# Archetype Extraction Report for cluster

## acquisition\_details\_on\_eye\_fundus\_images

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.acquisition\_details\_on\_eye\_fundus\_images.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* Registering specific details about how it has to be acquired an imaging test involving eye fundus.

\*\*Use:\*\* For example defining specific requirements during the planning of the imaging test.

\*\*Keywords:\*\* Eye fundus

\*\*Concepts:\*\*

* at0000::Acquisition details on eye fundus images - Defines specific details about the acquisition of images from eye fundus.
* at0001::Method - Method chosen to perform the funduscopic examination.
* at0002::Direct - Study performed by direct ophthalmoscopy.
* at0003::Indirect - Study of eye fundus by indirect ophthalmoscopy method.
* at0004::Contact lens biomicroscopy - Eye fundus viewing through biomicroscopy lens in contact to patient's eye surface.
* at0005::Non-contact lens biomicroscopy - Eye fundus viewing through biomicroscopy lens without contact to patient's eye surface.
* at0006::Mydriatic retinography - Observation of retina through funduscopic images acquired by previous dilatation of patient's pupils.
* at0007::Non-mydriatic retinography - Observation of retina through funduscopic images acquired without previous dilatation of patient's pupils.
* at0008::Angiography - Observation of the eye fundus using a fluorescent dye inyected to emphasize the blood vessels in the eye retina.
* at0011::Attempts Allowed - Limit on the number of attempts allowed to conduct the acquisition (doesn't compute if test is repeated by a specific recognized technical failure).
* at0020::Mosaic - If true, the study includes a mosaic image that combines all eye fundus fields acquired into a single picture.
* at0023::Laterality - Eye/s from which the eye fundus is examined.
* at0024::Left eye - Left eye observation.
* at0025::Right eye - Right eye observation.
* at0026::Both eyes - Test acquired on both eyes of the patient.
* at0027::Zone of Retina - Anatomical structures from retina in which the study of eye fundus is focused.
* at0029::Study Fields Photographed - Specifies which fields from a specific subdivision of the retina are photographed in the study of eye fundus.

## acquisition\_details\_on\_ophthalmic\_tomography

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.acquisition\_details\_on\_ophthalmic\_tomography.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Register details about settings specified to carry out the acquisitions of a study of ophthalmic tomography.

\*\*Use:\*\* To specify the strategy of acquisitions for ophthalmic tomography either planning the study, or recording the procedure once has been carried out.

\*\*Concepts:\*\*

* at0000::Acquisition details on ophthalmic tomography - Defines specific details about ophthalmic tomography studies.
* at0001::Laterality - Eye/s included in the study.
* at0002::Left eye - Left eye observation.
* at0003::Right eye - Right eye observation.
* at0004::Both eyes - Test acquired on both eyes of the patient.
* at0005::Predefined scans - Choice of a predefined scan patterns from the device to conduct the study.
* at0011::Study type - Subject of study of the ophthalmic tomography.
* at0012::Angle - Study of anterior chamber angles.
* at0013::Cornea - Study focusing on cornea of the eye.
* at0014::Sclera - Study focusing on eye sclera.
* at0015::Glaucoma - Study focusing on search glaucomatous defects.
* at0016::Retina - Study focusing on eye retina.
* at0017::Iris - Study focusing on iris of the eye.
* at0019::Predefined scan - Choice among predefined settings provided by the ophthalmic tomography for scanning the eye structure.
* at0020::Angle 1 ACA - Anterior chamber angle: Angle 1.
* at0021::Angle 2 ACA - Anterior chamber angle: Angle 2.
* at0022::Angle small - \*
* at0023::Cornea dense - \*
* at0024::Cornea large - \*
* at0025::Cornea scan 08 - \*
* at0026::Cornea scan 11 - \*
* at0027::Cornea small - \*
* at0029::Sclera dense - \*
* at0030::Sclera large - \*
* at0031::Sclera scan 08 - \*
* at0032::Sclera scan 11 - \*
* at0033::Sclera small - \*
* at0034::Sclera vol. bleb - \*
* at0035::Glaucoma dense - \*
* at0036::Glaucoma Fast - \*
* at0037::Glaucoma ONH - Glaucoma optic nerve head.
* at0038::Glaucoma P. Pole - Glaucoma posterior pole.
* at0039::Glaucoma RNFL - Glaucoma retinal nerve fiber layer.
* at0040::Retina 7 lines - \*
* at0041::Retina dense - \*
* at0042::Retina detail - \*
* at0043::Retina fast - \*
* at0044::Retina Fast HR - Retina fast high resolution.
* at0045::Retina Lin HR - Retina Lin HR.
* at0046::Retina P. Pole - Retina posterior pole.
* at0047::Custom scan - Description of characteristics for a personalized scan.
* at0048::Scan pattern - Defines the pattern used to scan structures inside the eye.
* at0049::Radial - The scan depicts a circle around the eye structure to be studied.
* at0050::Single - The scan is composed by a single section strategically acquired on the eye structure to be studied.
* at0051::High speed multi-frame - The scan it is comprised of multiple parallel frames. So that, it is possible to reconstruct volumetric structures.
* at0052::High resolution multi-frame - Increases resolution of the scan. It is useful to analyze eye structures that provide many information in a small area, such as fovea or the optic nerve head.
* at0053::Star - The scan comprises of several slices with the eye structure to be studied as axis in common. Those are uniformly distributed with different angles, so they describe the shape of a star.
* at0054::Scan size (width or diameter) - Width of the frame (or diameter in case of circle scan pattern).
* at0056::Scan size (height) - Height of the frame.
* at0057::Section scans - Number of sections included in the scan.
* at0058::Position of scan pattern - Eye structure in which the scan is centred.
* at0062::Distance between sections - Distance between sections scanned consecutively.
* at0064::Study outcome - Identifies the type of analyses which must be obtained from the study.
* at0065::Transverse image overview - While the majority of ophthalmic tomography imagingconsists of sets of longitudinal images (also known as B scans or line scans), transverse images (also known as coronal or “en face” images) can also provide useful information in determining the full extent of the volume affected by pathology.
* at0066::3D reconstruction image analysis - The prognosis of some pathologies can be aided by a 3D visualization of the affected areas of the eye.
* at0067::Video angiography - Acquistion of simultaneous angiographies and OCT images.
* at0068::Thickness analysis - Thickness measurements of specific anatomic structures might be useful for detection of areas of the eye affected by inflamation or tissue loss.
* at0069::Thickness evolution along-time (follow-up) - The study of the evolution on thickness from an eye structure can warn us about the progress of a specific disease.
* at0070::Thickness classification (measured vs normative) - Classification of measured thickness values, compared to a reference data defined by normative.
* at0071::Asymmetry analysis - Comparison of thickness between different but symmetric eye structures.
* at0072::Acquisition method - Acquisition method chosen to perform the ophthalmic tomography study. It is based on the Table CID 4210 of DICOM standard.
* at0073::Optical Coherence Tomography Scanner - Corresponds to DICOM Code value A-00FBE.
* at0074::Retinal Thickness Analyzer - Corresponds to DICOM Code value R-FAB5A.
* at0075::Confocal Scanning Laser Ophthalmoscope - Corresponds to DICOM Code value A-00E8B.
* at0076::Scheimpflug Camera - A slit reflected light microscope, which has the ability to form an image of the back scattered light from the eye in a sagittal plane. Scheimpflug cameras are able to achieve a wide depth of focus by employing the “Sheimpflug principle” where the lens and image planes are not parallel with each other. Rotating Sheimplug cameras are able to generate three-dimensional images and calculate measurements of the anterior chamber of the eye. Corresponds to DICOM Code value 111626.
* at0077::Scanning Laser Polarimeter - Corresponds to DICOM Code value A-00E8C.
* at0078::Elevation-based corneal tomographer - A device that measures corneal anterior surface shape using elevation-based methods (stereographic and light slit-based). Rasterstereography images a grid pattern illuminating the fluorescein dyed tear film with 2 cameras to produce 3D. Slit-based devices scan the cornea, usually by rotation about the instrument axis centered on the cornea vertex. Corresponds to DICOM Code value 111945.
* at0079::Reflection-based corneal topographer - A reflection-based device that projects a pattern of light onto the cornea and an image of the reflection of that pattern from the tear film is recorded in one video frame. Light patterns include the circular mire pattern (Placido disc) and spot matrix patterns. Sequential scanning of light spots reflected from the corneal surface is also used requiring multiple video frames for recording. Corresponds to DICOM Code value 111946.
* at0080::Interferometry-based corneal tomographer - An Interference-based device that projects a beam of light onto and through the cornea. Light reflected from within the cornea is combined with a reference beam giving rise to an interference pattern. Appropriately scanned, this imaging is used to construct 3-dimensional images of the cornea from anterior to posterior surfaces. E.g., swept source OCT. Corresponds to DICOM Code value 111947.

## acquisition\_details\_on\_visual\_field\_test

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.acquisition\_details\_on\_visual\_field\_test.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Register settings specified to carry out a specific perimetry study.

\*\*Use:\*\* To specify the strategy concerning the visual field test, either planning the study or recording a test already carried out.

\*\*Keywords:\*\* perimetry details, visual field test

\*\*Concepts:\*\*

* at0000::Acquisition details on visual field test - Defines specific details about perimetry studies.
* at0001::Laterality - Eye/s included in the study.
* at0002::Left eye - Left eye observation.
* at0003::Right eye - Right eye observation.
* at0004::Both eyes - Test acquired on both eyes of the patient.
* at0005::Method - Method chosen to study patient's visual field.
* at0006::Goldman - Goldman perimetry was used to measure the visual fields.
* at0007::Dicon - The Dicon device was used to measure the visual fields.
* at0008::Henson - A Henson device was used to measure the visual fields.
* at0009::Octopus - An Octopus device was used to measure the visual fields.
* at0010::Humphrey - A Humphrey device was used to measure the visual fields.
* at0011::FDP - Frequency Doubling Perimetry was used to measure the visual fields.
* at0012::FASTPAC - FASTPAC automated standard perimetry was used to measure the visual fields.
* at0013::Test Parameters - Describe the settings parameters chosen for the test.
* at0014::Test pattern - Test pattern used to distribute visual field measurements during a perimetry study.
* at0015::Test strategy - Threshold test algorithm chosen to determine patient's sensitivity at each point tested on the visual field.
* at0016::24-2 - Visual field test pattern, nominally covering an area within 24° of fixation. Consists of 54 test points a minimum of 3° from each meridian and placed 6° apart. Corresponds to DICOM Code value 111800.
* at0017::10-2 - Visual field test pattern, nominally covering an area within 10° of fixation. Consists of 68 test points a minimum of 1° from each meridian and placed 2° apart. Corresponds to DICOM Code value 111801.
* at0018::30-2 - Visual field test pattern consisting of test point locations within 30° of fixation. Consists of 76 test points a minimum of 3° from each meridian and placed 6° apart. Corresponds to DICOM Code value 111802.
* at0019::60-4 - Visual field test pattern consisting of 60 test point locations between 30° and 60° of fixation a minimum of 6° from each meridian and placed 12° apart. Corresponds to DICOM Code value 111803.
* at0020::Macula - Visual field test pattern consisting of 16 test point locations within 10° of fixation a minimum of 1° from each meridian and placed 2° apart. Corresponds to DICOM Code value 111804.
* at0021::Central 40 Point - Visual field test pattern consisting of 40 test point locations within 30° of fixation that spread out radially from fixation. Corresponds to DICOM Code value 111805.
* at0022::Central 76 Point - Visual field test pattern consisting of 76 test point locations within 30° of fixation a minimum of 3° from each meridian and placed 6° apart. Corresponds to DICOM Code value 111806.
* at0023::Peripheral 60 Point - Visual field test pattern consisting of 60 test point locations between 30° and 60° of fixation a minimum of 6° from each meridian and placed 12° apart. Corresponds to DICOM Code value 111807.
* at0024::Full Field 81 Point - Visual field test pattern consisting of 81 test point locations within 60° of fixation that spread out radially from fixation. Corresponds to DICOM Code value 111808.
* at0025::Full Field 120 Point - Visual field test pattern consisting of 120 test point locations within 60° of fixation that spread out radially from fixation, concentrated in the nasal hemisphere. Corresponds to DICOM Code value 111809.
* at0026::Glaucoma (G) - Visual field test pattern for glaucoma and general visual field assessment with 59 test locations of which 16 test locations are in the macular area (up to 10° eccentricity) and where the density of test location is reduced with eccentricity. The test can be extended with the inclusion of 14 test locations between 30° and 60° eccentricity, 6 of which are located at the nasal step. Corresponds to DICOM Code value 111810.
* at0027::M - Visual field test pattern for the macular area. Orthogonal test pattern with 0.7° spacing within the central 4° of eccentricity and reduced density of test locations between 4 and 10,5° of eccentricity. 81 test locations over all. The test can be extended to include the test locations of the Visual Field G Test Pattern between 10,5° and 60°. Corresponds to DICOM Code value 111811.
* at0028::07 - Full visual field test pattern with 48 test locations from 0-30° and 82 test locations from 30-70°. Reduced test point density with increased eccentricity. Can be combined with screening and threshold strategies. Corresponds to DICOM Code value 111812.
* at0029::Low Vision Centra (LVC) - Visual field low vision central test pattern. Orthogonal off-center test pattern with 6° spacing. 75 test locations within the central 30°. Corresponds with the 32/30-2 excluding the 2 locations at the blind spot, including a macular test location. The LVC is linked with a staircase threshold strategy starting at 0 dB intensity and applies stimulus area V. Corresponds to DICOM Code value 111813.
* at0030::Central - Visual field central test pattern. General test corresponding to the 30-2 but excluding the 2 test locations in the blind spot area, hence with 74 instead of 76 test locations. Corresponds to DICOM Code value 111814.
* at0031::SITA-Standard - Swedish Interactive Thresholding Algorithm (SITA) test strategy. Strategy gains testing efficiency through use of visual field and information theory models. Corresponds to DICOM Code value 111815.
* at0032::SITA-SWAP - Adaptation of SITA testing methods to Blue-Yellow testing. Corresponds to DICOM Code value 111816.
* at0033::SITA-Fast - Similar to SITA-Standard test strategy but with less strict criteria for closing test points. Intended for patients who must be tested in the shortest possible time. Corresponds to DICOM Code value 111817.
* at0034::Full Threshold (FT) - Threshold test strategy algorithm that determines a patient’s sensitivity at each test point in the threshold test pattern by adjusting intensity by 4 dB steps until the patient changes their response, and then adjusts the intensity in the opposite direction by 2 dB steps until the patient changes their response again. The last stimulus seen by the patient is recognized as the threshold for that point. The starting values are determined by first thresholding a “primary” point in each quadrant then using the results of each primary point to determine the starting values for neighboring points. Corresponds to DICOM Code value 111818.
* at0035::FastPac - Similar to the Full Threshold algorithm except that it steps by 3 dB and only crosses the threshold only once. Corresponds to DICOM Code value 111819.
* at0036::Full From Prior - Identical to Full Threshold test strategy except that starting values are determined by the results of a previous test performed using the same test pattern and the Full Threshold test strategy. Corresponds to DICOM Code value 111820.
* at0037::Optima - Similar to FastPac test strategy except that the steps are pseudo-dynamic (differ based on the intensity of the last presentation). Corresponds to DICOM Code value 111821.
* at0038::Two-Zone - Suprathreshold testing strategy, in which each point is initially tested using stimulus that is 6 dB brighter than the expected hill of vision. If the patient does not respond, the stimulus is presented a second time at the same brightness. If the patient sees either presentation, the point is marked as “seen”; otherwise it is marked as “not seen”. Corresponds to DICOM Code value 111822.
* at0039::Three-Zone - An extension of the two-zone test strategy in which test points where the second stimulus is not seen are presented with a third stimulus at maximum brightness. Corresponds to DICOM Code value 111823.
* at0040::Quantify-Defects - An extension of the two-zone test strategy, in which test points where the second stimulus is not seen receive threshold testing to quantify the depth of any detected scotomoas. Corresponds to DICOM Code value 111824.
* at0041::TOP - Tendency Oriented Perimetry (TOP) test strategy. Fast thresholding algorithm. Test strategy makes use of the interaction between neighboring test locations to reduce the test time compared to normal full threshold strategy by 60-80%. Corresponds to DICOM Code value 111825.
* at0042::Dynamic - Dynamic test strategy is a fast thresholding strategy reducing test duration by adapting the dB step sizes according to the frequency-of-seeing curve of the threshold. Reduction of test time compared to normal full threshold strategy 30-50%. Corresponds to DICOM Code value 111826.
* at0043::Normal - Traditional full threshold staircase test strategy. Initial intensities are presented, based on anchor point sensitivities in each quadrant and based on already known neighboring sensitivities. In a first run, thresholds are changed in 4dB steps until the first response reversal. Then the threshold is changed in 2 dB steps until the second response reversal. The threshold is calculated as the average between the last seen and last not-seen stimulus, supposed to correspond with the 50% point in the frequency-of-seeing curve. Corresponds to DICOM Code value 111827.
* at0044::1-LT - One level screening test strategy: Each test location is tested with a single intensity. The result is shown as seen or not-seen. The intensity can either be a 0 dB stimulus or a predefined intensity. Corresponds to DICOM Code value 111828.
* at0045::2-LT - Two level screening test strategy: Each test location is initially tested 6 dB brighter than the age corrected normal value. Corresponds to DICOM Code value 111829.
* at0046::LVS - Low Vision Strategy (LVS) is a full threshold normal strategy with the exception that it starts at 0 dB intensity and applies stimulus area V. Corresponds to DICOM Code value 111830.
* at0047::GATE - German Adaptive Threshold Estimation (GATE) is a fast test strategy based on a modified 4-2 staircase algorithm, using prior visual fields to calculate the starting intensity. Corresponds to DICOM Code value 111831.
* at0048::GATEi - Similar to GATE test strategy. The i stands for initial. If there was no prior visual field test to calculate the starting values, an anchor point method is used to define the local start values. Corresponds to DICOM Code value 111832.
* at0049::2LT-Dynamic - A test started as two level screening test strategy. In the course of the test, the threshold of relative defects and/or normal test locations has been quantified using the dynamic threshold strategy. Corresponds to DICOM Code value 111833.
* at0050::2LT-Normal - A test started as two level screening test strategy. In the course of the test, the threshold of relative defects and/or normal test locations has been quantified using the normal full threshold strategy. Corresponds to DICOM Code value 111834.
* at0051::Fast Threshold - This test strategy takes neighbourhood test point results into account and offers stimuli with an adapted value to save time. Corresponds to DICOM Code value 111835.
* at0052::CLIP - Continuous Luminance Incremental Perimetry (CLIP) test strategy which measures at first the individual reaction time of the patient and threshold values in every quadrant. The starting value for the main test is slightly below in individual threshold. Corresponds to DICOM Code value 111836.
* at0053::CLASS Strategy - A supra threshold screening strategy. The starting stimuli intensities depend on the classification of the patient’s visual hill by measuring the central (fovea) or peripheral (15° meridian) threshold. The result of each dot slightly underestimates the sensitivity value (within 5 dB). Corresponds to DICOM Code value 111837.
* at0054::Screening test mode - Mode for determining the starting luminance for screening test points.
* at0056::Age corrected - The starting luminance s is chosen based on the age of the patient. Corresponds to DICOM Code value 111838.
* at0057::Threshold related - The starting luminance is chosen based on the results of thresholding a set of “primary” test points (one in each quadrant). Corresponds to DICOM Code value 111839.
* at0058::Single luminance - All starting luminance is set to the same value. Corresponds to DICOM Code value 111840.
* at0059::Foveal sensitivity related - The starting luminance is chosen based on the result of the foveal threshold value. Corresponds to DICOM Code value 111841.
* at0060::Related to non macular sensitivity - The starting luminance is chosen based on the result of four threshold values measured near the 15° meridian (one in each quadrant). Corresponds to DICOM Code value 111842.
* at0061::User chosen value - Observation value selected by user for further processing or use, or as most representative. Corresponds to DICOM Code value 121410.
* at0062::Device configuration - Configuration of the perimeter during the visual field test.
* at0063::Fixation monitoring strategy - Configuration used to monitor the patient's fixation.
* at0064::Automated Optical - Real time evaluation of the camera image to recognize blinks and fixation losses with influence on the test procedure. Blinks that interfere with stimuli presentation cause the automated repetition of such stimulus presentations. Fixation losses can be used to delay the stimulus presentation until correct fixation is regained. Corresponds to DICOM Code value 111843.
* at0065::Blind Spot Monitoring - A method of monitoring the patient’s fixation by periodically presenting stimulus in a location on the background surface that corresponds to the patient’s blind spot. Corresponds to DICOM Code value 111844.
* at0066::Macular Fixation Testing - A method of monitoring the patient’s fixation by presenting the stimulus to the patient’s macula. Corresponds to DICOM Code value 111845.
* at0067::Observation by Examiner - A method of monitoring the patient’s fixation by observation from the examiner of the patient. Corresponds to DICOM Code value 111846.
* at0068::None - Corresponds to DICOM Code value R-40775.
* at0069::Stimulus - Properties of the light chosen to stimulate patients.
* at0070::Stimulus area - Area of light stimulus presented to the patient.
* at0071::Goldmann size I - Goldmann I target size was used (0.25 mm2).
* at0072::Goldmann size II - Goldmann II target size was used (1 mm2).
* at0073::Goldmann size III - Goldmann III target size was used (4 mm2).
* at0074::Goldmann size IV - Goldmann IV target size was used (16 mm2).
* at0075::Goldmann size V - Goldmann V target size was used (64 mm2).
* at0078::Automated test - Automated perimetry or manual test chosen instead.
* at0079::Stimulus colour - Colour of light stimulus presented to the patient.
* at0080::Background - Properties of the background chosen for the test.
* at0081::Background luminance - Background luminance of the device, in candelas per square meter (cd/m²) or apostilbs (ASB).
* at0082::4 ASB - Background illuminated with 4 ASB.
* at0083::31.5 ASB - Background illuminated with 31.5 ASB.
* at0084::100 ASB - Background illuminated with 100 ASB.
* at0085::1000 ASB - Background illuminated with 1000 ASB.
* at0086::Background illumination colour - Colour chosen to illuminate the background of the visual field device so as to make the light stimulus contrast optimal.

