification of a treatment, medicine, vaccine or procedure which should not be administered or performed on this subject.

clinical_image_acquisition

****Archetype ID:**** openEHR-EHR-SECTION.clinical_image_acquisition.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Manage the process to acquire medical imaging studies, whilst every resulting image is validated for diagnostic purposes.

****Use:**** Use in clinical processes in which the acquisition of imaging studies is accompanied by a validation step. Therefore, the image acquisitions are reviewed to guarantee their validity for diagnostic purposes.

****Keywords:**** imaging

****Concepts:****

- at0000::Clinical image acquisition and validation - Manages the acquisition and validation of diagnostic tests based on medical imaging.
- at0001::Imaging acquisition - Clinical activity that takes place when conducting a study of medical imaging.
- at0003::Image validation - Review of the diagnostic procedure used as medical images are acquired, to validate their use for diagnostic purposes.

conclusion

****Archetype ID:**** openEHR-EHR-SECTION.conclusion.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** ru, es-ar, en

****Purpose:**** To provide an example framework for modelling conclusions as a component of a complex clinical template.

****Use:**** Use to provide an example framework for modelling conclusions as a single component within a multicomponent clinical template. For example: a clinical encounter or a discharge summary. This archetype is intended to be nested within any relevant COMPOSITION archetype.

****Keywords:**** diagnosis, differential diagnosis

****Concepts:****

- at0000::Conclusion - Example framework for modelling opinions, conclusions or diagnoses drawn at the end of an investigative clinical process.
- at0001::Opinion - Opinions, conclusions or diagnoses drawn at the end of an investigative clinical process.

diagnostic_model

****Archetype ID:**** openEHR-EHR-SECTION.diagnostic_model.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en

****Purpose:**** Registering the consultation to reach a diagnostic or a therapeutic decision, based on the evaluation of predetermined diagnostic tests.

****Use:**** To evaluate different diagnostic models used on treating the same disease.

****Concepts:****

- at0000::Diagnostic model - Manages any healthcare procedure that generates a diagnostic or a therapeutic decision as a result.
- at0001::Study setting - Information of interest about the setting of the current study aimed at later statistical and epidemiologic data mining purposes.
- at0002::Diagnostic test analysis - Information resulting from the analysis of predetermined diagnostic tests, whose outcomes are aimed at determine the diagnosis and/or treatment for a specific affection.
- at0003::Assessment and therapeutic decision - Diagnosis and/or therapeutic decisions made as a result of the assessment of the diagnostic tests above.

diagnostic_reports

****Archetype ID:**** openEHR-EHR-SECTION.diagnostic_reports.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** ru, en

****Purpose:**** To provide a framework and design guidance for consistent modelling of diagnostic test results within a template.

****Use:**** Use to provide a framework and design guidance for consistent modelling of a diagnostic test results within a template. This archetype is intended to be used as one

component of complex COMPOSITION archetypes. For example: documents such as a discharge summary or referral.

Keywords: diagnostic, report, laboratory, imaging, radiology, pathology, list

Concepts:

- at0000::Diagnostic test results - Suggested design pattern for including diagnostic test results in a template.
- at0001::Laboratory test results - The results of laboratory tests.
- at0002::Imaging test results - The results of imaging tests.
- at0003::Report synopsis - Slot constrained to include archetypes representing narrative synopses of laboratory and/or imaging test results.

diagnostic_test_planning

Archetype ID: openEHR-EHR-SECTION.diagnostic_test_planning.v0

Lifecycle State: in_development

Category: SECTION

Languages: en, es

Purpose: To provide a framework to define a care plan, aimed at registering the progression of every complementary test involved in a healthcare process that requires coordinating diverse diagnostic tests to formulate a valid diagnosis for a specific disease. It will include orders for any test with diagnostic purposes (lab tests, medical imaging, patient monitoring...).

Use: This archetype coordinates, within the same care plan, the different diagnostic tests involved on the same clinical study. In those cases, the set of diagnostic tests must be assessed jointly, even if they have been carried out separately. Therefore, this archetype gathers every order and the resulting action for the diagnostic tests necessary for diagnosing a specific disease. In fact, every computerized physician order entries (CPOE) in a healthcare process can be defined using this archetype.