## activity-running

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.activity-running.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record a running session; e.g. data from a smartwatch or other device

\*\*Use:\*\* Can be used in the 'Activity' slot of openEHR-EHR-OBSERVATION.physical\_activity.v0

\*\*Keywords:\*\* Running, jogging

\*\*Concepts:\*\*

* at0000::Running - Running session; e.g a race or a jog.
* at0002::Distance - \*
* at0003::Footwear - Unshod or a specific type of footwear while running.
* at0008::Speed - \*
* at0009::Step length - \*
* at0012::Distance type - \*
* at0013::Sprint - The individual ran a distance up to 500m.
* at0014::Middle-distance - The individual ran a distance between 500m-3000m.
* at0015::Long-distance - The indivdiual ran a distance longer than 3000m.
* at0016::Terrain - \*
* at0017::Treadmill - Stationary treadmill.
* at0018::Running track - Running track such as a 400m oval track.
* at0019::Road - City roads.
* at0020::Rough terrain - Grass, mud, woodlands, hills, flat ground and water.
* at0021::Pace - \*
* at0023::Cadence - Frequency of steps.
* at0026::Duration - \*
* at0027::Extension - \*

## address

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.address.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, pt-pt, sv, nb, el, en, fr

\*\*Purpose:\*\* To record details about the location of a person, physical building or landmark as they are known or understood in the course of clinical documentation.

\*\*Use:\*\* Use to record details about the location of a person, physical building or landmark as they are known or understood in the course of clinical documentation, often ad hoc or when it is not appropriate or possible to use an address lookup service. Examples include: - the business address of an organisation providing home care to an individual; or - the postal address of the copyholder of an advanced care record, within the EVALUATION.advance\_care\_directive archetype; or - the physical location of a fall or accident. The scope of this archetype has been constrained to carry the commonest structured components for identifying a specific physical building or landmark. In this context, a complete address may be described using: - One or more free text 'Address line' data elements to represent the huge variety of ways that ‘street-level' details may need to be recorded; and - 'Town' to represent a suburb, town, city, village, or community; - 'District/County' to represent a local government district; - 'State/Territory/Province’ to represent a major government district; - ‘Postcode’, and - ‘Country'. However, this archetype can be extended to include additional fine-grained details about the address by nesting the CLUSTER.structured\_address within the 'Structured address' SLOT. This CLUSTER.address archetype can also be used as a proxy for an address in formal demographic address data when reviewing a template with domain experts - for example, an assessment where reviewers would expect to see the individual's full contact details at the top of the assessment form.

\*\*Misuse:\*\* Not to be used to record a fully structured address, such as described in ISO standards or as part of maintaining an official demographic register or index. Use an address lookup service, a formal Master Patient Index or a Health Provider Index for this purpose, or archetypes based on the openEHR Demographic Information Model. Not to be used to represent digital addresses for use in electronic communication. Use CLUSTER.electronic\_communication for this purpose. Not to be used to record details about housing or homelessness. Use the EVALUATION.housing\_summary for this purpose.

\*\*Keywords:\*\* address, postal, mailing, home, business, physical, landmark

\*\*Concepts:\*\*

* at0000::Address - Details about the location of a person, physical building or landmark.
* at0001::Address line - An unstructured address line representing all relevant street-level or post-box details that would support the identification of a location.
* at0002::City/Town - The name of the lowest level locality that contains the address.
* at0003::District/County - The name of a local government district or geographical area that contains the address.
* at0004::State/Territory/Province - The name of a major government district or geographical area that contains the address.
* at0005::Postal code - The code for a postal delivery area containing the address, as defined by the relevant postal delivery service.
* at0006::Country - The name of the country containing the address.
* at0007::Latitude - Horizontal (y) coordinate of a geolocation for the address.
* at0008::Longitude - Horizontal (x) coordinate of a geolocation for the address.
* at0009::Altitude - The vertical coordinate of a geolocation representing height or depth of the address.
* at0010::Type - The type of address.
* at0011::Physical - A physical location that can be visited.
* at0012::Postal - Address used as a destination for mailing letters or parcels.
* at0013::Both - Address of a physical location, also used as a destination for mail.
* at0014::Use - The primary purpose or use for the address.
* at0015::Business - Address of the physical location of a business or office.
* at0016::Residential - Address of where a person is living on a regular basis.
* at0017::Temporary accommodation - Address of where a person is living on a temporary basis.
* at0018::Comment - Additional narrative about the address not captured in other fields.
* at0019::Map URL - Link to a location on an online map.
* at0020::Structured address - Structured details or extensions to the address.
* at0021::Geolocation code - Unique identifier that represents a precise geographical location.

## address\_cc

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.address\_cc.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, fi, en, it

\*\*Purpose:\*\* For the recording of address details aligned with corresponding FHIR resource.

\*\*Use:\*\* Use to record address details aligned with the corresponding FHIR resources. This cluster archetype is intended to be used inside FHIR resource aligned archetypes such as CLUSTER.fhir\_contact.v0 and CLUSTER.fhir\_practitioner.v0.

\*\*Concepts:\*\*

* at0000::Address - Address details aligned with FHIR resource.
* at0001::Use - The purpose of the address.
* at0002::Home - Home address.
* at0003::Work - Work address.
* at0004::Temp - Temporary address.
* at0005::Old - Old address.
* at0006::Type - Distinguishes between physical addresses (those you can visit) and mailing addresses (e.g. PO Boxes and care-of addresses). Most addresses are both.
* at0007::Postal - Postal type of address.
* at0008::Physical - Physical type of address.
* at0009::Both - Address which is both physical and postal.
* at0010::Text - A full text representation of the address.
* at0011::Line - This component contains the house number, apartment number, street name, street direction, P.O. Box number, delivery hints, and similar address information.
* at0012::City - The name of the city, town, village or other community or delivery center.
* at0013::District - The name of the administrative area (county).
* at0014::Postal code - A postal code designating a region defined by the postal service.
* at0015::Country - Country - a nation as commonly understood or generally accepted.
* at0016::Valid period start - The start of the period. The boundary is inclusive.
* at0017::Valid period end - The end of the period. If the end of the period is missing, it means that the period is ongoing. The start may be in the past, and the end date in the future, which means that period is expected/planned to end at that time.

## address\_isa

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.address\_isa.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record address details compliant with European ISA Standard.

\*\*Concepts:\*\*

* at0000::Address (ISA) - Address details compliant with European ISA Standard.
* at0001::Full Address - The complete address written as a string, with or without formatting.
* at0002::PO Box - The Post Office Box number.
* at0003::Thoroughfare - An address component that represents the name of a passage or way through from one location to another. A thoroughfare is not necessarily a road, it might be a waterway or some other feature.
* at0004::Locator Designator (street name) - this is the building number, apartment number, etc.
* at0005::Address Area - The name of the property or complex, of the building or part of the building, or the name of a room inside a building.
* at0006::Post Name (city) - The key postal division of the address, usually the city.
* at0007::Admin Unit 2 (county/region/state) - The region of the address, usually a county, state or other such area that typically encompasses several localities.
* at0008::Admin Unit 1 (country) - The uppermost administrative unit for the address, almost always a country.
* at0009::Postcode - The post code (a.k.a postal code, zip code etc).
* at0010::Address ID - A globally unique identifier for each instance of an address.
* at0011::Locator Name (street number) - The locator name could be the name of the property or complex, of the building or part of the building, or it could be the name of a room inside a building.

## adhoc\_cluster\_heading

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.adhoc\_cluster\_heading.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* A generic cluster header which is normally renamed locally at template level.

\*\*Use:\*\* To construct and name a cluster within a local template.

\*\*Concepts:\*\*

* at0000::Adhoc cluster heading - A generic cluster heading for contextual renaming within a template.
* at0002::Content - SLOT for Detailed Content.

## adverse\_reaction\_event

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.adverse\_reaction\_event.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record information about a specific adverse reaction event caused by exposure to a specific substance.

\*\*Use:\*\* Use to record information about a specific adverse reaction event caused by exposure to a specific substance. The substance may be recorded in the 'Specific substance' element in this archetype, or in an appropriate element in the parent archetype in which this archetype is nested. This archetype is designed to be nested within the EVALUATION.adverse\_reaction\_risk or the OBSERVATION.adverse\_reaction\_monitoring archetypes, to record details about a specific reaction event, but it could also be nested within other archetypes where clinically appropriate. The scope of this archetype has deliberately focused on identifying a pragmatic data set that are used in most clinical systems or will be suitable for most common clinical scenarios; however, it permits extension of the model when additional detail is required, using the 'Reaction details', 'Exposure details', and 'Reporting details' slots. An extension may be required if a specialist allergist or immunologist needed to record a more detailed assessment as part of a report to regulatory bodies or within the context of a clinical trial.

\*\*Misuse:\*\* Not to be used to record adverse events, including failures of clinical process, interventions or products. For example: abnormal use or mistakes/errors made in maladministration of an agent or substance; incorrect dosage; mislabelling; harm or injury caused by an intervention or procedure; overdose/poisoning etc. Use a specific archetype for this purpose.

\*\*Concepts:\*\*

* at0000::Adverse reaction event - Information about a specific adverse reaction event caused by exposure to a specific substance.
* at0001::Specific substance - The substance considered to be responsible for the specific adverse reaction event.
* at0002::Certainty - The degree of clinical certainty that the 'Manifestation' in this reaction event was caused by exposure to the identified 'Specific substance'.
* at0005::Confirmed - It has been objectively verified that the 'Manifestation' in this reaction event was caused by exposure to the identified 'Substance'. This may include clinical evidence by testing, re-challenge or observation.
* at0006::Manifestation - Clinical symptoms and/or signs that are observed or associated with the adverse reaction.
* at0007::Reaction description - Narrative description about the adverse reaction as a whole, including details of the manifestation if required.
* at0008::Onset of reaction - The date and/or time of the onset of the reaction.
* at0009::Duration of reaction - The total amount of time that the manifestation of the adverse reaction persisted.
* at0010::Severity of reaction - Clinical assessment of the severity of the reaction event as a whole, potentially considering multiple different manifestations.
* at0011::Mild - Causes mild physiological effects.
* at0012::Moderate - Causes moderate physiological effects.
* at0013::Severe - Causes severe physiological effects.
* at0014::Reaction details - Additional details about the adverse reaction.
* at0015::Initial exposure - The date and/or time of the first exposure to the Substance for this Reaction Event.
* at0016::Duration of exposure - The total amount of time the individual was exposed to the identified 'Specific substance'.
* at0017::Route of exposure - The route by which the subject was exposed to the identified 'Specific substance'.
* at0018::Exposure description - Narrative description about the exposure to the identified 'Specific substance'.
* at0019::Exposure details - Additional details about exposure to the 'Specific substance'.
* at0020::Clinical management description - Narrative description about the clinical management provided.
* at0021::Clinical management details - Additional structured details about clinical management for this reaction event.
* at0022::Reporting details - Additional structured details required for reporting to regulatory bodies.
* at0023::Information source - Details about the provenance of the information.
* at0024::Comment - Additional narrative about the adverse reaction event not captured in other fields.
* at0025::Supporting clinical record information - Link to further information about the presentation and findings that exist elsewhere in the health record, including allergy test reports.
* at0026::Unconfirmed - It has not been objectively verified that the 'Manifestation' in this reaction event was caused by exposure to the identified 'Substance'.
* at0027::Refuted - It has been disputed or disproven that the 'Manifestation' in this reaction event was caused by exposure to the identified 'Substance', with a sufficient level of clinical certainty to justify invalidating the assertion. This may include clinical evidence by testing, re-challenge or observation.

## airway\_device

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.airway\_device.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Airway Device - Airway Device
* at0001::Type - None
* at0002::Sub-glottic - e.g. ETT
* at0003::Supra-glottic - e.g. LMA
* at0004::Nasal - e.g. Nasal Cannula
* at0005::Nasal/Oral - e.g. Facemask
* at0007::Humidified - None
* at0008::Venturi - None

## alcohol\_consumption

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.alcohol\_consumption.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the volume, ABV and frequency of alcohol consumed.

\*\*Use:\*\* Use to record details about the amount of alcohol consumed. This archetype has been designed to capture the actual amount of alcohol consumed per drink when nested within the context of an Alcohol Intake diary (OBSERVATION.alcohol\_intake), or the typical amount consumed when nested within the context of the Alcohol consumption summary (EVALUATION.alcohol\_consumption\_summary). These parameters can be used to calculate the mass of alcohol consumed.

\*\*Keywords:\*\* alcohol

\*\*Concepts:\*\*

* at0000::Alcohol consumption - Details about the amount of alcohol consumed.
* at0001::Volume - The amount of volume consumed.
* at0002::Alcohol by volume (ABV) - Measure of the amount of alcohol (by volume) within a given volume of a beverage, expressed as volume percent.
* at0003::Frequency - Frequency of alcohol consumed.

## anatomical\_location

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.anatomical\_location.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, ar-sy, sl, en, fr, nl

\*\*Purpose:\*\* To identify and record structured details about a single physical site on, or within, the human body using macroscopic anatomical terms.

\*\*Use:\*\* Use to record structured and consistent details about a single identified physical site on, or within, the human body. This archetype is specifically designed to be used within the context of any appropriate ENTRY or CLUSTER archetypes which supply the context of the anatomical location. As a fundamental part of clinical practice, clinicians can describe anatomical locations in a myriad of complex and variable ways. In practice, some archetypes carry a single data element for carrying a simple description of body site - for example, OBSERVATION.blood\_pressure and CLUSTER.symptom when describing ear pain. In this situation, where the value set is predictable and simple to define, this single data element is a very accurate and pragmatic way to record the site in the body and to query at a later date. However in the situation where the anatomical location is not well defined or needs to be determined at run-time, it may be more flexible to use this structured archetype. For example, in the situation where any symptom can be recorded without any predefined scope of the type of symptom, then allowing the use of this archetype to specifically define an anatomical location in the body may be useful. In this case the CLUSTER.symptom archetype also carries a SLOT for 'Detailed anatomical location' which can include this archetype to support maximal flexibility in recording anatomical location data. This archetype supports recording complex structured anatomical sites. For example, the apex beat of the heart is typically found at the fifth left intercostal space in the mid-clavicular line, tenderness at McBurney's point on the abdominal wall or a laceration on the palmar aspect of the proximal right thumb. A combination of the data elements in this archetype can be used to individually record each component of a postcoordinated terminology expression that represents the anatomical site. The 'Alternative structure' SLOT allows inclusion of additional archetypes that provide an alternative structure for describing the same body site, such as CLUSTER.anatomical\_location\_relative or CLUSTER.anatomical\_location\_clock, should this be required. In the situation where this archetype can only be used to name a large and/or non-specific body part, the additional use of the CLUSTER.anatomical\_location\_relative archetype will support recording of a more precise location - for example, 2 cm anterior to the cubital fossa of the left forearm or 4 cm below R costal margin on the chest wall in the mid-clavicular line. If this archetype is used within other archetypes where the specified subject of care is not the individual for whom the record is being created, for example a fetus in-utero, then the anatomical location will be identifying a body site on or within the fetus.

\*\*Misuse:\*\* Not to be used for specifiying unilateral/bilateral occurrences of an anatomical feature.

\*\*Keywords:\*\* location, site, anatomical, anatomic region, topographic anatomy, macroscopic, anatomic, anatomy

\*\*Concepts:\*\*

* at0000::Anatomical location - A physical site on or within the human body.
* at0001::Body site name - Identification of a single physical site either on, or within, the human body.
* at0002::Laterality - The side of the body on which the identified body site is located.
* at0003::Left - Left side of the body.
* at0004::Right - Right side of the body.
* at0023::Description - Narrative description that can be used to further refine and support the 'Body site name'.
* at0053::Alternative structure - Additional detail about the anatomical site using alternative approaches to describe the same body site.
* at0054::Multimedia representation - Image or other media used to support identification of the body site.
* at0055::Anatomical Line - Additional detail using theoretical lines drawn through anatomical structures used to provide a consistent reference point on the human body.
* at0056::Midaxillary line - Line running vertically down the surface of the body, passing through the apex of the axilla.
* at0057::Anterior axillary line - Line running vertically down the surface of the body, passing through the anterior axillary skinfold.
* at0058::Posterior axillary line - Line running vertically down the surface of the body, passing through the posterior axillary skinfold.
* at0059::Mid-clavicular line - Line running vertically down the surface of the body, parallel to the midline and passing through the midpoint of the clavicle.
* at0060::Mid-pupillary line - Line running vertically down the face through the midpoint of the pupil when looking directly forward.
* at0062::Midline - Line running vertically which divides the body into left and right portions, passing through the head, spinal cord, and umbilicus. Alternatively it can refer to a line dividing a body part into two equal portions, for example a digit.
* at0063::Mid-scapular line - Line running vertically down the posterior surface of the body, parallel to the midline and passing through the inferior point of the scapula.
* at0064::Aspect - Qualifying detail about the specific aspect of the identified body site.
* at0065::Specific site - Additional detail using a specific region or a point on, or within, the identified body site.
* at0067::Medial - Towards the midline of the body site.
* at0068::Lateral - Towards the side, or edge, of the body site.
* at0069::Superior - Above the body site, often meaning towards the head.
* at0070::Inferior - Below the body site, often meaning towards the feet.
* at0071::Anterior - Towards the front, or ventral surface, of the body site.
* at0072::Posterior - Towards the back, or dorsal surface, of the body site.
* at0073::Proximal - More central or closer to the point of attachment, and usually describing part of a limb, digit or appendage.
* at0074::Distal - More peripheral, or further from the point of attachment, and usually describing part of a limb, digit or appendage.
* at0075::Palmar - Towards the palm of the hand.
* at0076::Plantar - Towards the sole of the foot.
* at0077::Mid - In the middle of the body site.
* at0078::Oral - Towards the mouth. Usually used to describe locations within the digestive system.
* at0079::Anal - Towards the anus. Usually used to describe locations within the digestive system.
* at0080::Deep - Away from the surface of the body site.
* at0081::Superficial - Towards the surface of the body site.
* at0082::Dorsal - Towards the back of the hand or top of the foot. To be used as opposites of palmar or plantar, not as a synonym of posterior.

## anatomical\_location\_circle

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.anatomical\_location\_circle.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* sv, nb, en, sl, ar-sy

\*\*Purpose:\*\* To record structured details about a physical site on or within the human body that is described in terms of the direction, and optionally the distance, of the site from a central landmark.

\*\*Use:\*\* Use to record structured details about a physical site on or within the human body that is described in terms of the direction, and optionally the distance, of the site from a central landmark. The direction will be relative to the identified reference direction which may be implied in some examinations - for example, the 12 o'clock in examination of the breast or anus. This archetype is specifically designed to be used within the context of any appropriate ENTRY or CLUSTER archetypes which supply the context of the identified body site, or nesting in the 'Alternative Structure' SLOT within the CLUSTER.anatomical\_location. In the situation where the CLUSTER.anatomical\_location can only be used to name a large and/or non-specific body part, the use of this archetype within the 'Alternative Structure' SLOT will support recording of a more precise location - for example, a haemorrhoid located at 7 o'clock, where the 12 o'clock reference point is the perineum, or anterior surface of the body, with the patient in the lithotomy position.

\*\*Misuse:\*\* Not to be used to specify a simple location of a named physical site in the body, such as left femur or medial aspect of nose. Use the CLUSTER.anatomical\_location archetype for this purpose. Not to be used to specify a relative location of a physical site in the body, such as a bruise that is 5 cm inferior to the umbilicus. Use the CLUSTER.anatomical\_location\_relative for this purpose.

\*\*Keywords:\*\* location, site, anatomical, relative, approximate, anatomic region, topographic anatomy, macroscopic anatomy, macroscopic, anatomic, anatomy, clock, o'clock, position, surface anatomy

\*\*Concepts:\*\*

* at0000::Circular anatomical location - A physical site on or within the human body that is described in terms of the direction, and optionally the distance, of the site from a central landmark.
* at0023::Description - Narrative description that can be used to further refine and support structured data about the circular location.
* at0054::Multimedia representation - Image or other media used to support identification of the location on the body.
* at0061::Circular direction - Identification of the angle of the direction to the physical site relative to the reference direction, either as the position of an hour hand on a clockface or number of degrees.
* at0065::Reference direction - Identification of a single direction which represents the 12 o'clock or 0° position on an imaginary circle superimposed over the body site, as seen by the examiner.
* at0067::One o'clock - The body site is located at the one o'clock position relative to the identified reference point.
* at0068::Two o'clock - The body site is located at the two o'clock position relative to the identified reference point.
* at0069::Three o'clock - The body site is located at the three o'clock position relative to the identified reference point.
* at0070::Four o'clock - The body site is located at the four o'clock position relative to the identified reference point.
* at0071::Five o'clock - The body site is located at the five o'clock position relative to the identified reference point.
* at0072::Six o'clock - The body site is located at the six o'clock position relative to the identified reference point.
* at0073::Seven o'clock - The body site is located at the seven o'clock position relative to the identified reference point.
* at0074::Eight o'clock - The body site is located at the eight o'clock position relative to the identified reference point.
* at0075::Nine o'clock - The body site is located at the nine o'clock position relative to the identified reference point.
* at0076::Ten o'clock - The body site is located at the ten o'clock position relative to the identified reference point.
* at0077::Eleven o'clock - The body site is located at the eleven o'clock position relative to the identified reference point.
* at0078::Twelve o'clock - The body site is located at the twelve o'clock position relative to the identified reference point.
* at0079::Centre landmark - Identified body site used as a reference point for centre of the imaginary circle.
* at0080::Distance from landmark - Distance of location from the identified central landmark.

## anatomical\_location\_precise

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.anatomical\_location\_precise.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record highly detailed anatomical location.

\*\*Use:\*\* Use where highly precise localisation information is required, using co-ordinates. This archetype has been designed to support DICOM based coordinate systems for accurate object localisation. Designed to fit within appropriate ENTRY or CLUSTER archetypes, especially CLUSTER.anatomical\_location.

\*\*Misuse:\*\* Not designed to be used as a standalone archetype.

\*\*Keywords:\*\* coordinates, specimen, DICOM

\*\*Concepts:\*\*

* at0000::Precise anatomical location - Record details about precise anatomical location of a specimen or body part, including coordinates.
* at0001::Position frame of reference - Description of coordinate system and origin reference point used for localizing the object.
* at0002::X offset - Location of object (nominal center) relative to the Position Frame Reference. Distance can be given in SI units or pixels. of ({pixel}, UCUM, “Pixels”).
* at0003::Y offset - Location of object (nominal center) relative to the Position Frame Reference. Distance can be given in SI units or pixels. of ({pixel}, UCUM, “Pixels”).
* at0004::Z offset - Location of object (nominal center) relative to the Position Frame Reference. Distance can be given in SI units or pixels. of ({pixel}, UCUM, “Pixels”).

## anatomical\_location\_relative

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.anatomical\_location\_relative.v2

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, ar-sy, sl, en

\*\*Purpose:\*\* To identify and record structured details about a single physical site on, or within, the human body in terms of its relationship to other macroscopic anatomical landmarks.

\*\*Use:\*\* Use to record structured and consistent details about a single identified physical site on, or within, the human body by describing its location in relation to identified macroscopic anatomical landmarks. It may be necessary to describe the single physical location using more than one relative location - for example, 2 cm inferior to 'landmark A' AND 3 cm medial to 'landmark B'. In practice, some archetypes carry a single data element for carrying a simple description of body site - for example, OBSERVATION.blood\_pressure and CLUSTER.symptom when describing ear pain. In this situation, where the value set is predictable and simple to define, this single data element is a very accurate and pragmatic way to record the site in the body and to query at a later date. However in the situation where the anatomical location is not well defined or needs to be determined at run-time, it may be more flexible to use this structured archetype. This archetype is specifically designed to be used within the context of any appropriate ENTRY or CLUSTER archetypes which supply the context of the identified body site, including insertion within the CLUSTER.anatomical\_location if 'Body site name' or other data elements are also required. Clinical use cases: - 5 cm inferior to the left tibial tuberosity; - 2 cm medial to the right nipple; and - 5 cm within the anal opening. In the situation where the CLUSTER.anatomical\_location can only be used to name a large and/or non-specific body part, the use of this archetype within the 'Alternative Structure' SLOT will support recording of a more precise location - for example, 2 cm anterior to the cubital fossa of the left forearm or 4 cm below R costal margin on the chest wall in the mid-clavicular line.

\*\*Misuse:\*\* Not to be used to record 'unilateral' and 'bilateral', as these terms are qualifiers for conclusions rather than anatomical locations. Not to be used to specify a simple location of a named physical site in the body. Not to be used to specify a simple location of a named physical site in the body, such as left femur or medial aspect of nose. Use the CLUSTER.anatomical\_location archetype for this purpose. Not to be used to represent location of anatomical features at the microscopic level, for example in reporting histopathology. Use a CLUSTER archetype for histopathology nested within the OBSERVATION.laboratory\_test\_result archetype for this purpose.

\*\*Keywords:\*\* location, site, anatomical, relative, approximate, anatomic region, topographic anatomy, macroscopic anatomy, macroscopic, anatomic, anatomy

\*\*Concepts:\*\*

* at0000::Relative anatomical location - A physical site on or within the human body that is described in terms of its relationship to other body parts.
* at0006::Direction - Detail about the relative direction of the body site to the landmark.
* at0007::Medial to - Towards the middle, from the landmark.
* at0008::Lateral to - Towards the side, from the landmark.
* at0009::Superior to - Above the landmark.
* at0010::Inferior to - Below the landmark.
* at0012::Anterior to - Towards the front, or ventral aspect, from the landmark.
* at0013::Posterior to - Towards the back, or dorsal aspect, from the landmark.
* at0020::Relative location - Detail to identify a single physical site either on, or within, the human body in terms of its relationship to other macroscopic anatomical landmarks.
* at0021::Landmark name - Identified body site used as a reference point for the actual body site.
* at0022::Distance from landmark - Distance of location from the identified landmark.
* at0023::Description - Narrative description that can be used to further refine and support the relative location structured data.
* at0054::Multimedia representation - Image or other media used to support identification of the location on the body.
* at0055::Proximal to - Closer to the body, relative to the landmark.
* at0056::Distal to - Further from the body, relative to the landmark.
* at0057::Superficial to - Nearer the outer surface, relative to the landmark.
* at0058::Deep to - Further away from the outer surface, relative to the landmark.
* at0059::Within - Inwards from the outer opening of a body cavity, for example outer ear canal, fistula or wound, relative to the landmark.
* at0060::External to - Outwards from the inner opening of a body cavity, for example anal fistula or nasal cavity, relative to the landmark.
* at0062::Laterality - The side of the body on which the identified landmark is located.
* at0063::Oral to - Towards the mouth, relative to the landmark. Usually used to describe locations within the digestive system.
* at0064::Anal to - Towards the anus, relative to the landmark. Usually used to describe locations within the digestive system.
* at0065::Caudal to - Towards the tail, relative to the landmark.
* at0066::Cranial to - Towards the head, relative to the landmark.
* at0067::Rostral to - Towards the front of the head, relative to the landmark.
* at0068::Left - Left side of the body.
* at0069::Right - Right side of the body.

## anatomical\_pathology\_exam

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.anatomical\_pathology\_exam.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings and interpretation of anatomical pathology tests performed on tissues, cells and body fluids.

\*\*Use:\*\* Use to record any anatomical pathology test result, including microscopic and macroscopic examinations of tissues, cells or body fluids. In some locations the terms "histopathology" and "cytology" may be used in place of "anatomical pathology". This archetype is designed specifically to be used in the "Test result" SLOT within the OBSERVATION.laboratory\_test\_result archetype, but may also be used within other ENTRY class archetypes where appropriate.

\*\*Misuse:\*\* Not to be used for reporting other types of laboratory test results, for example biochemistry or haematology. Not to be used to record an autopsy report, although tests on some specimens that are collected during an autopsy may be represented using this archetype.

\*\*Keywords:\*\* histopathology, cytology, pathology

\*\*Concepts:\*\*

* at0000::Anatomical pathology examination - Findings and interpretation of an anatomical pathology examination performed on tissues and body fluids.
* at0005::Anatomical pathology finding - Details of an individual anatomical pathology finding, often related to a specific anatomical location or specimen.
* at0006::Tissue available - True if the tissue is available for examination.
* at0008::Finding description - A narrative description of the anatomical pathology finding.
* at0009::Structured findings - Detailed structured findings.
* at0010::Pathology interpretation - Single word, phrase of brief description representing the interpretation of the anatomical pathology finding. A coded term is preferred.
* at0011::Examination description - A narrative description of the entire anatomical pathology examination.
* at0017::Specimen container ID - Reference ID, URI or text for a specimen container related to this finding.
* at0018::Specimen container ID - Reference ID, URI or text for a specimen containera related to this finding.
* at0019::Examination type - Identification of the type of anatomical pathology examination performed.
* at0020::Macroscopic examination - Findings recorded on examination of a gross specimen.
* at0021::Microscopic examination - Findings recorded after microsopic examination.
* at0022::Multimedia representation - Digital image, video or diagram representing the examination.
* at0023::Finding label - A text label for the specific finding.

## art\_container\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.art\_container\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record specific details about the contents of a container stored for the purposes of assisted reproduction treatment.

\*\*Use:\*\* Use to record specific details about the cells or tissue products stored in a container for the purposes of assisted reproduction treatment. The container may contain sperm, testicular tissue, ovarian tissue, or one or more oocyte or embryos.

\*\*Keywords:\*\* container, assister reproduction, sperm, testicular, ovarian, tissue, oocyte, zygote, embryo, blastocyst

\*\*Concepts:\*\*

* at0000::ART container details - Details about the contents of a container stored for the purposes of assisted reproduction treatment.
* at0001::Product ID - The unique identifier for the reproductive cell or tissue product in the container.
* at0002::Date of preservation - The date and/or time when the container and its' contents were preserved.
* at0006::Preservation protocol ID - The identifier for the cryopreservation procedure.
* at0008::Disposition date - The date and/or time when the container and its' contents were disposed of.
* at0009::Disposition - The reason for disposing the contents of the container.
* at0010::Expiry date - The date beyond the contents are not to be used.
* at0012::Comment - Additional narrative about the ART straw contents, not captured in other fields.
* at0020::None - The contents of the container are not used.
* at0021::Autologous treatment - The contents of the container are used for autologous treatment.
* at0022::Donation to treatment - The contents of the container are donated to heterologous treatment.
* at0023::Donation to research - The contents of the container are donated to research.
* at0024::Transferred to other biobank - The container is transferred to an other biobank.
* at0025::Discarded - The contents of the container are discarded.
* at0026::Product class - Class of cell or tissue product stored in the container.
* at0028::Sperm - The male gamete.
* at0029::Testicular tissue - Fragment of testicular tissue.
* at0030::Oocyte - The female gamete.
* at0031::Ovarian tissue - Fragment of the ovary.
* at0032::Zygote - A single cell resulting from fertilization of a mature oocyte by a spermatozoon and before completion of the first mitotic division.
* at0033::Embryo - The biological organism resulting from the development of the zygote, until eight completed weeks after fertilization, equivalent to 10 weeks of gestational age.
* at0034::Oocyte maturation stage - The stage of maturation of the oocyte.
* at0035::Embryo development stage - The stage of development of the embryo.
* at0036::Type of preservation - The technique used to preserve the tissue or cells.
* at0037::Sperm procurement method - The method used to procure sperm.
* at0038::Not specified - No information about the oocyte maturation stage is provided or not applicable.
* at0039::Immature - An oocyte at prophase of meiosis I (i.e. an oocyte at the germinal vesicle (GV) stage).
* at0040::Maturing - An oocyte that has progressed from prophase I but has not completed telophase I, thus does not exhibit the first polar body.
* at0041::Mature - An oocyte at metaphase of meiosis II, exhibiting the first polar body and with the ability to become fertilized.
* at0042::Embryo preservation day - The number of days following insemination on which the embryo was preserved (calendar days).
* at0043::Not specified - No information about the embryo preservation day is provided or not applicable.
* at0044::Day 1 - Embryo preserved on day 1 after insemination.
* at0045::Day 2 - Embryo preserved on day 2 after insemination.
* at0046::Day 3 - Embryo preserved on day 3 after insemination.
* at0047::Day 4 - Embryo preserved on day 4 after insemination.
* at0048::Day 5 - Embryo preserved on day 5 after insemination.
* at0049::Day 6 - Embryo preserved on day 6 after insemination.
* at0050::Day 7 - Embryo preserved on day 7 after insemination.
* at0051::Not specified - No information about the embryo development stage is provided or not applicable.
* at0052::Cleavage stage - Embryo beginning at the two cell stage and up to, but not including, the morula stage.
* at0053::Morula stage - Embryo after completion of compaction, typically 4 days after insemination or ICSI.
* at0054::Blastocyst stage - Embryo at the blastocyst stage, containing a fluid filled central cavity, an outer layer of cells and an inner group of cells. Typically occurs at day 5–6 after insemination.
* at0055::Not specified - No coded information is provided about the type of preservation.
* at0056::Vitrification - Product cryopreserved using a technique that leads to a glass-like solidification.
* at0057::Slow active freezing - Product cryopreserved using a computerized controlled-rate freezer.
* at0058::Slow passive freezing - Product cryopreserved without using a computerized controlled-rate freezer.
* at0059::Not cryopreserved - Fresh or refrigerated product.
* at0060::Not specified - Collection or recovery method is not specified, or not applicable.
* at0061::Ejaculated - Sperm procured from ejaculate.
* at0062::Aspirated epididymal - Sperm procured by aspiration from epididymis.
* at0063::Aspirated testicular - Sperm procured by percutaneous aspiration from testis.
* at0064::Biopsy testicular - Sperm procured by biopsy of testis.
* at0065::Sperm preparation - Information about the preparation of sperm.
* at0066::Not specified - No information about the preparation of sperm is provided, or not applicable.
* at0067::Unwashed - Raw ejaculate.
* at0068::Washed - he ejaculate has been washed by centrifugation in a buffer solution.
* at0069::Prepared - Viable sperm cells have been isolated from other contents of the seminal fluid.

## auscultation\_bowel

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.auscultation\_bowel.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the auscultation of bowel sounds in the abdomen or chest.

\*\*Use:\*\* Use to record a description and clinical interpretation of findings observed during auscultation of bowel sounds in the abdomen or, in rare and abnormal circumstances, in the chest. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-abdomen, CLUSTER.exam-lung or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Keywords:\*\* bowel sounds, auscultation

\*\*Concepts:\*\*

* at0000::Auscultation of bowel sounds - Findings observed during the auscultation of bowel sounds.
* at0001::Body site - Identification of the area of the body under examination.
* at0003::Clinical description - Narrative description of the auscultation findings.
* at0004::Presence - The presence or absence of any bowel sounds heard on auscultation.
* at0012::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the auscultation findings at the body site.
* at0013::Examination not done - Details to explicitly record that this examination was not performed.
* at0014::Comment - Additional narrative about the auscultation findings at the body site, not captured in other fields.
* at0015::Structured body site - A structured description of the area of the body under examination.
* at0017::Intensity - The relative volume or loudness of all bowel sounds compared to what is expected.
* at0018::Increased - The bowel sound is louder than expected over the area of abdomen being auscultated.
* at0019::Normal - The bowel sound is heard at the expected intensity over the area of abdomen being auscultated.
* at0020::Decreased - The bowel sound is less intense than expected over the area of abdomen being auscultated.
* at0021::Absent - The bowel sound is not heard over the area of abdomen being auscultated.
* at0022::Present - None
* at0023::Absent - None
* at0025::Type - The type or character of bowel sounds heard on auscultation.
* at0026::Frequency - The assessment of the relative frequency of bowel sounds heard on auscultation.
* at0027::Hypoactive - The bowel sounds heard are less frequent than expected.
* at0028::Normal - The bowel sounds heard are as expected.
* at0029::Hyperactive - The bowel sounds heard are more frequent than expected.

## auscultation\_breath

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.auscultation\_breath.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the auscultation of breath sounds.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the auscultation of breath sounds. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam, CLUSTER.exam-lung or CLUSTER.exam-abdomen archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Keywords:\*\* breath sounds, auscultation

\*\*Concepts:\*\*

* at0000::Auscultation of breath sounds - Findings observed during the auscultation of breath sounds.
* at0001::Body site - Identification of the area of the body under examination.
* at0002::Structured body site - A structured description of the area of the body under examination.
* at0003::Clinical description - Narrative description of the auscultation findings.
* at0004::Presence - The presence or absence of any breath sounds heard on auscultation.
* at0005::Present - None
* at0006::Absent - None
* at0007::Type - The type or character of the breath sounds heard on auscultation.
* at0012::Intensity - The relative volume or loudness of all breath sounds compared to what is expected.
* at0016::Adventitious breath sound - Details about an abnormal breath sound heard over the area of lung being auscultated.
* at0017::Breath sound - Name of the abnormal breath sound.
* at0024::Intensity - The volume or loudness of the identified breath sound.
* at0029::Phase - The timing of the sound within the whole breathing cycle.
* at0033::Timing - The timing of the sound within the specified 'Phase' of the breathing cycle.
* at0034::Early - The added breath sound occurs at the beginning of either the inspiratory or expiratory phase.
* at0035::Mid - The added breath sound is heard during the middle portion of either the inspiratory or expiratory phase.
* at0036::Late - The added breath sound occurs near the end of the inspiratory or expiratory phase.
* at0037::Clinical description - Narrative description about the identified breath sound.
* at0039::Vocal resonance - Details about vocal resonance heard over the area of lung being auscultated.
* at0040::Intensity - The relative volume or loudness of the transmitted sounds compared to what is expected.
* at0045::Type - The type or character of transmitted sound heard.
* at0046::Aegophony - A change in the quality of the spoken voice over the chest wall, in which the sound "ee" is heard as a nasal "ay".
* at0047::Whispered pectoriloquy - Increased clarity and loudness of whispered speech heard over the chest wall.
* at0051::Examination not done - Details to explicitly record that this examination was not performed.
* at0052::Comment - Additional narrative about the auscultation findings at the body site, not captured in other fields.
* at0053::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the auscultation findings at the body site.
* at0054::Bronchophony - Increased clarity and loudness of spoken voice over the chest wall.
* at0059::Soft - The abnormal sound is faint and hard to hear.
* at0060::Moderate - The abnormal sound is clearly heard but not dominant.
* at0061::Loud - The abnormal sound is easily heard and prominent.
* at0063::Inspiratory - The abnormal sound is heard during inhalation.
* at0064::Expiratory - The abnormal sound is heard during exhalation.
* at0065::Biphasic - The abnormal sound is heard during both inhalation and exhalation.
* at0066::Presence - The presence or absence of an identified abnormal sound.
* at0067::Present - None
* at0068::Absent - None
* at0075::Stridor - A high-pitched sound resulting from turbulent airflow due to upper airway obstruction.
* at0076::Rhonchi - A low-pitched sound caused by airflow through large airways with secretions or obstruction.
* at0077::Fine crackles - A discontinuous, high-pitched sound produced by sudden opening of small airways.
* at0078::Coarse crackles - A discontinuous, low-pitched sound produced by air passing through larger airways with fluid or secretions.
* at0079::Pleural rub - A grating sound generated by inflamed pleural surfaces rubbing against each other.
* at0080::Wheeze - A continuous, high-pitched sound resulting from airflow through narrowed or compressed airways.
* at0081::Increased - The transmitted vocal sound is louder than expected in the area of the lung being auscultated.
* at0082::Normal - The transmitted vocal sound is heard at the expected intensity in the area of the lung being auscultated.
* at0083::Decreased - The transmitted vocal sound is quieter than expected in the area of the lung being auscultated.
* at0084::Absent - No transmitted vocal sound is heard in the area of the lung being auscultated.
* at0085::Absent - The breath sound is not heard over the area of lung being auscultated.
* at0086::Decreased - The breath sound is less intense than expected over the area of lung being auscultated.
* at0087::Normal - The breath sound is heard at the expected intensity over the area of lung being auscultated.
* at0088::Increased - The breath sound is louder than expected over the area of lung being auscultated.

## bioreagent

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.bioreagent.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, es-ar, nb, pt-br, en, ar-sy

\*\*Purpose:\*\* To record the details about a bioreagent or laboratory consumable used as part of a diagnostic or therapeutic procedure in healthcare.

\*\*Use:\*\* Use to record the details about a bioreagent or laboratory consumable used as part of a diagnostic or therapeutic procedure in healthcare. This archetype has been designed for broad reuse within other archetypes that need to identify the use of a specific bioreagent. For example, to nest within the 'Procedure detail' SLOT in the ACTION.procedure archetype in assisted reproduction treatment procedures such as: - oocyte denudation; - assisted oocyte activation; - cryopreservation and thawing of cells or embryos; and - fertilisation by intracytoplasmic sperm injection (ICSI).

\*\*Misuse:\*\* Not to be used to record data about medicinal products that exert a direct pharmacological, metabolic or immunologic effect. For example: a medicine that requires a prescription should be recorded using the INSTRUCTION.medication\_order archetype, focused on the active ingredients, dosage etc. Not to be used to record data about medical devices, instruments or equipment used during diagnostic or therapeutic procedures - use the appropriate archetype for this purpose.

\*\*Keywords:\*\* chemical, biochemical, reagent, biosubstance, substance, laboratory, product, material, medium

\*\*Concepts:\*\*

* at0000::Bioreagent - A substance, compound, product or material used to identify or manipulate the chemical matter, or used to support the growth of cells or tissues, as part of a diagnostic or therapeutic procedure in healthcare.
* at0001::Name - Identification of the reagent or consumable, preferably by a common name, a formal fully descriptive name or, if required, by class or category.
* at0003::Type - The category or type of reagent or consumable.
* at0004::Manufacturer - Name of manufacturer.
* at0006::Batch number - The number assigned by the manufacturer which identifies a group of items manufactured at the same time, usually found on the label or packaging material.
* at0007::Date of expiry - Date after which the device/product is no longer fit for use, usually found on the reagent itself or printed on the accompanying packaging.
* at0008::Comment - Additional narrative about the bioreagent not captured in other fields.
* at0021::Identifier - A unique identifier allocated by a specified registry.
* at0022::Catalogue number - The number assigned by the manufacturer, as it appears in the manufacturer's catalogue, labeling, or accompanying packaging.

## birth\_detail

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.birth\_detail.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en, es, ca

\*\*Purpose:\*\* To record a subset of persistent or summary information about the pregnancy and birth of an infant, that may be used within both the mother's and infant's health record.

\*\*Use:\*\* Use to record a subset of persistent or summary information about the pregnancy and birth of an infant, usually recorded as part of a maternal health record or birth report, but also able to be shared and reused to provide context about the pregnancy and birth within the newborn's health record. This archetype has been designed to be nested: - in the 'Birth detail' SLOT within the EVALUATION.pregnancy\_summary archetype, to capture details about an infant born to the mother; and - in the 'Birth detail' SLOT within the EVALUATION.birth\_summary archetype, to capture or reuse details about the birth of the individual.