Misuse: It is not designed to schedule therapeutic procedures such as surgical interventions.

Keywords: diagnostic tests, instruction, planning

Concepts:

- at0000::Diagnostic test planning - Schedules each patient to perform the diagnostic tests necessary to assess a specific disease.
- at0001::Referral request - Request for provision of specific diagnostic test by another healthcare provider or organisation.
- at0002::Imaging examination request - Generic request for any imaging examination request.
- at0004::Other service request - Request of another healthcare service not considered in the slots above.
- at0005::Laboratory test request - Generic request for any laboratory or pathology test request.
- at0006::Care plan - Order or instruction for the creation and sequence of activities to achieve a specified management goal or treatment outcome, carried out by health professionals and/or the subject.
- at0007::Care plan - Plan or sequence of discrete activities developed to achieve a specified management goal or treatment outcome, carried out by health professionals and/or the patient.

eye_fundus_acquisition

****Archetype ID:**** openEHR-EHR-SECTION.eye_fundus_acquisition.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Manage the process of acquiring eye fundus images, whilst every resulting image is validated for diagnostic purposes.

****Use:**** Use to group acquisition and validation details during clinical studies including eye fundus imaging.

****Keywords:**** imaging

****Concepts:****

- at0000::Eye fundus image acquisition and validation - Defines the process of acquiring and validating eye fundus image studies.
- at0001::Imaging acquisition - Clinical activity that takes place when conducting eye fundus image studies.
- at0003::Image validation - Review of the eye fundus images acquired to validate their use for diagnostic purposes.

family_history

****Archetype ID:**** openEHR-EHR-SECTION.family_history.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en

****Purpose:**** To provide a framework and design guidance for consistent modelling of content within a template for a persistent Family history record.

****Use:**** Use as a framework and suggested design guidance for consistent modelling of content within a template for a persistent Family history record. This archetype is intended to be used within the COMPOSITION.family_history or as one component of other COMPOSITION archetypes. For example: complex documents, such as a discharge summary or referral. This list can be comprised of three types of statements, each represented by specific archetypes: - a statement about the positive presence of family history issues can be recorded using a single instance of the EVALUATION.family_history; OR - statements about the positive exclusion of family history issues can be recorded using the specific EVALUATION.exclusion-global ; OR - statements about no information being available - neither a positive presence of family history issues nor a positive exclusion - can be recorded using the EVALUATION.absence archetype.

****Keywords:**** family,history,pedigree,prevalence

****Concepts:****

- at0000::Family history - Framework for consistent modelling of content within a template for a persistent Family history record.
- at0007::Family history - A positive statement about the presence of family health issues.
- at0008::Exclusion statement - A positive statement about the exclusion of known family history.
- at0009::Absence statement - A positive statement that no information is available about family history.

image_test_analysis

****Archetype ID:**** openEHR-EHR-SECTION.image_test_analysis.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Register all clinical findings obtained in the review of diverse diagnostic imaging tests, whenever they are associated with the assessment of a specific disease.

****Use:**** Use to analyze studies on diagnostic imaging acquired beforehand, looking for clinically relevant findings in the assessment of a specific disease.

****Misuse:**** The order and acquisition of imaging tests beyond the scope of this archetype. Use the corresponding archetypes for that purpose.

****Concepts:****

- at0000::Image test analysis - Describes the analysis of image based diagnostic tests, to find clinical findings which can be relevant to decide a diagnosis for a specific disease.
- at0001::Imaging test examination - Record of clinical findings on a specific modality of diagnostic imaging.

immunisation_list

****Archetype ID:**** openEHR-EHR-SECTION.immunisation_list.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en

****Purpose:**** To provide a framework and design guidance for consistent modelling of content within a template for a Vaccination list.

****Use:**** Use as a framework and suggested design guidance for consistent modelling of content within a template for a Vaccination list. This archetype is intended to be used within the COMPOSITION.vaccination_list or as one component of other COMPOSITION archetypes. For example: complex documents, such as a referral. This list can be comprised of three types of statements, each represented by specific archetypes: - statements about the positive presence of vaccinations administered are recorded using the ACTION.medication OR - statements about the positive exclusion of vaccinations administered can be recorded using the specific EVALUATION.exclusion-global; OR - statements about no information being available - neither a positive presence of an administered vaccination nor a positive exclusion - can be recorded using the EVALUATION.absence archetype.