\*\*Keywords:\*\* birth, pregnancy, infant, newborn

\*\*Concepts:\*\*

* at0000::Birth detail - A subset of persistent or summary information about the pregnancy and birth of an infant, selected for utility of use within both the maternal and infant health records.
* at0001::Description - Narrative description of the newborn, including observed congenital abnormalities.
* at0003::Birth order - The sequential order of the birth of the infant within a multiple birth pregnancy.
* at0004::Gestation - The length of the pregnancy at the time of delivery of the infant.
* at0005::Method of delivery - Method by which the newborn was delivered.
* at0006::Unassisted - Normal, non-instrumental vaginal delivery.
* at0007::Assisted breech delivery - Vaginal delivery assisted by maneuvers in the delivery of the remainder of the body, arms, and head.
* at0008::Total breech extraction - Vaginal delivery, by which the fetal feet are grasped, and the entire fetus is extracted.
* at0009::Vacuum extraction - Vaginal delivery assisted by the use of vacuum extraction.
* at0010::Vacuum extraction with rotation - Vaginal delivery assisted by the use of vacuum extraction.
* at0011::Lift-out forceps - Vaginal delivery assisted by the use of lift-out forceps.
* at0012::Low forceps - Vaginal delivery assisted by the use of low forceps.
* at0013::High forceps - Vaginal delivery assisted by the use of high forceps.
* at0014::High forceps with rotation - Vaginal delivery assisted by the use of high forceps with rotation.
* at0015::Caesarean - lower uterine segment - Surgical delivery by a transverse approach in the lower uterine segment (LUSCS).
* at0016::Caesarean - upper uterine segment - Surgical delivery by an approach in the upper uterine segment.
* at0018::Gestational maturity - The estimated gestational maturity of the newborn at, or very near, birth.
* at0019::Delivery urgency - The level of urgency identified at or around the time of delivery.
* at0020::Routine/Elective - The delivery, induction or Caesarean Section did not require any unexpected or urgent intervention.
* at0022::Emergency - Recognition of a high risk situation required the delivery to be expedited as an emergency.
* at0021::Urgent - Recognition of an increasing risk situation required the delivery to be expedited.
* at0023::Birth category by gestation - Category of birth based on the duration of the pregnancy at birth.
* at0024::Pre-term - Premature; delivered before 37 weeks of gestation.
* at0025::Term - Delivered between 37 and 42 weeks of gestation.
* at0026::Post-term - Post-mature; delivered beyond 42 weeks of gestation.
* at0027::Birth outcome - Outcome of the pregnancy for the identified infant or fetus.
* at0028::Live birth - None
* at0029::Still birth - None

## blood\_cell\_count

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.blood\_cell\_count.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Blood cell count - Cell counts observed during microscopic examination or automated detection by laboratory machine of blood or other body fluids.
* at0001::Red blood cells - Number of red blood cells observed per volume unit.
* at0002::White blood cells - Number of white blood cells observed per volume unit.
* at0003::Differential description - Narrative description of the percentages and ratios of each type of white blood cell in the specimen.
* at0004::Lymphocytes - Number of lymphocytes observed per volume unit.
* at0005::Polymorphonuclear leucocytes - Number of granulocytes or polymorphonuclear (PMN) leucocytes observed per volume unit.
* at0006::Neutrophils - Number of neutrophils observed per volume unit.
* at0007::Eosinophils - Number of eosinophils observed per volume unit.
* at0008::Basophils - Number of basophils observed per volume unit.
* at0009::Monocytes - Number of monocytes observed per volume unit.
* at0010::Platelets - Number of platelets observed per volume unit.
* at0011::Blast cells - Number of blast cells observed per volume unit.
* at0012::Specimen - Identification of the specimen examined.
* at0014::Comment - Additional narrative about the blood cell count, not captured in other fields.

## boston\_bowel\_preparation\_scale

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.boston\_bowel\_preparation\_scale.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the quality of bowel cleanliness during colonoscopy.

\*\*Use:\*\* Use to record the quality of bowel cleanliness during colonoscopy. If a segment of the colon is surgically absent or not seen for reasons unrelated to bowel preparation, such as technical difficulties or patient instability, use a null flavour for 'Not applicable' for each relevant data element.

\*\*Keywords:\*\* colonoscopy, enema, bbps

\*\*Concepts:\*\*

* at0000::Boston Bowel Preparation Scale - An assessment score used to record the quality of bowel cleanliness during colonoscopy.
* at0001::Right colon - Including the cecum and ascending colon.
* at0002::Unprepared colon segment with mucosa not seen. - Because of solid stool that cannot be cleared.
* at0003::Portion of mucosa of the colon segment seen. - Other areas of the colon segment are not well seen because of staining, residual stool, and/or opaque liquid.
* at0004::Mucosa of colon segment seen well. - Minor amount of residual staining, small fragments of stool and/or opaque liquid.
* at0005::Entire mucosa of colon segment seen well. - No residual staining, small fragments of stool, or opaque liquid.
* at0012::Total score - The total sum of each component parameter for the Boston bowel preparation scale.
* at0013::Transverse - Including the hepatic and splenic flexures.
* at0018::Left colon - Including the descending colon, sigmoid colon and rectum.

## case\_identification

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.case\_identification.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en, ar-sy

\*\*Purpose:\*\* To record details about the identification of a case.

\*\*Concepts:\*\*

* at0000::Case identification - To record case identification details for public health purposes.
* at0001::Case identifier - The identifier of this case.
* at0002::Case started - The date that the case was commenced.
* at0003::Status - The status of the case. A status of completed means the patient has been associated with the given case number.  
    
  A status of aborted means the patient was associated with the case number in error.
* at0004::Completed - The case has been associated with the given case identifier.
* at0005::Aborted - The subject was associated with the case identifier in error.
* at0006::Case identified - Text or coded description of the case identified.

## cessation\_attempts

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.cessation\_attempts.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en, ar-sy

\*\*Purpose:\*\* Record information about single, or multiple, attempts of the individual to cease use of a substance.

\*\*Use:\*\* Use to record details about attempts to cease use or consumption of a substance, such as alcohol, tobacco or recreational drugs.

\*\*Keywords:\*\* cessation, withdrawal, substance, tobacco, alcohol, drug

\*\*Concepts:\*\*

* at0000::Cessation attempts - Cease use or consumption of a substance.
* at0001::Location - Place where attempt to cease use occurred eg home or name of institution.
* at0003::Date of attempt - Date of commencement of cessation attempt.
* at0004::Description - Description of the attempt.
* at0005::Therapeutic intervention - Details of therapeutic agent/s used.
* at0006::Agent - Name of agent used.
* at0008::Used optimally - Was the agent used optimally?
* at0009::Comment - Comment about the effect of the agent on the attempt.
* at0010::Outcome - Outcome of attempt.
* at0011::Successful - Outcome was successful; Use/consumption of substance ceased.
* at0012::Successful but relapsed - Outcome was initially successful but use/consumption of substance was resumed.
* at0013::Failed - Outcome was not successful; Use/consumption continued.
* at0014::Duration of cessation - Amount of time activity ceased.

## change

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.change.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, ar-sy, en

\*\*Purpose:\*\* To record details about readiness for change of a behaviour.

\*\*Concepts:\*\*

* at0000::Readiness for change - Record details about readiness to change current status.
* at0001::Readiness to change - Record current status for behaviour change.
* at0002::Reasons - Narrative descriptions about the individual's reasons for the current behaviour.
* at0003::Triggers - Identify triggers for the behaviour.
* at0005::Positive aspects of current behaviour - Narrative description about positive aspects of the current behaviour that have been identified by the individual.
* at0006::Negative aspects of current behaviour - Narrative description about negative aspects of the current behaviour that have been identified by the individual.
* at0008::Positive aspects of change - Narrative description about positive aspects of any change to the current behaviour that have been identified by the individual.
* at0009::Negative aspects of change - Narrative description about negative aspects of any change to the current behaviour that have been identified by the individual.
* at0010::Barriers to change - Identify barriers which prevent the individual from changing behaviour.
* at0011::Comment - Comment about individual's willingness to change behaviour.
* at0012::Not ready (Precontemplation) - Individual is not seriously considering changing in the next 6 months.
* at0013::Unsure (Contemplation) - Individual is seriously considering changing in the next 6 months.
* at0014::Ready (Preparation) - Individual is planning to change in the next 30 days.
* at0015::Action - Individual who is implementing change; includes those who have implemented change within the last 6 months.
* at0016::Maintenance - Individual who has implemented change over 6 months ago.

## citation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.citation.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, pt-br, en, ar-sy, zh-cn

\*\*Purpose:\*\* To enable specific sections of health information that are stored elsewhere to be included within the current clinical record.

\*\*Use:\*\* Use to reference information that is stored elsewhere in the same EHR or external to the active EHR, so that it can be included in the current document or message that is being created. For example, a discharge summary may include the summary report of a laboratory test through the use of this citation archetype, rather than duplicating the whole laboratory report. This archetype is deliberately designed as a CLUSTER class archetype so that the citation can be made via insertion into a slot within the context of other archetypes, or as a standalone instance within the specific EVALUATION.citation archetype.

\*\*Keywords:\*\* citation, reference

\*\*Concepts:\*\*

* at0000::Citation - Reference to information held elsewhere, in the same EHR or external to the EHR.
* at0001::Citation - Representation of the citation.
* at0002::URI to original data - Link to the original data.
* at0003::Comment - Comment about the citation.
* at0004::Description - Description about the citation.

## classification\_amd

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.classification\_amd.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Register the stage of age-related macular degeneration for a patient at a given time.

\*\*Use:\*\* Provide details about grading or staging of age-related macular degeneration. It is useful to specify the overall diagnoses provided using the "problem/diagnosis" archetype.

\*\*Concepts:\*\*

* at0000::Classification of age related macular degeneration - Classifies the condition and argues the diagnostic decision for age-related macular degeneration.
* at0002::AMD classification - Clinical grade determined for age-related macular degeneration.
* at0003::Comments - Additional comments that clarify the diagnostic decision made.
* at0004::Diagnostic criteria - Clinical findings supporting the diagnose or grading.
* at0005::No AMD - No or a few (<5) small drusen (<63 micrometres in diameter).
* at0006::Early AMD - Many small drusen or a few intermediate-sized (63-124 micrometres in diameter) drusen, or macular pigmentary changes.
* at0007::Intermediate AMD - Extensive intermediate drusen or at least one large (≥125 micrometres) drusen, or geographic atrophy not involving the foveal centre.
* at0008::Dry advanced AMD atrophic - Geographic atrophy involving the foveal centre.
* at0009::Exudative or wet AMD - Choroidal neovascularisation or evidence for neovascular maculopathy (subretinal haemorrhage, serous retinal or retinal pigment epithelium detachments, lipid exudates, or fibrovascular scar).
* at0010::Small drusen - Drusen < 63 µm in diameter.
* at0011::Intermediate drusen - Drusen 63-124 µm in diameter.
* at0012::Numerous intermediate drusen - More than x drusen 63-124 µm in diameter.
* at0013::Large drusen - Drusen ≥125 µm in diameter.
* at0014::Geographic atrophy - A sharply demarcated, usually round or oval, area of atrophy of the RPE not involving the center of the fovea.
* at0015::Geographic atrophy involving foveal center - Geographic atrophy of the RPE involving the foveal center.
* at0016::Choroidal neovascularization (CNV) - Pathologic angiogenesis originating from the choroidal vasculature that extends through a defect in Bruch's membrane.
* at0017::Serous or hemorragic detachment - Serous or hemorragic detachment of the neourosensory retina or RPE.
* at0018::Retinal hard exudates - Hard exudates resulting from chronic intravascular leakage.
* at0019::Fibrovascular proliferation - Subretinal and sub-RPE fibrovascular proliferation.
* at0020::Disciform scar (subretinal fibrosis) - Subretinal fibrovascular tissue that usually becomes more fibrous within a few years and that is often the end result of CNV.
* at0021::Ungradable - Patient ungradable due to the low quality of acquisitions or uncertainty of the evaluator.
* at0022::Clinical findings - Overall findings on the patient considered in the diagnostic classification.

## classification\_glaucoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.classification\_glaucoma.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Register the stage of glaucoma for a patient at a given time.

\*\*Use:\*\* Provide details about grading or staging glaucoma. It is useful to specify the overall diagnoses provided using the "problem/diagnosis" archetype.

\*\*Keywords:\*\* glaucoma, diagnosis

\*\*Concepts:\*\*

* at0000::Classification of glaucoma - Classifies the type of glaucoma of patients and provides key clinical findings to support the diagnostic decision.
* at0002::Classification - Clinical grade determined for glaucoma.
* at0003::Comments - Additional comments that clarify the diagnostic decision made.
* at0023::Diagnostic criteria - Cluster containing the clinical findings supporting the diagnose or grading.
* at0024::Progressive disease - It is set to true whenever findings are made concerning any glaucomatous activity or progression that could lead to visual loss in the future. Conversely, if it is set to false, it means that the patient is medically stable for now, since the ophthalmologist did not identify clear signs of disease progression.

## clinical\_evidence

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.clinical\_evidence.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, en

\*\*Purpose:\*\* To record an explicit finding in support of a clinical assertion, such as a problem/diagnosis, adverse reaction risk, health risk assessment, or contraindication.

\*\*Use:\*\* Use to record details about findings that support a clinical assertion, either as a summary of data available in other (often OBSERVATION class) archetypes, or when the original observational data is not available. This archetype is designed to be nested within a SLOT in the EVALUATION.problem\_diagnosis, EVALUATION.adverse\_reaction\_risk, EVALUATION.health\_risk, EVALUATION.contraindication, or similar summary archetypes, where the name of the assertion has already been specified in the EVALUATION, in order to extend its content with this additional and optional dataset. While LINKs within the openEHR Reference Model allow for linkage to data held elsewhere within the health record, this archetype has been developed to make this functionality explicit, and to enable clinical visibility and review of this data, where it may be relevant in a template or specification. The clinical evidence can be entered directly into this archetype as a 'Result', 'Structured result', a narrative summary in 'Summary'; or a citation can be used to explicitly point to data within the health record.

\*\*Misuse:\*\* Not to be used to record summary details about an identified problem or diagnosis - use the EVALUATION.problem\_diagnosis for this purpose. Not to be used to record summary details about an identified adverse reaction risk - use the EVALUATION.adverse\_reaction\_risk for this purpose. Not to be used to record summary details about an identified health risk - use the EVALUATION.health\_risk for this purpose. Not to be used to record summary details about an identified contraindication - use the EVALUATION.contraindication for this purpose.

\*\*Keywords:\*\* diagnosis, evidence, condition, disease, problem, assertion, finding, observation

\*\*Concepts:\*\*

* at0000::Clinical evidence - Details about findings that support a clinical assertion.
* at0001::Method description - Narrative description of the method/s used to identify the evidence.
* at0003::Evidence - Identification of an item of clinical evidence by name or type, either as a single result or as a grouping of results.
* at0004::Summary - Narrative summary about this item of clinical evidence.
* at0005::Result - The result or finding that supports the assertion.
* at0006::Date/time of result - The date/time of the result or finding.
* at0007::Citation - Detailed data available about the evidence held in another part of the health record.
* at0018::Multimedia representation - Digital image, video or diagram representing the clinical evidence.
* at0022::Method - Type of examination or investigation used to identify the evidence.
* at0023::Comment - Additional narrative about the finding not captured in other fields.
* at0024::Additional details - Additional structured details about the finding.
* at0025::Structured result - Structured details about the result.
* at0026::Date/time clinically relevant - The date/time when the result was included as evidence for the assertion.

## cobb\_angle

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.cobb\_angle.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a Cobb angle.

\*\*Use:\*\* Use to record a Cobb angle. This archetype is designed to be nested within the 'Findings' SLOT in the CLUSTER.imaging\_exam\_spine, CLUSTER.imaging\_exam-cervical\_spine, CLUSTER.imaging\_exam-thoracic\_spine, CLUSTER.imaging\_exam-lumbal\_spine, the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Details about start and end points of the measurement, body postion, supporting devices or method used to measure the angle is to be recorded in OBSERVATION.imaging\_exam or in other relevant ENTRY archetypes.

\*\*Keywords:\*\* scoliosis, lordosis, kyphosis

\*\*Concepts:\*\*

* at0000::Cobb angle - A measurement to determine the degree of curvature of the spine.
* at0002::Cobb angle - Measured angle of the spinal curve.
* at0010::Upper vertebra - The most tilted vertebra on the top of a spinal curve.
* at0012::Lowest vertebra - The most tilted vertebra on the bottom of a spinal curve.
* at0015::Comment - Additional narrative about the cobb angle measurement, not captured in other fields.
* at0019::Apex vertebra - The apex of the spinal curve.

## conditional\_medication\_rules

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.conditional\_medication\_rules.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record conditional factors which impact the dose amount or administration rate of a medication.

\*\*Concepts:\*\*

* at0000::Conditional medication instructions - Details of conditions on which determine the dose amount or administration rate.
* at0002::Condition - The value which is required for the associated dose amount or admistration to be applied.
* at0004::Dose amount - The dose amount to be administered if the condition applies.
* at0005::Condition rule - Details of the condition and associated dose amount or administration rate.
* at0006::Dose administration rate - The dose administration rate to be used if the condition applies.
* at0007::Dosage formula - The dosage formula used to calculate the dose amount or administration rate.

## condition\_progress

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.condition\_progress.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about the phase or stage of progress in the course of an identified condition.

\*\*Use:\*\* Use to record details about the phase or stage of progress in the course of an identified condition.

\*\*Keywords:\*\* stage, phase

\*\*Concepts:\*\*

* at0000::Condition progress - Details about the stage or phase of an identified condition.
* at0001::Phase - Name of the stage or phase of an identified condition.
* at0006::Phase recognised - Date when the phase or stage was clinically recognised.
* at0007::Comment - Additional narrative about the progress of the identified condition, not captured in other fields.

## consent\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.consent\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record additional common details about the informed consent request, or the status of the request for informed consent.

\*\*Use:\*\* Use to optionally record additional details about the informed consent request by optionally nesting this archetype within the INSTRUCTION.informed\_consent. Use to optionally record additional details about the status of the request for consent by optionally nesting this archetype within the ACTION.informed\_consent.

\*\*Misuse:\*\* Not to be used to record the actual request for informed consent or the status of the request for informed consent - use the INSTRUCTION.informed\_consent or ACTION.informed\_consent for this purpose.

\*\*Keywords:\*\* informed, consent, request, risk, benefit, intent

\*\*Concepts:\*\*

* at0000::Informed consent details - Additional details about the specifics of informed consent.
* at0001::Risks from non-participation - Narrative description of the possible risks from non-participation in the proposed procedure, clinical trial or healthcare-related activity.
* at0003::Benefits from non-participation - Narrative description of the possible benefits from non-participation in the proposed procedure, clinical trial or healthcare-related activity.
* at0004::Explicit risks - Description about the inherent risks of the procedure, clinical trial or healthcare-related activity.
* at0005::Explicit benefits - Description about the expected risks of the procedure, clinical trial or healthcare-related activity.
* at0007::Alternative options - Description of possible alternative treatment or management options.

## corneal\_thickness\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.corneal\_thickness\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To report measurements for the central corneal thickness.

\*\*Use:\*\* As support test for fine-tune other measurements. For example to correct the intraocular pressure measurement.

\*\*Concepts:\*\*

* at0000::Central corneal thickness details - Measurement details about of the central corneal thickness.
* at0001::Central Corneal Thickness (CCT) - Value measured of the central corneal thickness.
* at0002::Measurement Method - Method used to measure the corneal thickness parameter.
* at0003::Correction parameter - Parameter obtained from tables provided by manufacturers, to correct the intraocular pressure value according to the central corneal thickness obtained.

## coronary\_anatomy

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.coronary\_anatomy.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Coronary anatomy - Coronary anatomy
* at0001::Coronary artery dominance - None
* at0003::Anomalies - None
* at0004::Balanced coronary system - If the posterior descending artery is supplied by both the right coronary artery and the circumflex artery, then the coronary circulation can be classified as "co-dominant".
* at0005::Left dominant coronary system - If the posterior descending artery is supplied by the circumflex artery (CX), a branch of the left artery, then the coronary circulation can be classified as "left-dominant".
* at0006::Right dominant coronary system - If the posterior descending artery is supplied by the right coronary artery (RCA), then the coronary circulation can be classified as "right-dominant".

## coronary\_artery\_stenosis

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.coronary\_artery\_stenosis.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Coronary artery stenosis - Details of coronary arterial calcific plaque and the situation of stenosis.
* at0001::Stenosis location - A standardized approach to coronary segmentation.
* at0004::Stenosis severity - Quantitative assessment of stenosis severity.
* at0005::Lesion length - Quantitative assessment of stenosis severity.
* at0006::Plaque type - The type of detected plaque.
* at0007::Modifier - To indicate that a study is not fully evaluable or non-diagnostic (N) or to indicate the presence of stents (S), grafts (G), and vulnerable plaque (V).
* at0008::Comment - To describe uninterpretable segments.
* at0015::Normal - absence of plaque and no luminal stenosis
* at0016::Minimal - plaque with <25% stenosis
* at0017::Mild - 25% to 49% stenosis
* at0018::Moderate - 50% to 69% stenosis
* at0019::Severe - 70% to 99% stenosis
* at0020::Occluded - apparent occlusion
* at0021::Proximal RCA (pRCA) - Ostium of the RCA(right coronary artery) to one-half the distance to the acute margin of heart.
* at0022::Mid RCA (mRCA) - End of proximal RCA to the acute margin of heart.
* at0023::Distal RCA (dRCA) - End of mid RCA to origin of the PDA (posterior descending artery)
* at0024::PDA-R (R-PDA) - PDA from RCA.
* at0025::Left main (LM) - Ostium of LM to bifurcation of LAD (left anterior descending artery) and LCx (left circumflex artery).
* at0026::Proximal LAD (pLAD) - End of LM to the first large septal or D1 (first diagonal; >1.5 mm in size) whichever is most proximal.
* at0027::Mid LAD (mLAD) - End of proximal LAD to one-half the distance to the apex.
* at0028::Distal LAD (dLAD) - End of mid LAD to end of LAD.
* at0029::D1 - First diagonal branch D1.
* at0030::D2 - Second diagonal branch D2.
* at0031::Proximal LCx (pCx) - End of LM to the origin of the OM1 (first obtuse marginal).
* at0032::OM1 - First OM1 traversing the lateral wall of the left ventricle.
* at0033::Mid and distal LCx (LCx) - Traveling in the atrioventricular groove, distal to the OM1 branch to the end of the vessel or origin of the L-PDA (left PDA).
* at0034::OM2 - Second marginal OM2.
* at0035::PDA-L (L-PDA) - PDA from LCx.
* at0036::PLB-R (R-PLB) - PLB(posterior-lateral branch) from RCA.
* at0037::Ramus intermedius (RI) - Vessel originating from the left main between the LAD and LCx in case of a trifurcation.
* at0038::PLB-L (L-PLB) - PLB from LCx.
* at0039::Discrete - The lesion length is below 10mm.
* at0040::Tubular - The lesion length is between 10-20mm.
* at0041::Diffuse - The lesion length is above 20mm.
* at0042::S - To indicate the presence of stents.
* at0043::V - To indicate vulnerable plaque.
* at0044::N - Not fully evaluable or non-diagnostic.
* at0045::G - To indicate grafts.
* at0046::Calcium score [Cluster] - None
* at0047::Presence of plaque - None
* at0048::Vulnerable plaque assessment - None

## crowding

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.crowding.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en, it

\*\*Purpose:\*\* To record parameters used to identify a mismatch between the number of available rooms in a dwelling and the composition of the household.