****Misuse:**** Not to be used to record the actual administration of a vaccination. Use ACTION.medication for this purpose.

****Keywords:**** immunisation, vaccination, exclusion, absence, list

****Concepts:****

- at0000::Vaccination list - Framework for consistent modelling of content within a template for an Vaccination List.
- at0001::Vaccinations administered - Positive statements about vaccinations that have been administered.
- at0002::Exclusion statement - A positive statement about the exclusion of vaccinations administered.
- at0003::Absence statement - A positive statement that no information is available about vaccinations administered.

intraocular_injection

****Archetype ID:**** openEHR-EHR-SECTION.intraocular_injection.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Register the clinical details for the procedure of intraocular injections, from it is scheduled until the intervention is conducted by an ophthalmologist.

****Use:**** To be used whenever a complex clinical process comprehends the procedure of intravitreal injection.

****Keywords:**** intraocular, injection

****Concepts:****

- at0000::Intraocular injection - Manages the process of planning and then carrying out an ophthalmic treatment by means of intraocular injection.
- at0001::Intravitreal injection order - Details about the prescription of intravitreal injections.
- at0002::Intravitreal injection procedure - Details of any administration of intravitreal injection conducted.
- at0003::Adverse reaction - Any adverse reaction identified as a consequence of intravitreal injection procedure.

intraocular_pressure_study

****Archetype ID:**** openEHR-EHR-SECTION.intraocular_pressure_study.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Manage the process of carrying out and then reviewing the test of intraocular pressure measurement.

****Use:**** Any healthcare study that requires the measurement of intraocular pressure.

****Keywords:**** IOP, intraocular pressure

****Concepts:****

- at0000::Intraocular pressure study - Defines the process which involves the intraocular pressure acquisition and its study.
- at0001::Procedure undertaken - Describes the procedure/s carried out to obtain the intraocular pressure from the patient.
- at0002::IOP measurement - Examination of results for the intraocular pressure measurement of a single eye, normally using a tonometry device.

lab_test_report

****Archetype ID:**** openEHR-EHR-SECTION.lab_test_report.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en

****Purpose:**** Provides a framework to record the outline of a lab test report, including one or more lab tests and the original request and associated information.

****Keywords:**** Lab, Report

****Concepts:****

- at0000::Lab report - of a lab test report, including details of the original lab request and associated information
- at0001::Lab report detail - Lab report details
- at0002::Request detail - Details of the original test request.
- at0003::Result detail - Details of the test result
- at0004::Other - Other Entry level details.
- at0005::Synopsis - *

laser

****Archetype ID:**** openEHR-EHR-SECTION.laser.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Register clinical information about any procedure based on the use of ophthalmic laser, from it is scheduled until the intervention is conducted by an ophthalmologist.

****Use:**** To be used whenever a complex clinical process comprehends the use of ophthalmic laser.

****Keywords:**** ophthalmology, laser

****Concepts:****

- at0000::Ophthalmic laser procedure - Defines any procedure involving treatment of ophthalmic diseases by means of techniques based in laser.
- at0001::Procedure request - Details about the prescription of a procedure based on the use of ophthalmic laser.
- at0002::Procedure undertaken - Details of any procedure conducted, that involves the use of ophthalmic laser.

lifestyle_risk_factors

****Archetype ID:**** openEHR-EHR-SECTION.lifestyle_risk_factors.v0

****Lifecycle State:**** in_development

****Category:** SECTION**

****Languages:** en**

****Purpose:**** To provide a framework and design guidance for consistent modelling of content within a template representing persistent summaries about Lifestyle risk factors.

****Use:**** Use as a framework and suggested design guidance for consistent modelling of content within a template representing persistent summaries about Lifestyle risk factors. This archetype is intended to be used within the COMPOSITION.lifestyle_factors or as one component of other COMPOSITION archetypes. For example: complex documents, such as a discharge summary or referral.