\*\*Use:\*\* Use to record parameters used to identify a mismatch between the number of available rooms in a dwelling and the composition of the household. The identification of crowding, or overcrowding, is complex and varies between jurisdictions. It is usually assessed based on the number of people sharing the dwelling, their ages, their relationship and their gender. See https://www.ncbi.nlm.nih.gov/books/NBK535289/table/ch3.tab2/ for a range of examples. This archetype has been designed to be nested within the EVALUATION.living\_arrangement, the EVALUATION.housing\_summary or the CLUSTER.housing\_record archetypes.

\*\*Keywords:\*\* overcrowding

\*\*Concepts:\*\*

* at0000::Household crowding - A mismatch between the number of available rooms in a dwelling and the composition of the household.
* at0001::Persons per room - Number of household members per available room.
* at0003::Number of rooms - Number of habitable rooms available to the household.
* at0004::Description - Narrative description about household crowding.
* at0005::Status - Assessed crowding status.
* at0006::No crowding - The number of occupants is appropriate for the available dwelling space.
* at0007::Crowding - The number of occupants exceeds the available dwelling space. May also be known as 'Overcrowding'.
* at0008::Severe crowding - The number of occupants markedly exceeds the available dwelling space. May also be known as 'Critical overcrowding'.

## ctcae

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.ctcae.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, pt-pt, sv, nb, en

\*\*Purpose:\*\* To provide a framework for recording a CTCAE classification.

\*\*Use:\*\* Use to provide a framework for recording a CTCAE classification, using terms from appropriate MedDRA terminology hierarchies. This archetype is intended to be nested in the 'Specific details' SLOT within either the EVALUATION.problem\_diagnosis or CLUSTER.symptom\_sign archetypes, or other clinically relevant archetypes.

\*\*Misuse:\*\* Not to be used for recording details about adverse events outside of the CTCAE classification.

\*\*Keywords:\*\* ctcae, sign, symptom, disease, adverse, event

\*\*Concepts:\*\*

* at0000::Common Terminology Criteria for Adverse Events (CTCAE) - A framework for recording the CTCAE classification for an unfavourable and unintended sign, symptom or disease.
* at0001::Category - The MedDRA System Organ Class (SOC) category corresponding to the CTCAE 'Term' (LLT).
* at0002::Term - The name of the sign, symptom or disease observed, recorded as a MedDRA Lowest Level Term (LLT).
* at0003::Grade category - The category representing the severity of the adverse event.
* at0009::CTCAE version - The version of the CTCAE terminology used.
* at0015::Grade 1 - Mild; OR asymptomatic or mild symptoms; OR clinical or diagnostic observations only; OR intervention not indicated.
* at0016::Grade 2 - Moderate; OR minimal, local or non-invasive intervention indicated; OR limiting age-appropriate instrumental ADL.
* at0017::Grade 3 - Severe or medically significant but not immediately life-threatening; OR hospitalization or prolongation of hospitalization indicated OR disabling; limiting self-care ADL.
* at0018::Grade 4 - Life-threatening consequences OR urgent intervention indicated.
* at0019::Grade 5 - Death related to AE.
* at0020::Grade description - The term or phrase representing the severity of the adverse event.
* at0021::Grade 0 - Absence of an adverse event or within normal limits; found only in CTC versions 1 and 2.

## death\_details\_parent

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.death\_details\_parent.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details of person's death aligned with PARENT Common Data Elements for registry use.

\*\*Concepts:\*\*

* at0000::Death details (PARENT) - Details of person's death aligned with PARENT Common Data Elements for registry use.
* at0001::Date of death - The date of the subject's death.
* at0002::Death due to primary diagnosis? - Was the death due to the primary diagnosis?
* at0003::Cause of death - The cause of death.

## deep\_tendon\_reflex

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.deep\_tendon\_reflex.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the findings observed during the physical examination of a single deep tendon reflex.

\*\*Use:\*\* Use to record the observed findings during the physical examination of a single deep tendon reflex. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the CLUSTER.exam-nervous\_system archetype. It can also be nested within any other relevant OBSERVATION or Physical examination-related family of CLUSTER archetypes, where clinically appropriate. In clinical scenarios requiring the documentation of more than one deep tendon reflex response, use a separate instance of this archetype for each tendon type, and also for each side in a paired reflex.

\*\*Misuse:\*\* Not to be used to represent superficial reflexes, such as superficial abdominal, sphincteric, and bulbospongiosus reflexes. Use appropriate archetypes for this purpose. Not to be used to represent pathological reflexes, such as Babinski, snout, rooting, or grasp reflexes. Use appropriate archetypes for this purpose.

\*\*Concepts:\*\*

* at0000::Deep tendon reflex response - Findings observed during the physical examination of a single deep tendon reflex.
* at0026::Comment - Additional narrative about the reflex response findings, not captured in other fields.
* at0001::Reflex - Identification of the deep tendon reflex or group of reflexes being examined.
* at0013::Relative response - The elicited reflex response represented as relative to a 'normal' response.
* at0015::Normal - The elicited response is considered within the expected range of responses.
* at0014::Increased - The elicited response appears increased, compared with normal.
* at0016::Decreased - The elicited response appears decreased, compared with normal.
* at0025::Augmented response - Was the response augmented or reinforced?
* at0002::Right biceps - Testing the C5 and C6 nerve roots.
* at0004::Right brachioradialis - Testing the C6 nerve root.
* at0006::Right triceps - Testing the C7 nerve root.
* at0007::Left triceps - Testing the C7 nerve root.
* at0008::Right quadriceps - Also known as patellar or knee jerk. Testing the L4 nerve root.
* at0010::Right achilles - Also known as ankle jerk. Testing the S1 nerve root.
* at0012::Jaw - Testing the 5th cranial nerve root.
* at0003::Left biceps - Testing the C5 and C6 nerve roots.
* at0005::Left brachioradialis - Testing the C6 nerve root.
* at0009::Left quadriceps - Also known as patellar or knee jerk. Testing the L4 nerve root.
* at0011::Left achilles - Also known as ankle jerk. Testing the S1 nerve root.
* at0018::Graded response - The elicited reflex response represented as a grade.
* at0019::Absent - Reflex is not evident. May be recorded as '0' or '-'.
* at0020::Slight - Reflex is present but less than normal amplitude, or only seen with reinforcement. May be recorded as '+' or '1+'.
* at0021::Normal - Reflex is present at normal amplitude. May be recorded as '++' or '2+'.
* at0022::Brisk - Reflex is present at greater than normal amplitude. May be recorded as '+++' or '3+'.
* at0023::Non-sustained clonus - Reflex is repeating but not sustained. May be recorded as '++++' or '4+'.
* at0024::Sustained clonus - Reflex is repeating and sustained. May be recorded as '+++++' or '5+'.
* at0017::Absent - No response can be elicited.

## delay\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.delay\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record information about recognised subcategories of delay or specific delays in seeking, reaching or receiving healthcare using the "Three Delays" framework.

\*\*Use:\*\* Use to record information about recognised subcategories of delay or specific delays in seeking, reaching or receiving healthcare using the "Three Delays" framework. This archetype has been designed to be nested within the 'Delay details' SLOT in the ADMIN\_ENTRY.three\_delays\_model archetype, so that variable levels of detail can be recorded.

\*\*Concepts:\*\*

* at0000::Delay details - Information about subcategories of delay or specific delays in seeking, reaching or receiving healthcare using the "Three Delays" framework.
* at0001::Delay name - The name of one or more subcategories of delay or of a specific delay.
* at0002::Delay presence? - Was the delay recognised as present, relevant to the identified 'Delay name'?
* at0003::Yes - None
* at0004::No - None
* at0005::Unknown - None
* at0006::Description - Narrative description about the identified delay.
* at0007::Delay duration - The duration of the recognised delay.
* at0011::Comment - Additional narrative about the identified delay, not captured in other fields.
* at0010::Additional details - Additional details about the identified delay.
* at0009::Solution responsibility - The name of the person or organisation assigned responsibility to solve or mitigate the identified delay.
* at0008::Solution timeline - The due date or proposed timeframe for resolution or mitigation of the identified delay.

## deporting\_country

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.deporting\_country.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Deporting country - Deporting country
* at0001::Deporting country - None

## dermatology\_therapy\_summary\_detail

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.dermatology\_therapy\_summary\_detail.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details of specifc dermatology therapies for registry purposes.

\*\*Concepts:\*\*

* at0000::Dermatology therapy summary details - Details of specifc dermatology therapies for registry purposes.
* at0001::Phototherapy type - The type of phototherapy.
* at0002::Phototherapy - Details of phototherapy.
* at0003::UVA-1 - UVA-1.
* at0004::NB-UVB - NB-UVB.
* at0005::Maximum dose - The maximum dose of phototherapy.
* at0006::Cumulative dose - The cumulative dose of phototherapy.
* at0007::Systemic therapy - Details of systemic therapy.
* at0008::Sytemic therapy type - The type of systemic therapy.
* at0009::Glucocorticosteroids - Glucocorticosteroids.
* at0010::CsA - CsA.
* at0011::MTX - MTX.
* at0012::AZA - AZA.
* at0013::MMF - MMF.
* at0014::MPS - MPS.
* at0015::IVIG - IVIG.
* at0016::Route - The systemic therapy route.
* at0017::Oral - Oral.
* at0018::Intramuscular - Intramuscular.
* at0019::Intravenous - Intravenous.
* at0020::Topical therapy - Details of topical therapy.
* at0021::Topical therapy type - The type of topical therapy.
* at0022::Potency - Potency of topical therapy.
* at0023::I - I.
* at0024::II - II
* at0025::III - III.
* at0026::IV - IV.
* at0027::Not applicable - Not applicable.
* at0028::Antihistamines - Details of antihistamine therapy.
* at0029::Antihistamine type - Type of antihistamine.
* at0030::Aerius - Aerius.
* at0031::Atarax - Atarax.
* at0032::Xyzal - Xyzal.
* at0033::Zyrtec - Zyrtec.
* at0034::Fenistil - Fenistil.
* at0035::Nedeltran - Nedeltran.
* at0037::Reason for hospitalisation - The reason for hospitalisation.
* at0038::Hospitalisation - Details of hospitalisation.
* at0039::Corticosteroïd - Corticosteroïd.
* at0040::Protopic - Protopic.
* at0041::Elidel - Elidel.
* at0042::Coal tar - Coal tar.
* at0043::Dose - The dose of antihistamines.
* at0044::Adverse effects - Adverse effects of antihistamines.

## device

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.device.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, es-ar, nb, pt-br, en, ar-sy, fr, nl

\*\*Purpose:\*\* To record the details of a medical device used in the provision of healthcare.

\*\*Use:\*\* Use to record the details of a medical device used in the provision of healthcare. Use of the term 'medical device' varies depending on context. Within the Standards world, the term device tends to refer to mechanical or electronic devices that support healthcare and require rigorous documentation regarding location tracking, maintenance, calibration, software versions etc. Within the terminology context the use of device is very broad, including any medical device that can be used in direct or indirect provision of clinical care, as long as it does not act in a way that exerts a direct pharmacological, metabolic or immunological effect. Examples of medical devices range from simple devices such as urinary catheters, tongue depressors, contact lenses, artificial joint implants, breast implants and plain dressings through to advanced devices such as artificial hearts, syringe drivers, spirometers, mobile phone applications and computerised devices that capture point-of-care medical measurements. In the complex situation where a surgically implanted device is used as the means to deliver therapeutic agents such as chemotherapy directly into the body, this archetype will be used to record only the details about the medical device itself and the order for medication and details about the actual administration of the therapeutic agent will be recorded using specific medication-related INSTRUCTION and ACTION archetypes. This archetype is designed to provide the framework for structured representation of any medical device and the data elements that are contained here are not specific for any one type of device. Single use devices will commonly require data elements such as Lot Number and Date of Expiry. In contrast these are usually not relevant for durable devices which will often have a set of identifiers, including a UID, Serial Number, Model etc. Further, different types of devices will require specific information relevant to their purpose. This data can be recorded using specific CLUSTER archetypes inserted into the 'Specific properties' SLOT. For example: use of a urinary catheter may require additional details about the diameter and length of catheter, material composition, number of lumens etc. If the medical device has a number of components that require recording of details, each individual component should be recorded explicitly by using an additional CLUSTER.device archetype inserted into the 'Components' SLOT. The data field 'Software Version' allows for only a single version to be recorded. This is primarily applicable for a device which is a software application. If the device has multiple software or hardware components that need to be specified, this should be done by using an addition CLUSTER.device inserted into the 'Components' SLOT. To record additional details for durable or persistent devices that relate to ownership, physical location tracking, maintenance schedules etc, use CLUSTER.device\_details archetype inserted into the 'Asset management' SLOT in this archetype. This archetype has been designed for generic use within other archetypes that need to describe a device. Examples include: OBSERVATION.blood\_pressure for the sphygmomanometer; OBSERVATION.ecg for the ECG machine; OBSERVATION.urinalysis for the reactent strips and the device used for testing; ACTION.procedure; and CLUSTER.exam\_tympanic\_membrane to detail the otoscope used.

\*\*Misuse:\*\* Not to be used to record data about medicinal products that exert a direct pharmacological, metabolic or immunologic effect. For example: a medicine impregnated dressing that requires a prescription should be recorded using the INSTRUCTION.medication\_order archetype, focused on the active ingredients, dosage etc.

\*\*Keywords:\*\* device, machine, implant, appliance, catheter, prosthesis, aid, biomedical, instrument, equipment, meter, monitor, software

\*\*Concepts:\*\*

* at0000::Medical device - An instrument, apparatus, implant, material or similar, used in the provision of healthcare. In this context, a medical device includes a broad range of devices which act through a variety of physical, mechanical, thermal or similar means but specifically excludes devices which act through medicinal means such as pharmacological, metabolic or immunological methods. The scope is inclusive of disposable devices as well as durable or persisting devices that require tracking, maintenance activities or regular calibration, recognising that each type of device has specific data recording requirements.
* at0001::Device name - Identification of the medical device, preferably by a common name, a formal fully descriptive name or, if required, by class or category of device.
* at0002::Description - Narrative description of the medical device.
* at0003::Type - The category or kind of device.
* at0004::Manufacturer - Name of manufacturer.
* at0005::Date of manufacture - Date the device was manufactured.
* at0006::Batch/Lot number - The number assigned by the manufacturer which identifies a group of items manufactured at the same time, usually found on the label or packaging material.
* at0007::Date of expiry - Date after which the device/product is no longer fit for use, usually found on the device itself or printed on the accompanying packaging.
* at0008::Comment - Additional narrative about the device not captured in other fields.
* at0009::Properties - Further details about specific properties about the medical device.
* at0018::Components - Additional structured informations about identified components of the device.
* at0019::Asset management - Further details about management and maintenance of the device.
* at0020::Serial number - Number assigned by the manufacturer which can be found on the device, and should be specific to each device., its label, or accompanying packaging.
* at0021::Unique device identifier (UDI) - A numeric or alphanumeric string that is associated with this device within a given system.
* at0022::Catalogue number - The exact number assigned by the manufacturer, as it appears in the manufacturer's catalogue, device labeling, or accompanying packaging.
* at0023::Model number - The exact model number assigned by the manufacturer and found on the device label or accompanying packaging.
* at0024::Other identifier - Unspecified identifier, which can be further specified in a template or at run time.
* at0025::Software version - Identification of the version of software being used in the medical device.
* at0026::Extension - Additional information required to capture local context or to align with other reference models/formalisms.
* at0027::Multimedia - Digital representation of the device.

## device\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.device\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* es-ar, nb, ar-sy, en

\*\*Purpose:\*\* To record details that can be used to support asset management for any durable or persisting medical device. For example, information about: the physical location of the device; its network URL; and maintenance, service, cleaning, and calibration details.

\*\*Use:\*\* Use to record details about durable or persisting medical device. This archetype is designed to be used in the 'Asset Management' SLOT within the CLUSTER.device archetypes and/or any specialisations of this archetype.

\*\*Misuse:\*\* Not to be used outside of the CLUSTER.device archetype or its specialisations, unless there is a clear identification of the device about which the information is being recorded.

\*\*Keywords:\*\* calibration, maintenance, sterilization, cleaned, service, device

\*\*Concepts:\*\*

* at0000::Medical device details - Specific details that relate to asset management for any medical device that is designed for more than a single use.
* at0001::Organisation identifier - Organisation identifier for device.
* at0002::Manufacturer model name - HL7 CDA compatible representation of device manufacture details.
* at0007::Part number - The part number of the device.
* at0008::Hardware revision - The hardware revision number.
* at0010::Protocol revision - The protocol revision number.
* at0011::Sampling frequency - The sampling frequency limits of the device.
* at0012::Range - The range limits of the device.
* at0013::Accuracy - The accuracy limits of the device.
* at0014::Resolution - The resolution limits of the device.
* at0015::Regulatory status - Whether device is regulated or otherwise.
* at0016::Date last serviced - The date the device was last serviced.
* at0017::Date last calibrated - Date the device was last calibrated.
* at0018::Serviced by - Details of agent who performed the servicing.
* at0019::Formulae - Details about formulae or algorithms used by the device in order to generate results/output.
* at0020::Formula name - Data element which is calculated or derived.
* at0021::Formula - Formula used to calculate or derive the Calculated field.
* at0022::Date last cleaned/sterilized - Date the device was last cleaned or sterilized.
* at0023::Owner - Organisation responsible for the medical device.
* at0024::Location - Physical location where device is kept.
* at0025::Network address - Network address to contact the device.
* at0026::Contact - Details for human/organisation support for the medical device.
* at0027::Extension - Additional information required to capture local context or to align with other reference models/formalisms.

## diabetic\_retinopathy\_classification

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.diabetic\_retinopathy\_classification.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* Register the severity for diabetic retinopathy and diabetic macular edema according to the international scale of that disease.

\*\*Use:\*\* Specify a diagnosis within diabetic retinopathy follow up.

\*\*Misuse:\*\* Do not use to classify diseases besides diabetic retinopathy or diabetic macular edema.

\*\*Keywords:\*\* diabetic retinopathy, diabetic macular oedema

\*\*Concepts:\*\*

* at0000::Classification of Diabetic Retinopathy - International clinical disease severity scale for diabetic retinopathy and diabetic macular edema.
* at0001::Diagnosis of DR - Specification of the clinical grade for diabetic retinopathy.
* at0008::Macular edema classification - Classification levels for the presence of macular edema as defined by the international scale.
* at0014::Comments - Comments directed to reviewers specialized on classifying DR. It may include test details or issues that provoke uncertainty while classifying the disease. It is useful as feedback channel to improve the quality of the DR classification service.

## diabetic\_retinopathy\_screening\_result

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.diabetic\_retinopathy\_screening\_result.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* \*(es)

\*\*Use:\*\* \*(es)

\*\*Misuse:\*\* \*(es)

\*\*Concepts:\*\*

* at0000::Classification of diabetic retinopathy during its screening - Identifies presence or absence of signs for diabetic retinopathy to carry out a screening of the disease
* at0001::DR screening - Identification of presence or absence of diabetic retinopathy during screening. This classification has been grounded considering the characteristics of category 1 regarding the recommendations provided by the ATA.
* at0002::No apparent DR - ETDRS Levels of DR 10, 14, 15; DR absent
* at0003::Diabetic retinopathy apparent - Level above 20 from the ETRDS classification
* at0004::DR not assessable - The test is not assessable due to the low quality of acquisitions or uncertainty of the evaluator
* at0005::Comments - Comments directed to reviewers specialized on DR screening. It may include test details or issues that provoke uncertainty while classifying the disease. It is useful as feedback channel to improve the quality of the DR screening service.

## diagnostic\_criteria\_dr

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.diagnostic\_criteria\_dr.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* To record the clinical findings on examination of the eye fundus in which diagnostic decision is based.

\*\*Use:\*\* It can be attached to EVALUATION type archetypes related to the diagnose of DR. This CLUSTER fits perfectly into the "Problem/diagnosis" archetype. This archetype is applied to key findings supporting the diagnostic decision.

\*\*Misuse:\*\* Do not get confused with "examination\_findings" archetypes, since these are similar in the use case of DR's diagnose. While "examination\_findings" include objectively all findings within eye fundus, this archetype about diagnostic criterion focuses on the specific findings in which diagnosis is grounded.

\*\*Keywords:\*\* eye, posterior chamber, examination

\*\*Concepts:\*\*

* at0000::Diagnostic criteria DR - Findings concerning directly the diagnose of diabetic retinopathy identified during eye fundus study.
* at0036::Patterns of retinopathy - Identifies disorders within the retina from an overall perspective.
* at0038::Stable diabetic retinopathy - Patient presenting a stable state of dianetic retinopathy.
* at0039::Proliferative diabetic retinopathy - Patient presenting a proliferative state of diabetic retinopathy.
* at0045::Patterns of macular ischaemia - Patterns of ischaemia, related to the diagnosis of DR, identified in the patient's macula.
* at0048::Diffuse diabetic macular edema - Patient presenting a diffuse diabetic macular edema.
* at0049::Focal diabetic macular edema - Patient presenting a focal diabetic macular edema.
* at0050::No macular edema - Patient not presenting macular edema.
* at0052::Patterns of leakage - Patterns of leakage, related to the diagnosis of DR, identified in the patient's posterior pole of eye.
* at0053::Patterns of retinal ischaemia - Every sign of narrowing, deformation or anomaly regarding to blood vessels corresponds to this classification (blot haemorrhage, venous beading, intra-retinal microvascular anomalies).
* at0054::Neovascular leakage - Due to breaking of new vessels created as a result of diabetic retinopathy.
* at0055::Macular leakage - Refers to any loss of fluid located in the macula.
* at0056::Focal leakage - In diabetic macular oedema, some patients may show progressive leakages in discrete locations (focal) rising from "culprit" microaneurysms.
* at0057::Indeterminate leakage - In many patients with diffuse diabetic macular oedema, an“indeterminate” leakage similar to focal ones appears, with little or no correlation to the presence of microaneurysms.
* at0058::Mixed leakage - Many patients, with diabetic macular oedema have a mixed pattern of leakage, which may further include ischemic maculopathy.
* at0059::No leakage - There is not any type of leakage.
* at0060::Clinical findings diabetic retinopathy - Findings from the posterior chamber of the eye that have been decisive in obtaining a diagnosis for diabetic retinopathy.

## dietary\_nutrients

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.dietary\_nutrients.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record information about the nutrients consumed by an individual for nourishment.

\*\*Use:\*\* Use to record information about the nutrients consumed by an individual for nourishment. This archetype has been designed to capture measurements about the consumption of the common groupings of nutrients. Add CLUSTER.macronutrients and CLUSTER.micronutrients into the 'Details' SLOT in a template in order to record consumption measurements for specific nutrients.

\*\*Misuse:\*\* No to be used to record measurements of vitamins and minerals in blood analyses - use the OBSERVATION.laboratory\_test for this purpose.

\*\*Keywords:\*\* nutrients, diet

\*\*Concepts:\*\*

* at0000::Dietary nutrients - Nutrients consumed by an individual for nourishment.
* at0004::Total energy - Measurement of energy intake. It is the amount of food intake (sum of macronutrients) by the individual.
* at0005::Total fat - Measurement of dietary lipids.
* at0006::Total saturated fatty acids - Assessment of dietary saturated fat acids.
* at0007::Total monousaturated fatty acids - Assessment of dietary monounsaturated fatty acids (n-9).
* at0008::Total polyunsaturated fatty acids - Assessment of polyunsaturated acids of an individual.
* at0009::Total cholesterol - Measurement of dietary cholesterol.
* at0010::Total carbohydrate - Assessment of carbohydrate.
* at0011::Total sugars - Measurement of dietary sugars.
* at0012::Total fiber - Assessment of dietary fiber, which is the portion of food which is derived from cellular walls of plants which is digested very poorly by human beings.
* at0013::Total proteins - Assessment of protein.
* at0014::Details - Additional details about macro-and micronutrients.

## dietary\_phytochemicals

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.dietary\_phytochemicals.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* pt, en

\*\*Purpose:\*\* Assessment of dietary phytochemicals.

\*\*Use:\*\* To be used to quantify phytochemicals intake in the diet. To be used in children and adults. Can be used to phytochemicals intake by supplements.

\*\*Misuse:\*\* Not to be used to quantify other supplements.

\*\*Keywords:\*\* Bioactive nutrient, bioactive compounds, phenolics, Flavonoids

\*\*Concepts:\*\*

* at0000::Dietary phytochemicals - To quantify phytochemicals in the diet.
* at0003::Carotenoids - The quantity of carotenoids.
* at0004::Total carotenoids - The quantity of a specific carotenoids.
* at0005::Total phytochemicals - The quantity of a specific organosulfur compounds.
* at0006::α-carotene - The quantity of a specific carotenoids.
* at0007::β-carotene - The quantity of a specific carotenoids.
* at0008::Β-cryptoxanthin - The quantity of a specific carotenoids.
* at0009::Lutein - The quantity of a specific carotenoids.
* at0010::Zeaxanthin - The quantity of a specific carotenoids.
* at0011::Astaxanthin - The quantity of a specific carotenoids.
* at0012::Lycopene - The quantity of a specific carotenoids.
* at0014::Phenolics - The quantity of phenolic compounds.
* at0015::Phenolics acids - The quantity of phenolics acids.
* at0016::Hydroxybenzoic acids - \*
* at0017::Hydroxycinnamic acids - The quantity of a specific phenolics acids.
* at0021::Sinapic - The quantity of a specific phenolics acids.
* at0022::Gallic - The quantity of a specific phenolics acids.
* at0023::Protocatechuie - The quantity of a specific phenolics acids.
* at0024::Vannilic - The quantity of a specific phenolics acids.
* at0025::Syringic - The quantity of a specific phenolics acids.
* at0027::Stibenes - The quantity of stilbenes.
* at0028::Coumarins - The quantity of Coumarins.
* at0029::Tannins - The quantity of Tannins.
* at0031::p-Coumaric - The quantity of a specific phenolics acids.
* at0036::Flavonoids - The quantity of flavonoids.
* at0038::Flavonols - \*\*(pt)
* at0039::Quercetin - The quantity of flavonols.
* at0040::Kaempferol - The quantity of flavonols.
* at0041::Myricetin - The quantity of flavonols.
* at0042::Galagin - The quantity of flavonols.
* at0043::Flavones - The quantity of flavones.
* at0045::Luteolin - The quantity of flavones.
* at0046::Apigenin - The quantity of flavones.
* at0047::Chrysin - The quantity of flavones.
* at0048::Total carotenoids - The quantity of carotenoids phenolics acids.
* at0049::Total phenolics - The quantity of phenolic compounds.
* at0050::Total flavonoids - The quantity of flavonoids.
* at0051::Total flavones - The quantity of flavones.
* at0052::Total flavonols - The quantity of flavonols.
* at0053::Total phenolics acids - The quantity of phenolics acids.
* at0054::Flavanols (Catechins) - \*
* at0055::Catechin - The quantity of flavanols.
* at0056::Epicatechin - The quantity of flavanols.
* at0057::Epigallocatechin - The quantity of flavanols.
* at0058::Epicatechin gallate - The quantity of flavanols.
* at0060::Epigallocatechin gallate - The quantity of flavanols.
* at0062::Flavanones - The quantity of flavanones.
* at0063::Friodictyol - The quantity of flavanones.
* at0064::Hesperitin - The quantity of flavanones.
* at0065::Naringenin - The quantity of flavanones.
* at0066::Anthocyanidins - The quantity of anthrocyanidins.
* at0067::Cyanidin - The quantity of anthocyanidins.
* at0068::Pelargonidin - The quantity of anthocyanidins.
* at0069::Delphinidin - The quantity of anthocyanidins.
* at0070::Peonidin - The quantity of anthocyanidins.
* at0071::Malvidin - The quantity of anthocyanidins.
* at0072::Isoflavonoids - \*The quantity of isoflavonoids.
* at0073::Genistein - The quantity of isoflavonoids.
* at0074::Daidzein - The quantity of isoflavonoids.
* at0075::Glycitein - The quantity of isoflavonoids.
* at0076::Formononetin - The quantity of isoflavonoids.
* at0077::Total Hydroxynnamic acids - The quantity of a specific phenolics acids.
* at0078::Total hydroxybenzoic acids - The quantity of a specific phenolics acids.
* at0080::Alkaloids - The quantity of alkaloids.
* at0081::Nitrogen-containing compounds - The quantity of nitrogen-containing componds.
* at0082::Organosulfur compounds - The quantity of organosulfur compounds.
* at0083::Total organosulfur compounds - The quantity of a specific organosulfur compounds.
* at0084::Isothiocyanates - The quantity of a specific organosulfur compounds.
* at0085::Indoles - The quantity of a specific organosulfur compounds.
* at0086::Allylic sulfur - The quantity of a specific organosulfur compounds.
* at0087::Total flavanones - The quantity of flavanones.
* at0088::Total flavanols (catechins) - The quantity of flavanols.
* at0089::Total isoflavonoids - The quantity of isoflavonoids.
* at0090::Ferulic - The quantity of a specific phenolics acids.
* at0091::Caffeic - The quantity of a specific phenolics acids.
* at0092::Total anthocyanidins - \*

## distribution

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.distribution.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en, sl

\*\*Purpose:\*\* To record the details of the target of a distribution or notification. This may be to a named group or category or to individual persons or organisations.

\*\*Use:\*\* Normally used within the context of a service request, report or other communication which is intended to be distributed to other parties. May be used as part of a request or other instruction to specify other parties who should be included or 'cced' in the response, and to indicate which other parties were actually notified in the response.

\*\*Keywords:\*\* cc, notification

\*\*Concepts:\*\*

* at0000::Distribution - Details of the target of communication distribution, whether to identified individual parties or as a category.
* at0003::Communication mode - The communications mode by which the distribution is to be made.
* at0006::Date sent - Date that the distribution was sent.
* at0007::Recipient details - An individual person or organisation to whom the distribution applies.
* at0008::Group category - A named category of group e.g. Social work, patient representatives to whom the distribution applies.
* at0010::Recipient identifier - Unique identifier for an individual recipient.
* at0011::Individual recipient - Distribution details for an individual recipient.
* at0012::Urgent - If true the notification should be distributed made as a matter of urgency.

## dob\_alternative

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.dob\_alternative.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about a single possible date of birth.

\*\*Use:\*\* To record details about a single possible date of birth, including the rationale and source of information. This archetype has been designed to capture information about a possible date of birth, where there are not records, or the individual may have more than one recorded within the health system.

\*\*Concepts:\*\*

* at0000::Date of birth alternative - Date of birth details
* at0001::Possible date/time of birth - None
* at0002::Source - Source of information about the possible date of birth.
* at0003::Comment - Additional information about the possible date/time of birth, not captured in other data elements.

## document\_entry\_metadata

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.document\_entry\_metadata.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Record metadata associated with the documents within the XDM message.

\*\*Keywords:\*\* metadata, document entry metadata, document

\*\*Concepts:\*\*

* at0000::Document Entry Metadata - Metadata associated with the documents within the XDM message (XDSDocumentEntry) as defined in the NEHTA CDA Packaging Specification.
* at0001::Document Creation Time - Date and/or Time the document was created in the system of origin.
* at0003::Encounter ID - Unique ID for this event from the CIS (note, source of info is the SEHR).

## dod\_alternative

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.dod\_alternative.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record details about a single possible date/time of death.

\*\*Use:\*\* To record details about a single possible date of death, including the rationale and source of information. This archetype has been designed to capture information about a possible date of death, where the individual may have more than one recorded within the health system.

\*\*Keywords:\*\* time of death, death

\*\*Concepts:\*\*

* at0000::Date of death alternative - Date/time of death details.
* at0001::Possible date/time of death - Proposed alternative date of death.
* at0002::Source - Source of information about the possible date/time of death.
* at0003::Comment - Additional information about the possible date/time of death, not captured in other data elements.
* at0004::Certainty - Degree of certainty of timing.

## dosage

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.dosage.v2

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record the combination of a medication amount and the administration timing within a single day, as part of a medication order or medication management or for other appropriate therapeutic/prescribable items.

\*\*Use:\*\* Use to record the combination of a medication amount and the administration timing for a single day, as part of a medication order or medication management or for other appropriate therapeutic/prescribable items. The timing pattern for a single day can be as simple as a single administration time, or multiple administration times with varying levels of complexity. Timing details which are not within a single day, for example, weekly or monthly timings, are carried in the CLUSTER 'Timing - non-daily' archetype carried within the CLUSTER 'Therapeutic direction' archetype. In the context of a therapeutic INSTRUCTION, this archetype may be inserted into the 'Structured dose and timing directions' SLOT in the 'Therapeutic direction' CLUSTER to record the dose and timing details of the pattern of single intended administrations of a therapeutic item. In the context of an ACTION archetype insert this archetype directly into the 'Amount' SLOT to record the dose and timing of the actual administration of a therapeutic item. Specific administration start/stop times should be specified within a contained CLUSTER 'Timing - daily' archetype.

\*\*Keywords:\*\* medication, order, prescribe, therapy, substance, drug, therapeutic, therapeutic good, pharmaceutical, product, posology, treatment, fluid, nutrition, timing, administration, dose

\*\*Concepts:\*\*

* at0000::Dosage - The combination of a medication amount and administration timing for a single day, in the context of a medication order or medication management.
* at0037::Daily timing - Structured details about the timing pattern for a single day.
* at0102::Administration duration - The period of time over which a single dose of the medication or vaccine should be administered.
* at0134::Administration rate - The rate at which the medication, such as an infusion, is to be administered.
* at0135::Dose formula - The formula used to calculate the dose amount or administration rate where this is dependent on some other factor, such as body weight or surface area.
* at0144::Dose - The amount of medication administered at one time.
* at0164::Dosage sequence - The intended position of this dosage within the overall sequence of dosages.
* at0176::Alternate dose - An alternate representation of the amount of medication administered at one time.
* at0178::Dose description - Text description of the dose.

## drug\_resistance\_profile

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.drug\_resistance\_profile.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record information about the reduction in the effectiveness of a medication in treating a condition.

\*\*Use:\*\* Use to record information about the reduction in the effectiveness of a medication in treating a condition. This archetype has been designed for nesting within: - the 'Analyte result detail' SLOT within the CLUSTER.laboratory\_test\_analyte archetype to record the drug resistance profile of a single microorganism; - the 'Status' SLOT in the EVALUATION.problem\_diagnosis archetype, to record the drug resistance profile of a diagnosed condition; or - other clinically relevant archetypes.

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

\*\*Concepts:\*\*

* at0000::Drug resistance profile - Information about the reduction in the effectiveness of a medication in treating a condition.
* at0001::Index condition - Identification of the disease or causal microbe.
* at0002::Resistance category - Category of drug resistance observed in relation to the 'Index condition'.
* at0003::Organism - Name of the causal organism for an infectious disease.
* at0004::Disease - Name of the disease.
* at0005::Specific resistance per drug - Details about the resistance of the condition or microbe to an identified drug.
* at0006::Drug name - Name of the medication or drug.
* at0007::Resistant? - The organism is resistant to the identified drug?
* at0008::Yes - None
* at0009::No - None
* at0010::Comment - Narrative description about the drug resistance profile for the identified condition or microbe, not captured in other fields.
* at0011::Description - Narrative description about the drug resistance profile for the identified disease or causal microbe.

## dwelling

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.dwelling.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en, it

\*\*Purpose:\*\* To record an overview and description about aspects about the dwelling where an individual lives.

\*\*Use:\*\* Use to record details about the dwelling where an individual lives, particularly where this may have an impact on their health and safety or delivery of healthcare services. This archetype has been designed to be used to record attributes of an individual's home that might be used to: - contribute to identification of aids/supports that might be useful in the home; - record modifications or enhancements to support universal access; or - inform investigations about public health outbreaks. This archetype has been designed to be used within the EVALUATION.housing\_summary or CLUSTER.housing\_record archetypes, but may be used within any other appropriate ENTRY or CLUSTER archetype. In additon to the specific examples for each room specific element, the following examples are universally appliccable: Access; circulation space; trip hazards; floor coverings; windows; lighting; heating; or cooling. If specific measurements or specific details are required, additional archetypes can be nested within the 'Additional details' SLOT. Compliance with Universal design principles should be recorded in a separate archetype, which may be nested within the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record details about the social circumstances in which the individual lives - use CLUSTER.living\_arrangement for this purpose. Not to be used to record the physical address where an individual lives - use demographic archetypes for this purpose, or CLUSTER.address if the individual's address needs to be recorded within the health record. Not to be used to record information about the dwelling that does not impact on the health or health care needs of an individual. For example, the security access code for a home nurse visit should not be recorded using this archetype. Not to be used to record compliance with Universal design principles.

\*\*Keywords:\*\* stairs, bedroom, bathroom, access, heating, cooling

\*\*Concepts:\*\*

* at0000::Dwelling - An overview about the properties of a single structure, or a discrete space within a structure, and associated spaces in which an individual lives.
* at0001::Overall description - Narrative description about all aspects of the dwelling.
* at0002::Type - The type of dwelling in which an individual lives.
* at0003::Additional details - Further structured details about the dwelling.
* at0004::Comment - Additional narrative about the dwelling, not captured in other fields.
* at0005::Access/egress - Description about physical access to, and egress from, the dwellling.
* at0006::Entrance - Description about an entrance to the dwelling.
* at0007::Parking - Description about vehicle parking at or near the dwelling.
* at0008::Hallway - Description about the hallway within the dwelling.
* at0009::Internal stairs/lifts - Description about internal steps and lifts within the dwelling.
* at0010::Living room - Description about a living room within the dwelling.
* at0011::Kitchen - Description about a kitchen within the dwelling.
* at0012::Bedroom - Description about a bedroom within the dwelling.
* at0013::Toilet accessibility - Description about accsessibility to a toilet.
* at0014::Bathroom - Description about a bathroom within the dwelling.
* at0015::Laundry facilities - Description about a laundry facility within, or associated with, the dwelling.
* at0016::Outdoor space - Description about an outdoor space associated with the the dwelling.
* at0017::Emergency communication access - Description about the emergency communication access.
* at0018::Fire protection - Description about fire protection within the dwelling.
* at0020::Doorbell - Description about a doorbell or alert system within the dwelling.
* at0021::Rubbish collection - Description about rubbish bins and waste collection at the dwelling.
* at0022::Mail - Description about mail delivery and collection at the dwelling.
* at0023::Water supply - Description about how water is delivered into the dwelling.
* at0025::Water storage - Description about the storage of potable water at the dwelling.
* at0026::Toilet type - Description about the type of toilet fixture at the dwelling.
* at0028::Number of bedrooms - The number of bedrooms in the dwelling.
* at0029::Number of bathrooms - The number of bathrooms in the dwelling.
* at0033::Water source - Description about the source of water used at the dwelling.
* at0034::Sewage disposal - Description about the disposal of sewage from the dwelling.
* at0035::Number of toilets - The number of toilet fixtures in the dwelling.
* at0036::Condition - Narrative description about the overall condition of the dwelling.
* at0037::Heating - Description about how the dwelling is heated.
* at0038::Energy supply - Description about sources of power to the dwelling.
* at0039::Security and safety - Description about security and safety measures within the dwelling.
* at0040::Connectivity - Description about the internet and other forms of connectivity and communication. For example for home monitoring or other medical devices.
* at0041::Number of floors - The number of floors within the dwelling.
* at0043::Appliance - Description about an appliance at the dwelling.
* at0046::Cooling - Description about how the dwelling is cooled.
* at0048::Critical features - Availability of critical appliances or services at the dwelling, which may support use of clinical decision support.
* at0049::Feature name - The name of the feature.
* at0050::Presence - Presence of any relevant feature.
* at0051::Present - None
* at0052::Absent - None
* at0053::Unknown - None
* at0054::Number of rooms - The number of rooms within the dwelling.
* at0055::Number of people - The total number of people living in the dwelling.
* at0056::Ventilation - Description about the ventilation within the dwelling.
* at0057::Persons per bedroom - Number of household members sharing bedroom.
* at0058::Cleanliness - Description about the level of cleanliness of the dwelling.

## ear\_cleaning

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.ear\_cleaning.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about cleaning of the external auditory canal.

\*\*Use:\*\* Use to record details about the cleaning of the external auditory canal. This archetype has been designed to provide structured details as part of a request for ear cleaning or recording an ear cleaning activity - use within INSTRUCTION.procedure or ACTION.procedure archetypes.

\*\*Keywords:\*\* ear, cleaning, method, canal, external, auditory, pus, discharge, wax, instrument, suction, irrigation, flushing, tissue

\*\*Concepts:\*\*

* at0000::Ear Cleaning Details - Details about method for cleaning the external ear canal.
* at0001::Ear Cleaned - Identification of the ear being cleaned.
* at0002::Left Ear - The left ear was cleaned.
* at0003::Right Ear - The right ear was cleaned.
* at0004::Wash Agent - Substance used for ear wash.
* at0005::Method - Method used for ear wash.
* at0006::Instrument - Instrument used to assist cleaning.
* at0007::Outcome - Description of the outcome of ear cleaning.
* at0009::Description - Narrative description of the ear cleaning activity.

## education\_record

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.education\_record.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record details about a single period of formal education or training undertaken by an individual, which will contribute to an overview of their educational background.

\*\*Use:\*\* Use to record details about a single period of formal education or training undertaken by an individual, which will contribute to an overview of their educational background. An individual may undertake multiple training courses simultaniously, or overlapping. Each education or training should be recorded in a separate instance of this archetype. Multiple instances of this archetype captured over time will build a cumulative history of past and present education and training. Current education or training may be implied from a 'Date commenced' but no 'Milestone achieved'. This archetype has been specifically designed to be used in the 'Education record' SLOT within the EVALUATION.education\_summary archetype, but can also be used within any other ENTRY or CLUSTER archetypes, where clinically appropriate.

\*\*Misuse:\*\* Not to be used for detailed descriptions of health risks or exposure to hazardous substances during the education or training. Use the archetypes EVALUATION.health\_risk or EVALUATION.exposure for this purpose. Not to be used to record information about the education or training of an individual at a specific point in time (for example, on June 16, 2014) or during a relative interval of time (for example 'in the past 30 days'. Use an appropriate OBSERVATION archetype for this purpose.