****Keywords:**** tobacco, alcohol, substance, abuse, exercise, activity, diet, nutrition, health, sexual, smoking, drinking

****Concepts:****

- at0000::Lifestyle risk factors - Framework for consistent modelling of content within a template for Lifestyle risk factors.
- at0005::Risk factors - None

medication_administration

****Archetype ID:** openEHR-EHR-SECTION.medication_administration.v0**

****Lifecycle State:** in_development**

****Category:** SECTION**

****Languages:** en, es**

****Purpose:**** Register the clinical details for any therapy relating to a medicine, vaccine or other therapeutic good, from it is ordered until the medication is administered.

****Use:**** To be used whenever a complex clinical process comprehends the use, administration, dispensing or other care step relating to a medicine, vaccine or other therapeutic good.

****Keywords:**** medication, drug

****Concepts:****

- at0000::Medication administration procedure - Manages the process of planning and then carrying out an ophthalmic treatment by means of use, administration, dispensing or other care step relating to a medicine.
- at0001::Medication order - Details about the prescription of a specific medication.
- at0002::Medication action - Details of any administration of medication conducted.

medication_list

****Archetype ID:**** openEHR-EHR-SECTION.medication_list.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** ru, es-ar, pt-br, en, es

****Purpose:**** To provide a framework and design guidance for consistent modelling of content within a template for a Medication list.

****Use:**** Use as a framework and suggested design guidance for consistent modelling of content within a template for an Medication list. This archetype is intended to be used within the COMPOSITION.medication_list or as one component of other COMPOSITION archetypes. For example: complex documents, such as a discharge summary or referral. This list can be comprised of three types of statements, each represented by specific archetypes: - statements about the positive use of medications can be recorded using multiple instances of the INSTRUCTION.medication_order; OR - statements about the positive exclusion of use of medications can be recorded using the specific EVALUATION.exclusion-global - for example: 'No known adverse reactions'; OR - statements about no information being available - neither a positive use of medications nor a positive exclusion - can be recorded using the EVALUATION.absence archetype.. Statements about the absence of medication orders, either general or specific, can only indicate the state of the subject at the time that the information was actually recorded - that is, they are event based. It is not sensible to persist the recording of a positive absence of a medication order as it may subsequently be ordered or self-administered by the patient, which may render any or all previous positive statements of absence obsolete. INSTRUCTION.medication is suggested as the best archetype to represent a Medication list in this instance as it generally provides the best representation of a local Current Medication List. Clinicians can enter patient-administered medications or 'over the counter' medications into a Prescribing system as INSTRUCTIONS, which in turn can enable adverse reaction checking against all INSTRUCTIONS, whether prescribed/printed or not. So Current Medication lists can effectively contain all orders for medications, given by both the recording clinician, other clinicians and the patient. An alternative form of the Medication list comprising only

ACTIONS can be used represent only those medication that have been prescribed/printed by the recording clinician.

****Keywords:**** medication, exclusion, absence, current, list

****Concepts:****

- at0000::Medication list - Framework for consistent modelling of content within a template for a Medication list.
- at0004::Medications - Positive statements about the use of medications.
- at0005::Exclusion statement - A positive statement about the exclusion of the use of medications.
- at0006::Absence statement - A positive statement that no information is available about the use of medications.

next_step_planning

****Archetype ID:**** openEHR-EHR-SECTION.next_step_planning.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Register the statement/s about the request of a report of assessment about specific diagnostic tests.

****Use:**** Use to record statement/s about asking reports to review the diagnostic tests carried out. The statement is considered only at the time it is registered. That is to say, other reports can be planned along the time, if second opinion is required.

****Keywords:**** review, diagnostic test, report

****Concepts:****

- at0000::Next step planning - Decision-making concerning the planning of next assessment for the diagnostic tests carried out.
- at0002::Diagnostic report request - Request for a diagnostic report involving the study of specific diagnostic tests.
- at0003::Service request - Request for provision of a specified service by another healthcare provider or organisation.

patients_admittance

****Archetype ID:**** openEHR-EHR-SECTION.patients_admittance.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Register the statement/s about including (or excluding) a patient in a long-term healthcare process.

****Use:**** Use to record statement/s about the admission or exclusion, regarding a specific healthcare process, at a specific point in time of the clinical history of a patient. The statement is considered only at the time it is registered. That is to say, a patient excluded from a healthcare service may be admitted in the future if given the right conditions.