\*\*Keywords:\*\* university, school, certificate, apprenticeship, diploma, degree, course, study, training,

\*\*Concepts:\*\*

* at0000::Education record - Record of a period of education or training undertaken by an individual.
* at0001::Educational institution - Name of the facility, institution or school where the education or training took place.
* at0002::Organisation details - Structured details about the facility, institution or school.
* at0003::Milestone - Name of the education milestone or academic qualification achieved.
* at0004::Field of study - The field of study covered by the education or training.
* at0005::Date started - The date when the individual commenced the education or training.
* at0006::Date ended - The date when the milestone was achieved or the individual ceased the education or training.
* at0008::Description - Narrative description about the education or training undertaken by the individual.
* at0009::Additional details - Further details about the education record.
* at0010::Comment - Additional narrative about the education record not captured in other fields.

## electronic\_communication

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.electronic\_communication.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record details about a specified type of electronic communication as it is known or understood in the course of clinical documentation.

\*\*Use:\*\* Use to record details about a specified type of electronic communication for an individual or an organisation as it is known or understood in the course of clinical documentation. This is commonly ad hoc or when it is not appropriate or possible to use a formal register or index.

\*\*Misuse:\*\* Not to be used for complex communication representation or management, such as preferred phone numbers or valid dates of usage. Use a formal Master Patient Index or Health Provider Index for this purpose, or archetypes based on the openEHR Demographic Information Model. Not to be used to represent or replace formal identification management or for the purposes of maintaining an official demographic register or index. Use a formal Master Patient Index or Health Provider Index for this purpose, or archetypes based on the openEHR Demographic Information Model.

\*\*Keywords:\*\* telephone, phone, mobile, email, fax, pager, chat, social media, asynchronous, communication, SoMe

\*\*Concepts:\*\*

* at0000::Electronic communication - Details about a specified type of electronic communication.
* at0001::Type - The type or form of electronic communication.
* at0002::Value - The unique combination of alphanumeric characters, relevant for representation of 'Type'.
* at0003::Purpose - The purpose or use for the identified type of electronic communication.
* at0004::Comment - Additional narrative about the electronic communication not captured in other fields.
* at0005::Mobile (cellular) telephone - For SMS or voice calls.
* at0006::Telephone (excluding mobile telephone) - None
* at0007::Email - None
* at0008::Pager - None
* at0009::Fax - None
* at0010::Business use - None
* at0011::Personal use - None
* at0012::Both business and personal use - None
* at0013::Additional details - Additional details about the electronic communication.

## embryo\_specimen

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.embryo\_specimen.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To document more detailed information about one or more zygotes or embryos.

\*\*Use:\*\* Use to document more detailed information about one or more zygotes or embryos. This archetype has been designed to document more specific details about zygotes or embryos in assisted reproduction treatment and can be nested within the "Additional details slot" in the CLUSTER.specimen archetype.

\*\*Keywords:\*\* embryo, morula, blastocyt, ivf, artificial insemination, art

\*\*Concepts:\*\*

* at0000::Embryo specimen - To document detailed information about one or more zygotes or embryos.
* at0001::Embryo development stage - The stage of development of the embryo.
* at0003::Embryo preservation day - The number of calendar days following insemination on which the embryo was preserved.
* at0004::Cleavage stage - Embryo beginning at the two cell stage and up to, but not including, the morula stage.
* at0005::Morula stage - Embryo after completion of compaction, typically 4 days after insemination or ICSI.
* at0006::Blastocyst stage - Embryo at the blastocyst stage, containing a fluid filled central cavity, an outer layer of cells and an inner group of cells. Typically occurs at day 5–6 after insemination.
* at0007::Unknown - No information about the embryo development stage is provided or not applicable.
* at0008::Day 1 - Embryo preserved on day 1 after insemination.
* at0009::Day 2 - Embryo preserved on day 2 after insemination.
* at0010::Day 3 - Embryo preserved on day 3 after insemination.
* at0011::Day 4 - Embryo preserved on day 4 after insemination.
* at0012::Day 5 - Embryo preserved on day 5 after insemination.
* at0013::Day 6 - Embryo preserved on day 6 after insemination.
* at0014::Day 7 - Embryo preserved on day 7 after insemination.
* at0015::Unknown - No information about the embryo preservation day is provided or not applicable.

## employment\_covid

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.employment\_covid.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Healthcare worker - Addition information for Covid screening on healthcare worker status.
* at0001::Is healthcare worker? - \*
* at0002::Yes - Yes
* at0003::No - No
* at0004::Unknown - Unknown

## empower\_mood

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.empower\_mood.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* This archetype is used to facilitate recording of the self-assesment of the subject's mood. Based on the data model developed within the EMPOWER project, www.empower-fp7,eu.

\*\*Use:\*\* Self-assesment of the subject's mood, as an observation of daily living.

\*\*Concepts:\*\*

* at0000::Mood Level (EMPOWER) - Mood level provides a description of the mood state.
* at0001::Mood - Indicates the current mood state of the patient.
* at0003::Cheerful - Highly pleasant emotion characterized by outward manifestations of gratification; joy.
* at0004::Euthymic - Euthymic mood.
* at0005::Indifferent - Lack of emotion or emotional expression; a disorder of motivation that persists over time.
* at0006::Sad - Feeling sad.
* at0007::Depressed - Feelings of grief or unhappiness.

## empower\_stress

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.empower\_stress.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* This archetype is used to facilitate recording of the perceived level of stress of a subject. Based on the data model developed within the EMPOWER project, www.empower-fp7,eu.

\*\*Use:\*\* Self-assesment of the subject's level of stress, as an observation of daily living.

\*\*Concepts:\*\*

* at0000::Stress Level (EMPOWER) - Stress level provides a description of the perceived stress level.
* at0001::Stress - Indicates the level of stress as perceived by the patient.
* at0005::Peaceful - Feeling peaceful.
* at0006::Calm - Feeling calm.
* at0007::Worried - Feeling worried.
* at0008::Nervous - Feeling nervous.
* at0009::Stressful - Feeling stressful.

## endotracheal\_tube

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.endotracheal\_tube.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about a flexible plastic tube that is inserted inside the trachea to secure an airway.

\*\*Use:\*\* Use to record details about a flexible plastic tube that is inserted inside the trachea to secure an airway. This archetype has been designed to be nested within the 'Properties' SLOT within the CLUSTER.device archetype.

\*\*Concepts:\*\*

* at0000::Endotracheal tube (ETT) - Details about a flexible plastic tube that is inserted inside the trachea to secure an airway.
* at0001::Type??? Cuffed? - The type of ETT.
* at0002::Cuffed - None
* at0003::Uncuffed - None
* at0004::?Manufactured length - The measured length of the lumen at manufacture.
* at0005::Radiopaque - Does the ETT contain radiopaque material?
* at0006::Connector size - The size of the connection between the ETT and the breathing system.
* at0007::15 mm - None
* at0008::22 mm - None
* at0009::Murphy's eye - Presence of an alternate gas passage in case the ETT tip becomes occluded.
* at0012::Per lumen - Details relevant to a single lumen.
* at0013::Internal diameter - The measured internal diameter of the lumen.
* at0014::Cuff type - None
* at0015::?Label/Lumen name - Unique name to identify the lumen.
* at0016::Insertion site - The body site where the ETT enters the body.
* at0017::Oral - None
* at0018::Nasal - None
* at0019::Tracheostomy - None
* at0020::8.5mm - None
* at0021::30mm - None
* at0022::Connector type - The type of connection between the ETT and the breathing system.
* at0023::Number of cuffs (/??lumen) Is there ever one cuff with 2 lumen? - The number of cuffs manufactured.
* at0024::Laser resistant - Is the ETT manufactured from laser resistant material?
* at0025::External diameter - The measured external diameter of the lumen.
* at0026::Cuff position - The location of the cuff in situ.
* at0027::Proximal - None
* at0028::Distal - None
* at0029::Cuff capacity - None
* at0030::High Pressure Low Volume - None
* at0031::Low Pressure High Volume - None
* at0032::Reinforced - Is the ETT lumen reinforced?

## environmental\_conditions

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.environmental\_conditions.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en, ar-sy

\*\*Purpose:\*\* To record information about environmental conditions that may be impacting on the individual's wellbeing.

\*\*Use:\*\* To re-use within multiple archetypes - for example the State within the temperature archetype.

\*\*Keywords:\*\* humidity, temperature, ambient, thermal stress, wind, chill, wet bulb globe

\*\*Concepts:\*\*

* at0000::Environmental conditions - The physical environment surrounding an individual.
* at0001::Ambient temperature - The temperature of the environment in which the individual is situated.
* at0002::Relative humidity - Humidity of the environment in which the individual is situated.
* at0003::Wind velocity - Measure of wind velocity.
* at0005::Wind chill temperature - The apparent temperature felt on exposed skin, which is a function of the air temperature and wind speed.
* at0010::Wet bulb globe temperature - A composite temperature used to estimate the effect of temperature, humidity, and solar radiation on humans.
* at0011::Atmospheric pressure - The pressure of the atmosphere surrounding an individual.

## exam-abdomen

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-abdomen.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the abdomen.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the abdomen. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of the abdomen - Findings observed during the physical examination of the abdomen.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-anterior\_chamber\_eye

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-anterior\_chamber\_eye.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the anterior chamber of an eye.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the anterior chamber of an eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. This archetype is designed to record the findings observed during a physical examination by a clinician, including findings identified using a simple magnifying device such as an ophthalmoscope or slit lamp. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of the anterior chamber of an eye - Findings observed during the physical examination of the anterior chamber structure of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left anterior chamber - The anterior chamber of the left eye was examined.
* at0.2::Right anterior chamber - The anterior chamber of the right eye was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-anus

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-anus.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the anus.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the anus. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the anus - Findings observed during the physical examination of the anus.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Anus - The anus was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-aqueous\_humour

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-aqueous\_humour.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the aqueous humour of an eye.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the aqueous humour of an eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye, CLUSTER.exam-anterior\_chamber or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the aqueous humour - Findings observed during the physical examination of the aqueous humour of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0.2::Left aqueous humour - The aqueous humour of the left eye was examined.
* at0.3::Right aqueous humour - The aqueous humour of the right eye was examined.

## exam-auscultation-bowel\_sounds

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-auscultation-bowel\_sounds.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the auscultation of bowel sounds in the abdomen or chest.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the auscultation of bowel sounds in the abdomen or chest. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam, CLUSTER.exam-abdomen or CLUSTER.exam-chest archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000::Examination findings - Findings observed during the physical examination of a BLAH.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1.1::Auscultation of bowel sounds - Findings observed during the auscultation of bowel sounds in the abdomen or chest.
* at0001.0.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.0.1::Abdomen - The abdomen is examined.
* at0.0.2::Chest - The chest is examined.
* at0.0.3::Presence - The presence of bowel sounds.
* at0.0.4::Present - Bowel sounds are heard.
* at0.0.5::Absent - Bowel sounds are not heard.
* at0002.0.1::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0.0.6::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0.0.7::Normal bowel sounds - Statement that the bowel sounds were heard and of normal character.
* at0.0.8::Character - Word or short phrase describing the nature of the bowel sounds.

## exam-auscultation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-auscultation.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the auscultation of a body system or anatomical structure.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the auscultation of a body system or anatomical structure. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Auscultation findings - Findings observed during the auscultation of a body system or anatomical structure.
* at0000::Examination findings - Findings observed during the physical examination of a BLAH.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-breast

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-breast.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of a single breast.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of a single breast. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a breast - Findings observed during the physical examination of a single breast.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left breast - The left breast was examined.
* at0.2::Right breast - The right breast was examined.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-breasts

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-breasts.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of both breasts.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of both breasts. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or CLUSTER.exam-chest archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000.1::Examination of both breasts - Findings observed during the physical examination of both breasts at the same time.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Both breasts - The left and right breasts are examined at the same time.
* at0.2::Symmetry - Narrative description about the symmetry of both breasts, in comparison to one another.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-cardiovascular\_system

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-cardiovascular\_system.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the cardiovascular system as a whole.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the cardiovascular system as a whole. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, the heart or a lung. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the cardiovascular system - Findings observed during the physical examination of the cardiovascular system as a whole.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Cardiovascular system - The cardiovascular system was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-chest

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-chest.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the chest.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the chest. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings, for example breasts, heart and lungs. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used to record chest circumference or chest expansion. Use the OBSERVATION.chest\_circumference for this purpose.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the chest - Findings observed during the physical examination of the whole chest.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Chest - The whole chest is examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-conjunctiva

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-conjunctiva.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the conjunctiva of an eye.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the conjunctiva of an eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. This archetype is designed to record the findings observed during a physical examination by a clinician, including findings identified using a simple magnifying device such as an ophthalmoscope or slit lamp. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0.1::Left conjunctiva - The conjunctiva of the left eye was examined.
* at0.2::Right conjunctiva - The conjunctiva of the right eye was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0000.1::Examination of the conjunctiva - Findings observed during the physical examination of the conjunctiva structure of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-cornea

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-cornea.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the cornea of an eye.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the cornea of an eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0.1::Left cornea - The cornea was of the left eye was examined.
* at0.2::Right cornea - The cornea was of the right eye was examined.
* at0.3::Corneal scarring - Presence of scarring on the cornea.
* at0.4::Present - Corneal scarring was observed.
* at0.5::Absent - Corneal scarring was not observed.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0000.1::Examination of the cornea - Findings observed during the physical examination of the cornea of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-cranial\_nerves

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-cranial\_nerves.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the cranial nerves.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the cranial nerves. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or CLUSTER.exam-nervous\_system archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes for each cranial nerve can be nested in the appropriate SLOTs and other CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used to record the results of visual field testing - use OBSERVATION.visual\_field\_measurement for this purpose. Not to be used to record the results of visual acuity testing - use OBSERVATION.visual\_acuity for this purpose.

\*\*Concepts:\*\*

* at0.1::Cranial nerve - One of each of twelve pairs of nerves which arise directly from the brain.
* at0.10::XII details - Details about the function of the hypoglossal nerve.
* at0.11::I description - Narrative description about findings on examination of the olfactory nerve.
* at0.12::II description - Narrative description about findings on examination of the optic nerve.
* at0.13::III, IV & VI description - Narrative description about findings on examination of the oculomotor, trochlear and abducens nerves.
* at0.14::V description - Narrative description about findings on examination of the trigeminal nerve.
* at0.15::VII description - Narrative description about findings on examination of the facial nerve.
* at0.16::VIII description - Narrative description about findings on examination of the vestibulococchlear nerve.
* at0.17::IX & X description - Narrative description about findings on examination of the glossopharyngeal and vagus nerves.
* at0.18::XI description - Narrative description about findings on examination of the accessory nerve.
* at0.19::XII description - Narrative description about findings on examination of the hypoglossal nerve.
* at0.2::I details - Details about function of the olfactory nerve.
* at0.20::Corneal reflex - The presence of the corneal reflex.
* at0.21::Present - The reflex is observed.
* at0.22::Absent - The reflex is not observed.
* at0.23::Reduced - The reflex is observed, but diminished compared to normal.
* at0.24::Jaw jerk - The presence of the jaw jerk.
* at0.25::Present - The jaw jerk is present.
* at0.26::Absent - The jaw jerk is absent.
* at0.3::II details - Details about the function of the optic nerve.
* at0.4::III, IV & VI details - Details about the function of the oculomotor, trochlear and abducens nerves.
* at0.5::V details - Details about the function of the trigeminal nerve.
* at0.6::VII details - Details about the function of the facial nerve.
* at0.7::VIII details - Details about the function of the vestibulococchlear nerve.
* at0.8::IX & X details - Details about the function of the glossopharyngeal and vagus nerves.
* at0.9::XI details - Details about the function of the accessory nerve.
* at0000.1::Examination of cranial nerves - Findings observed during the physical examination of the cranial nerves.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.27::Gag reflex - The presence of the pharyngeal, or gag, reflex.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-ear

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-ear.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of a single ear.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of a single ear. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-ears or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate - for example, the external auditory canal or tympanic membrane. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0.1::Left ear - The left ear was examined.
* at0.2::Right ear - The right ear was examined.
* at0000.1::Examination of an ear - Findings observed during the physical examination of a single ear.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-ears

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-ears.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of both ears.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of both ears. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, CLUSTER.exam-ear. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000.1::Examination of both ears - Findings observed during the physical examination of both ears at the same time.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Both ears - The left and right ears were examined at the same time.
* at0.2::Symmetry - Narrative description about the symmetry of both ears, in comparison to one another.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-external\_auditory\_canal

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-external\_auditory\_canal.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of an external auditory canal.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of an external auditory canal. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-ear or OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, the tympanic membrane. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording data not related to other parts of the ear or middle ear - use the specific archetypes, CLUSTER.exam-ear and CLUSTER.exam-middle\_ear for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000.1::Examination of an external auditory canal - Findings observed during the physical examination of an external auditory canal.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left external auditory canal - The left auditory canal was examined.
* at0.2::Right external auditory canal - The right auditory canal was examined.
* at0.3::Wax description - Narrative description of the wax findings in the external auditory canal.
* at0.4::Canal tenderness - Presence of tenderness in the external auditory canal.
* at0.5::Present - Tenderness is noted in the external auditory canal wall.
* at0.6::Absent - Tenderness is not noted in the external auditory canal wall.
* at0.7::Offensive odour - Presence of any offensive odour originating from the external auditory canal.
* at0.8::Present - An offensive odour is noted as originating from the external auditory canal.
* at0.9::Absent - No offensive odour is noted as originating from the external auditory canal.
* at0.10::Discharge presence - Presence of a discharge observed in the external auditory canal.
* at0.11::Present - Discharge is observed within the external auditory canal.
* at0.12::Absent - Discharge is not observed within the external auditory canal.
* at0.13::Discharge type - Type of discharge observed in the external auditory canal or at the tympanic membrane.
* at0.14::Blood-stained - The discharge appears to consist mostly of blood.
* at0.15::Haemoserous - The discharge appears to consist of both blood and clear, watery fluid.
* at0.16::Mucoid - The discharge appears to consist mostly of a thick, mucoid substance.
* at0.17::Mucopurulent - The discharge appears to consist of both mucous and pus.
* at0.18::Purulent - The discharge appears to consist mostly of pus.
* at0.19::Serous - The discharge appears to consist mostly of clear, watery fluid.
* at0.20::Discharge amount - Qualitative amount of discharge observed in the external auditory canal or at the tympanic membrane perforation.
* at0.21::Scant - A small amount of discharge is observed in the external auditory canal.
* at0.22::Moderate - A moderate amount of discharge is observed in the external auditory canal.
* at0.23::Profuse - A profuse amount of discharge is observed in the external auditory canal.
* at0.24::Discharge description - Narrative description of the discharge observed in the external auditory canal or at the tympanic membrane perforation.
* at0.25::Foreign body presence - Presence of a foreign body in the external auditory canal.
* at0.26::Present - A foreign body is present in the external auditory canal.
* at0.27::Absent - A foreign body is not present in the external auditory canal.
* at0.28::Foreign body location - Location of the foreign body within the external auditory canal.
* at0.29::Outer canal - The foreign body is located in the outer part of the external auditory canal.
* at0.30::Deep canal - The foreign body is located in the deep, inner part of the external auditory canal.
* at0.31::Middle ear - The foreign body is located within the middle ear cavity.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-eye

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-eye.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of a single eye.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of a single eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eyes or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, CLUSTER.exam-retina or CLUSTER.exam-lens. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used to record the results of visual field testing - use OBSERVATION.visual\_field\_test\_result. Not to be used to record the results of visual acuity testing - use OBSERVATION.visual\_acuity-test-result.