****Keywords:**** admittance

****Concepts:****

- at0000::Patient's admittance - Decision-making regarding to inscribe or not a patient into a screening process.
- at0001::DR screening convenient - Statement/s about patient's compliance of the requirements established to access to a specific service of screening.

patients_background

****Archetype ID:**** openEHR-EHR-SECTION.patients_background.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Register clinical information of interest preceding a specific clinical encounter, with the aim to contextualize the healthcare process.

****Use:**** Gather information of interest about a patient that joins a new healthcare process.

****Keywords:**** patient, context

****Concepts:****

- at0000::Patients background - Clinical information needed from a patient to give context to the responsible physician before register him within a specific service.
- at0005::Story - The clinical history of a person, as told to a clinician or recorded directly by an individual/patient.
- at0006::Reason for encounter - Record the administrative and/or clinical reason/s for initiation of a healthcare encounter or contact.
- at0007::Clinical synopsis - Narrative summary or overview about a patient, specifically from the perspective of a healthcare provider, and with or without associated interpretations.
- at0008::Problem/diagnosis - An issue or obstacle which adversely impacts on the physical, mental and/or social well-being of an individual. The definition of a problem is deliberately kept rather loose and inclusive of a formal biomedical diagnosis so as to capture any real or perceived concerns that may adversely affect an individual's wellbeing to any degree.
- at0009::Diagnostic tests - Review of specific diagnostic tests carried out on the patient, considered of interest to give context to the problem/diagnosis.

problem_list

****Archetype ID:**** openEHR-EHR-SECTION.problem_list.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** de, es-ar, pt-br, en

****Purpose:**** To provide a framework and design guidance for consistent modelling of content within a template for a Problem list.

****Use:**** Use to provide a framework and design guidance for consistent modelling of content within a template for a Problem list as a persistent and managed list of any combination of diagnoses, problems and/or procedures that may influence clinical decision-making and care provision for the individual. This archetype is intended to be used within the COMPOSITION.problem_list or as one component of other COMPOSITION archetypes. For example: complex documents, such as a discharge summary or referral. This list can be comprised of three types of statements, each represented by specific archetypes: - statements about the positive presence of problems, diagnoses or previous procedures are recorded using the EVALUATION.problem_diagnosis and/or ACTION.procedure archetypes;

OR - statements about the positive exclusion of problems, diagnoses or previous procedures can be recorded using the specific EVALUATION.exclusion_global archetype - for example: 'No significant problems or diagnoses' and/or 'No history of significant operations or procedures'; OR - statements about no information being available - neither a positive presence of a problem, diagnosis or procedure performed nor a positive exclusion - can be recorded using the EVALUATION.absence archetype. While it may be ideal to have only one Problem list for each subject of care, it is more realistic to expect that in a distributed environment, multiple Problem lists for a single individual may coexist, each managed and prioritised for a specific clinician, episode of care or other context. For example, a Problem list for a primary care clinician may be a very different configuration to that which is useful for a specialist surgeon or for reference during a hospital inpatient episode. In primary care it is common to organise the Problem list based on active or inactive problems or diagnoses; specialists may prefer to see their list organised around primary diagnoses which are related to their specific speciality and secondary ones which are not; an inpatient admission may include additional issues related to immediate nursing priorities that would not be relevant once discharged home. For these purposes, the CLUSTER.problem_qualifier archetype, nested within the Status SLOT in the Problem/Diagnosis archetype supports the use of qualifiers that will support clinical systems to organise Problem lists according to the preference of the clinical users of the system, without perpetuating these contextual status labels to other clinical scenarios or for persistence. In order for this list to be accurate and safe to use as the basis for decision support activities and for exchange, the content of this Problem List should ideally be curated by a clinician responsible for the health record, rather than managed automatically by the clinical system through business rules alone.

****Keywords:**** problem, diagnosis, exclusion, absence, known, list, diagnoses, procedure

****Concepts:****

- at0000::Problem list - Framework for consistent modelling of content within a template for a Problem list.
- at0001::Problems, diagnoses, concerns or health issue threads - Positive statements about the presence of problems, diagnoses, concerns or health issue threads.
- at0002::Procedures - Positive statements about the presence of procedures that have been performed.
- at0003::Exclusion statement - A positive statement about the exclusion of known problems, diagnoses and procedures.
- at0004::Absent information - A positive statement that no information is available about problems, diagnoses or procedures.

referral_details

****Archetype ID:**** openEHR-EHR-SECTION.referral_details.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en

****Purpose:**** To provide an example framework for modelling a referral within a template.

****Use:**** Use to provide an example framework for modelling a referral within a template. This archetype is intended to be nested within the COMPOSITION.request or any relevant COMPOSITION archetype.

****Keywords:**** referral, request

****Concepts:****

- at0000::Referral details - Example framework for modelling a template for a referral.
- at0001::Referral request - Details about the referral request.
- at0002::Details - Additional clinical details supporting the referral.

result_details

****Archetype ID:**** openEHR-EHR-SECTION.result_details.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en

****Purpose:**** __unknown__

****Concepts:****

- at0000::Lab result details - Standard layout for groups of lab tests and associated entries
- at0002::Result group - A group of associated lab tests.
- at0003::Lab test - Individual lab tests
- at0004::Other - Other associated entries

soap

****Archetype ID:**** openEHR-EHR-SECTION.soap.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en

****Purpose:**** To provide a framework and design guidance for consistent modelling of SOAP content within a template representing problem-oriented clinical notes.

****Use:**** Use to provide a framework and design guidance for consistent modelling of SOAP(E) content within a template representing problem-oriented clinical notes.

****Keywords:**** subjective, objective, assessment, plan, education, problem, oriented

****Concepts:****

- at0000::SOAP headings - Acronym for a group of headings used to aid recording of consistent, problem-oriented notes in a patient's health record.
- at0001::Subjective (S) - The subjective component, usually focused on the presenting complaint, history of present illness, relevant medical history and review of system.
- at0002::Objective (O) - The objective component, usually focused on observations, measurements, examination findings and diagnostic test results.
- at0003::Assessment (A) - The assessment component, usually focused on conclusions and synopses about progress or change.
- at0004::Plan (P) - The plan component, usually focused on future investigations and treatment, goals of therapy and monitoring.

surgery_procedure

****Archetype ID:**** openEHR-EHR-SECTION.surgery_procedure.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Register clinical information about any surgical procedure on posterior segment of eye, from it is scheduled until the intervention is conducted by an ophthalmologist.

****Use:**** To be used whenever a complex clinical process comprises at least a surgical procedure on posterior segment of eye.

****Keywords:**** surgery

****Concepts:****

- at0000::Ophthalmic surgical procedure - Describes any surgical procedure aimed at treating ophthalmic conditions.
- at0001::Procedure request - Request for a procedure to be performed.
- at0002::Procedure undertaken - A clinical activity that has been carried out for therapeutic or diagnostic purposes.

visual_acuity_study

****Archetype ID:**** openEHR-EHR-SECTION.visual_acuity_study.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** en, es

****Purpose:**** Manage the process of carrying out and then reviewing the results of the visual acuity test.

****Use:**** Any healthcare study that requires the visual acuity value from a patient.

****Keywords:**** visual acuity

****Concepts:****

- at0000::Visual acuity study - Defines the process which involves the visual acuity test and the subsequent study of results.
- at0001::Procedure undertaken - Manages the realization of the activities aimed at obtain the visual acuity value from the patient.
- at0002::Visual acuity test - Examination of results for the visual acuity test.

vital_signs

****Archetype ID:**** openEHR-EHR-SECTION.vital_signs.v0

****Lifecycle State:**** in_development

****Category:**** SECTION

****Languages:**** de, sv, ko, en, es

****Purpose:**** To provide a framework for consistent modelling of Vital signs within a template.

****Use:**** Use to provide a framework and suggested design guidance for consistent modelling of Vital signs within a template. This archetype is intended to be used within a template in which the content is clinically appropriate, nested within any relevant COMPOSITION archetype. For example: a consultation note or nursing observations.

****Keywords:**** blood pressure, temperature, pulse, oxygen saturation, respirations, observations, vital, signs

****Concepts:****

- at0000::Vital signs - Framework for consistent modelling of observations and measurements about essential physiological functions.
- at0001::Vital signs - None