\*\*Concepts:\*\*

* at0000.1::Examination of an eye - Findings observed during the physical examination of a single eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left eye - The left eye was examined.
* at0.2::Right eye - The right eye was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0.3::Eye movement description - Narrative description about the extraocular muscle function.
* at0.4::Movement detail - Detailed information about eye movement.
* at0.5::Direction of gaze - The direction of single eye movement.
* at0.6::Elevation - Upward movement of the eye.
* at0.7::Depression - Downward movement of the eye.
* at0.8::Abduction - Movement of the eye laterally, towards the same side.
* at0.9::Abduction and elevation - Movement of the eye upward and laterally, towards the same side.
* at0.10::Abduction and depression - Movement of the eye downward and laterally, towards the same side.
* at0.11::Adduction - Movement of the eye medially, towards the opposite side.
* at0.12::Adduction and elevation - Movement of the eye upward and medially, towards the opposite side.
* at0.13::Adduction and depression - Movement of the eye downward and medially, towards the opposite side.
* at0.14::Range - Description of the range of movement in the identified direction of gaze.
* at0.15::Speed - Description of the speed of movement in the identified direction of gaze.
* at0.16::Smoothness - Description of the smoothness of movement in the identified direction of gaze.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0.17::Red reflex - Presence of the red reflex.
* at0.18::Present - The red reflex is observed.
* at0.19::Absent - The red reflex is not present.
* at0.20::Squint - Presence of a squint.
* at0.21::Present - A squint is observed.
* at0.22::Absent - A squint is not present.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-eyelid

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-eyelid.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of an eyelid.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of an eyelid. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0.1::Left upper eyelid - The left upper eyelid was examined.
* at0.2::Left lower eyelid - The left lower eyelid was examined.
* at0.3::Right upper eyelid - The right upper eyelid was examined.
* at0.4::Right lower eyelid - The right lower eyelid was examined.
* at0.5::Trichiasis - Presence of trichiasis on the eyelid.
* at0.6::Present - Trichiasis is observed.
* at0.7::Absent - Trichiasis is not observed.
* at0000.1::Examination of an eyelid - Findings observed during the physical examination of an eyelid.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-eyes

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-eyes.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of both eyes.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of both eyes. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, CLUSTER.exam-eye. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000.1::Examination of both eyes - Findings observed during the physical examination of both eyes at the same time.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Both eyes - The left and right eyes are examined at the same time.
* at0.4::Symmetry - Narrative description about the symmetry of both eyes, in comparison to one another.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-face

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-face.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the face as a whole.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the face as a whole. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings about discrete parts of the face, such as the eyes, nose or mouth. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the face - Findings observed during the physical examination of the face as a whole.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Face - The whole face is examined.
* at0.2::Symmetry - Narrative description about the symmetry of both sides of the face, in comparison to one another.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-finger

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-finger.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a finger.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a finger. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the 'Procedure detail' SLOT within ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a finger - Findings observed during the physical examination of a finger.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left thumb - The thumb of the left hand.
* at0.2::Left index finger - The index finger of the left hand.
* at0.3::Left middle finger - The middle finger of the left hand.
* at0.4::Left ring finger - The ring finger of the left hand.
* at0.5::Left little finger - The little finger of the left hand.
* at0.6::Right thumb - The thumb of the right hand.
* at0.7::Right index finger - The index finger of the right hand.
* at0.8::Right middle finger - The middle finger of the right hand.
* at0.9::Right ring finger - The ring finger of the right hand.
* at0.10::Right little finger - The little finger of the right hand.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-fingernail

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-fingernail.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a a finger nail.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a finger nail. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the 'Procedure detail' SLOT within ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a finger nail - Findings observed during the physical examination of a finger nail.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left thumb nail - The nail on the thumb of the left hand.
* at0.2::Left index finger nail - The nail on the index finger of the left hand.
* at0.3::Left middle finger nail - The nail on the middle finger of the left hand.
* at0.4::Left ring finger nail - The nail on the ring finger of the left hand.
* at0.5::Left little finger nail - The nail on the little finger of the left hand.
* at0.6::Right thumb nail - The nail on the thumb of the right hand.
* at0.7::Right index finger nail - The nail on the index finger of the right hand.
* at0.8::Right middle finger nail - The nail on the middle finger of the right hand.
* at0.9::Right ring finger nail - The nail on the ring finger of the right hand.
* at0.10::Right little finger nail - The nail on the little finger of the right hand.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-foot

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-foot.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a hand.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a hand. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the 'Procedure detail' SLOT within ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a foot - Findings observed during the physical examination of a hand.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left foot - The left foot was examined.
* at0.2::Right foot - The right foot was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-fundus\_eye

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-fundus\_eye.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the fundus of an eye.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the fundus of an eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. This archetype is designed to record the findings observed during a physical examination by a clinician, including findings identified using a simple magnifying device such as an ophthalmoscope or slit lamp. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of the fundus of an eye - Findings observed during the physical examination of the fundus of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left fundus - The fundus of the left eye was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0.2::Right fundus - The fundus of the right eye was examined.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-hand

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-hand.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a hand.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a hand. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the 'Procedure detail' SLOT within ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a hand - Findings observed during the physical examination of a hand.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left hand - The left hand was examined.
* at0.2::Right hand - The right hand was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-heart

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-heart.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the heart.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the heart. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-chest or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of the heart - Findings observed during the physical examination of the heart.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Heart - The heart was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0.2::Heart sounds description - Narrative description of the heart sounds.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-hip\_joint

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-hip\_joint.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record the findings observed during the physical examination of a hip joint.

\*\*Use:\*\* Use to record the observed findings during the physical examination of a hip joint. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the "Procedure detail" SLOT within the ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Interpretation of the findings, for example 'No abnormality detected', can be recorded using the 'Clinical interpretation' data element. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. The intended scope for this archetype is to eventually record all detailed findings on physical examination of the hip joint. It is anticipated that further data elements may be added as requirements are identified and confirmed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used for recording the results of an imaging examination - use the CLUSTER.imaging\_exam family of archetypes for this purpose.

\*\*Keywords:\*\* articulatio coxae, osteoarthritis

\*\*Concepts:\*\*

* at0.1::Left hip joint - None
* at0.2::Right hip joint - None
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0000.1::Physical examination of a hip joint - Findings observed during the physical examination of a hip joint.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-inspection-rectum

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-inspection-rectum.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed by direct visualisation of the rectum.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed by direct visualisation of the rectum, for example during a proctoscopy, sigmoidoscopy or colonoscopy examination. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used to record details about the palpation of the rectum. Use CLUSTER.exam-palpation-rectum for this purpose. Not to be used when multiple modes are used simultaneously to examine a body system or anatomical structure, including palpation or auscultation. Use the CLUSTER.exam family of archetypes for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000::Examination findings - Findings observed during the physical examination of a BLAH.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1.1::Inspection of the rectum - Findings observed by direct visualisation of the rectum.
* at0001.0.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.0.1::Rectum - The rectum was inspected.

## exam-inspection-vagina

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-inspection-vagina.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed by direct visualisation of the vagina.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed by direct visualisation of the vagina. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-vulva or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, inspection of the cervix. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used to record details about the palpation of the vagina - for example, as part of a bimanual vaginal examination. Use CLUSTER.exam-palpation-vagina for this purpose. Not to be used when multiple modes are used simultaneously to examine a body system or anatomical structure, including palpation or auscultation. Use the CLUSTER.exam family of archetypes for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000::Examination findings - Findings observed during the physical examination of a BLAH.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1.1::Inspection of the vagina - Findings observed by observed by direct visualisation of the vagina.
* at0001.0.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.0.1::Vagina - The vagina was inspected.
* at0004.0.1::Examination findings - Structured details about the physical examination findings.

## exam-inspection

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-inspection.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed by direct visualisation of a body system or anatomical structure.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed only by direct visualisation of a body system or anatomical structure. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used when multiple modes are used simultaneously to examine a body system or anatomical structure, including palpation or auscultation. Use the CLUSTER.exam family of archetypes for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Inspection findings - Findings observed by direct visualisation of an anatomical structure.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-inspection\_cervix

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-inspection\_cervix.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed by direct visualisation of the cervix.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed by direct visualisation of the cervix, for example when performing a speculum examination. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-inspection\_vagina or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used to record details about the palpation of the cervix - for example, as part of a bimanual vaginal examination. Use CLUSTER.exam-palpation\_cervix for this purpose. Not to be used for recording the results of an imaging examination - use the CLUSTER.imaging\_exam family of archetypes for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Inspection of the cervix - Findings observed by direct visualisation of the cervix.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Cervix - None
* at0.2::Discharge presence - Observation about the presence of a discharge at or around the external os of the cervix.
* at0.3::Present - A cervical discharge was observed.
* at0.4::Absent - A cervical discharge was not observed.
* at0.5::Discharge description - Narrative description about the observed discharge at or around the external os of the cervix.
* at0.6::Ectropion presence - Observation about the presence of ectropion on the cervix.
* at0.7::Ectropion description - Narrative description about the observed ectropion. on the cervix.
* at0.8::Present - One or more instances of an ectropion were observed on the cervix.
* at0.9::Absent - No instances of an ectropion were observed on the cervix.

## exam-iris

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-iris.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of an iris.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of an iris. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. This archetype is designed to record the findings observed during a physical examination by a clinician, including findings identified using a simple magnifying device such as an ophthalmoscope or slit lamp. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of an iris - Findings observed during the physical examination of the iris structure of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left iris - The iris of the left eye was examined.
* at0.2::Right iris - The iris of the right eye was examined.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-lens

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-lens.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the lens.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the lens. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. This archetype is designed to record the findings observed during a physical examination by a clinician, including findings identified using a simple magnifying device such as an ophthalmoscope or slit lamp. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0.1::Lens - The transparent, biconvex structure in the eye that helps to refract light to be focused on the retina.
* at0000.1::Examination of the lens - Findings observed during the physical examination of a single lens of the eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-lower\_limb

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-lower\_limb.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a lower limb.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a lower limb. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the 'Procedure detail' SLOT within ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Keywords:\*\* leg, thigh, calf, knee, ankle, foot, upper leg, lower leg, lower limb

\*\*Concepts:\*\*

* at0000.1::Examination of a lower limb - Findings observed during the physical examination of a lower limb, including both hip, upper and lower leg, foot and associated joints.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left lower limb - The left lower limb was examined.
* at0.2::Right lower limb - The right lower limb was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-lung

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-lung.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of a single lung, including identified parts of a lung.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of a single lung, including identified parts of a lung. Use the 'Lung site' data element to identify a specific area of a lung, for example the right upper lobe or the lingula. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or CLUSTER.exam-chest archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Record the findings from the other lung in a second instance of this archetype within the same SLOT. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000.1::Examination of a lung - Findings observed during the physical examination of a single lung, including specific parts of a lung.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left lung - The left lung was examined.
* at0.2::Right lung - The right lung was examined.
* at0.3::Percussion note - Sound elicited by tapping on the chest wall.
* at0.4::Normal - Percussion note was normal.
* at0.5::Dull - Percussion note was flat or dulled.
* at0.6::Hyperresonant - Percussion note was louder and lower pitched than normal.
* at0.7::Vocal resonance - Vibration intensity heard by a stethoscope on the chest wall with certain spoken words.
* at0.8::Normal - Vocal resonance was normal.
* at0.9::Increased - Vocal resonance was increased, compared to normal.
* at0.10::Reduced - Vocal resonance was decreased, compared to normal.
* at0.11::Vocal fremitus - Vibration intensity felt by the hand on the chest wall from certain spoken words.
* at0.12::Normal - Vocal fremitus was normal.
* at0.13::Increased - Vocal fremitus was increased, compared to normal.
* at0.14::Reduced - Vocal fremitus was decreased, compared to normal.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-middle\_ear

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-middle\_ear.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of a middle ear.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of a middle ear. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-ear or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a middle ear - Findings observed during the physical examination of a middle ear.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left middle ear - The left middle ear was examined.
* at0.2::Right middle ear - The right middle ear was examined.
* at0.3::Ossicular bone status - Description of status of the ossicular chain and bony components.
* at0.4::Intact - The bone/s are not damaged.
* at0.5::Eroded - The bone/s are damaged.
* at0.6::Absent - The bone/s are not present in the middle ear.
* at0.7::Malleus status - State of the malleus bone on observation.
* at0.8::Incus status - State of the incus bone on observation.
* at0.9::Stapes status - State of the stapes bone on observation.
* at0.10::Ossicular chain status - State of the entire ossicular chain on observation.
* at0.11::Ossicular chain mobility - Description of the mobility of the ossicular chain.
* at0.12::Mobile - The ossicular chain is mobile.
* at0.13::Immobile - The ossicular chain is not mobile.
* at0.14::Mucosa - Narrative description about the middle ear mucosa.
* at0.15::Chorda tympani - Narrative description about the chorda tympani in the middl ear.
* at0.16::Choleasteatoma presence - Is a cholesteatoma observed?
* at0.17::Present - A cholesteatoma is present.
* at0.18::Absent - A cholesteatoma is not present.
* at0.19::Cholestatoma position - Detail about the position of the cholesteatoma.
* at0.20::Attic - The cholesteatoma is observed in the attic region.
* at0.21::Sinus - The cholesteatoma is observed in the sinus region.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-mouth

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-mouth.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the mouth as a whole.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the mouth as a whole. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the CLUSTER.exam-face archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of the mouth - Findings observed during the physical examination of the mouth as a whole.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Mouth - The mouth, as a whole, is examined.
* at0.2::Symmetry - Narrative description about the symmetry of both sides of the mouth, in comparison to one another.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0.3::Dentition description - Narrative description about all teeth.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-muscle\_group

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-muscle\_group.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record the findings observed during the physical examination of a single muscle or a muscle group.

\*\*Use:\*\* Use to record the observed findings during the physical examination of a single muscle or a muscle group. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the CLUSTER.exam-nervous\_system archetypes, or the CLUSTER.exam-joint family of archetypes.It can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Further specialisations of this archetype can be used to record examination findings for identified muscles or muscle groups. Interpretation of the findings, for example 'No abnormality detected' or 'Moderate inflammation present', can be recorded using the 'Clinical interpretation' data element. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used for recording the results of an imaging examination - use the CLUSTER.imaging\_exam family of archetypes for this purpose.

\*\*Concepts:\*\*

* at0000.1::Examination findings of a muscle group - Findings observed during the physical examination of a single muscle or a muscle group.
* at0001.1::Muscle group - Identification of the examined body system or anatomical structure.
* at0.1::Fasciculation - None
* at0.2::Present - None
* at0.3::Indeterminate - None
* at0.4::Absent - None
* at0.5::Atrophy - None
* at0.6::Present - None
* at0.7::Indeterminate - None
* at0.8::Absent - None
* at0.9::Hypertrophy - None
* at0.10::Present - None
* at0.11::Indeterminate - None
* at0.12::Absent - None
* at0.13::Tenderness - None
* at0.14::Present - None
* at0.15::Indeterminate - None
* at0.16::Absent - None
* at0.17::Strength - None
* at0.18::No visible muscle contraction - None
* at0.19::Visible muscle contraction with no or trace movement - None
* at0.20::Limb movement, but not against gravity - None
* at0.21::Movement against gravity but not resistance - None
* at0.22::Movement against at least some resistance supplied by the examiner - None
* at0.23::Full strength - None
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-neck

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-neck.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the neck.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination examination of the neck. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example - thyroid or airway. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the neck - Findings observed during the physical examination of the neck.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Neck - The neck was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-nervous\_system

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-nervous\_system.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the nervous system as a whole.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the nervous system as a whole. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, cranial nerves or a dermatome. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the nervous system - Findings observed during the physical examination of the nervous system as a whole.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Nervous system - The nervous system was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-optic\_disc

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-optic\_disc.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the optic disc of an eye.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the optic disc of an eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. This archetype is designed to record the findings observed during a physical examination by a clinician, including findings identified using a simple magnifying device such as an ophthalmoscope or slit lamp. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0.1::Left optic disc - The optic disc of the left eye was examined.
* at0.2::Right optic disc - The optic disc of the right eye was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0000.1::Examination of the optic disc - Findings observed during the physical examination of the optic disc structure of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-palpation-prostate

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-palpation-prostate.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed only by palpation of the prostate.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed only by palpation of the prostate. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-palpation-rectum or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used when multiple modes are used simultaneously to examine a body system or anatomical structure, including inspection or auscultation. Use the CLUSTER.exam family of archetypes for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1.1::Palpation of the prostate - Findings observed by palpation of the prostate.
* at0001.0.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.0.1::Prostate - The prostate was examined.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0000.1::Palpation findings - Findings observed by palpation of an anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-palpation-rectum

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-palpation-rectum.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed only by palpation of the rectum.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed only by palpation of the rectum. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings, such as palpation of the prostate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used to record details about the direct visualisation of the rectum using a device. Use CLUSTER.exam-inspection-rectum for this purpose. Not to be used when multiple modes are used simultaneously to examine a body system or anatomical structure, including inspection or auscultation. Use the CLUSTER.exam family of archetypes for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example: OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Keywords:\*\* palpation, rectal, anal, DRE, DARE, digital

\*\*Concepts:\*\*

* at0000.1.1::Palpation of the rectum - Findings observed by palpation of the rectum.
* at0001.0.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.0.1::Rectum - The rectum was examined.
* at0000.1::Palpation findings - Findings observed by palpation of an anatomical structure.
* at0000::Examination findings - Findings observed during the physical examination of a BLAH.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0004.0.1::Examination findings - Structured details about the physical examination findings.

## exam-palpation-uterus

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-palpation-uterus.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed only by palpation of the uterus, either from an abdominal or a vaginal approach.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed only by palpation of the uterus, either from an abdominal or a vaginal approach and including findings about the pregnant uterus. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-abdomen, CLUSTER.exam-palpation-vagina or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, a fetus. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used when multiple modes are used simultaneously to examine a body system or anatomical structure, including inspection or auscultation. Use the CLUSTER.exam family of archetypes for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Keywords:\*\* uterus, fetus, foetus, baby, abdomen, vagina, pregnant, pregnancy

\*\*Concepts:\*\*

* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0000.1.1::Palpation of the uterus - Findings observed by palpation of the uterus.
* at0001.0.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.0.1::Uterus - The uterus was examined.
* at0.0.2::Fundal measurement - Measured height of the uterus from symphysis pubis to uterine fundus.
* at0.0.4::Size estimation ( weeks of gestation) - Size estimation of the uterus, expressed as the equivalent number of weeks of gestation in a typical pregnancy.
* at0.0.5::Size estimation (anatomical) - Description of the size of the uterus, relative to anatomical landmarks.
* at0.0.6::Not palpable - Uterus is not palpable in the abdomen.
* at0.0.7::At pubic symphysis - The uterus is just palpable at the level of the symphysis pubis.
* at0.0.8::At umbilicus - The uterus is palpable at, or about, the level of the umbilicus.
* at0.0.9::At xiphisternum - The uterus is palpable at, or about, the level of the xiphisternum.
* at0.0.10::Position of the uterus - The position of the uterus, relative to the cervix.
* at0.0.11::Anteverted - The uterine fundus is tipped forward, towards the abdomen.
* at0.0.12::Neutral - The uterus is in a neutral, upright position.
* at0.0.13::Retroverted - The uterine fundus is tipped backward, towards the back.
* at0.0.14::Mobility - Description about the mobility of the uterus.
* at0.0.15::Mobile - The uterus is moveable.
* at0.0.16::Fixed - The uterus is immovable.
* at0.0.17::Tenderness - Narrative description about findings of pain or tenderness of the uterus.
* at0.0.18::Consistency - Narrative description about the texture and firmness of the uterus.
* at0.0.19::Liquor estimation - Estimation of the relative amount of liquor present in advanced pregnancy.
* at0.0.20::Decreased - The amount of liquor appears less than expected, compared to a typical pregnancy at the same gestation.
* at0.0.21::Normal - The amount of liquor is as expected, compared to a typical pregnancy at the same gestation.
* at0.0.22::Increased - The amount of liquor appears more than expected, compared to a typical pregnancy at the same gestation.
* at0.0.23::Number of babies - The number of fetuses identified on palpation.
* at0004.0.1::Examination findings - Structured details about the physical examination findings.
* at0.0.24::Single - There is one baby present.
* at0.0.25::Twins - There are two babies present.
* at0.0.26::Multiple - There are more than two babies present.
* at0000.1::Palpation findings - Findings observed by indirect palpation of an anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-palpation-vagina

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-palpation-vagina.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed only by palpation of the vagina.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed only by palpation of the vagina. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-vagina or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, the cervix, the uterus or a fetus. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used to record details about the direct visualisation of the vagina using a device. Use CLUSTER.exam-inspection-vagina for this purpose. Not to be used when multiple modes are used simultaneously to examine a body system or anatomical structure, including inspection or auscultation. Use the CLUSTER.exam family of archetypes for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1.1::Palpation of the vagina - Findings observed by palpation of the vagina.
* at0001.0.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.0.1::Vagina - The vagina was palpated.
* at0.0.2::Tenderness - Narrative description about findings of tenderness.
* at0004.0.1::Examination findings - Structured details about the physical examination findings.

## exam-palpation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-palpation.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed by indirect palpation of an anatomical structure.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed only by indirect palpation of an anatomical structure. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used when multiple modes are used simultaneously to examine a body system or anatomical structure, including inspection or auscultation. Use the CLUSTER.exam family of archetypes for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Palpation findings - Findings observed by indirect palpation of an anatomical structure.
* at0000::Examination findings - Findings observed during the physical examination of a BLAH.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-palpation\_cervix

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-palpation\_cervix.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the cervical findings obtained by manual palpation.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings obtained by manual palpation of the cervix, such as a bimanual examination during pregnancy or labour. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-palpation\_vagina or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used to record findings about the visual observation of the cervix during a speculum examination. Use CLUSTER.exam-inspection\_cervix for this purpose. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used for recording the results of an imaging examination - use the CLUSTER.imaging\_exam family of archetypes for this purpose.

\*\*Concepts:\*\*

* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Palpation of the cervix - Findings obtained by manual palpation of the cervix.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Cervix - None
* at0.2::Relative position - Actual cervical position in relation to the expected, central anatomical position.
* at0.3::Anterior - The cervix is pointing anteriorly, towards the pubis.
* at0.4::Normal - The cervix is located centrally, in the typical anatomical position.
* at0.5::Posterior - The cervix is pointing posteriorly, towards the sacrum.
* at0.6::Left - The cervix is pointing towards the left side of the pelvis.
* at0.7::Right - The cervix is pointing towards the right side of the pelvis.
* at0.8::Consistency - The firmness of the cervix.
* at0.9::Firm - The cervix feels firm or hard.
* at0.10::Intermediate - The cervix feels neither firm nor soft.
* at0.11::Soft - The cervix feels soft or ripe.
* at0.12::Surface description - Narrative description about the surface of the cervix.
* at0.13::Mobility - Narrative description of the mobility of the cervix.
* at0.14::Tenderness - Narrative description about any tenderness associated with the cervix, especially on movement.
* at0.15::Thickness - Relative distance from the internal os to the external surface of the cervix.
* at0.16::Thick - The cervix is thick.
* at0.17::Thin - The cervix is thin.
* at0.18::Paper-thin - The cervix is very thin.
* at0.19::Oedematous - The cervix is thickened and swollen.
* at0.20::Effacement - Estimation of the amount of cervical effacement, usually related to late pregnancy or labour.
* at0.21::Cervical length - Estimation of the length of the cervix during late pregnancy or labour.
* at0.22::Application to presenting part - Application of the cervix to the presenting part of the fetus during late pregnancy or labour.
* at0.23::Anterior lip presence - None
* at0.24::Loose - Cervix is not moulded to the fetal presenting part.
* at0.25::Tight - Cervix is closely moulded to the fetal presenting part.
* at0.26::Present - An anterior lip is present.
* at0.27::Absent - An anterior lip is not present.
* at0.28::External os dilation - The amount of dilation of the external opening of the cervix.
* at0.29::Internal os dilation - The amount of dilation of the internal opening of the cervix to the uterus.

## exam-penis

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-penis.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the penis.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the penis. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the penis - Findings observed during the physical examination of the penis.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Penis - The penis was examined.
* at0.2::Discharge presence - The presence of urethral discharge.
* at0.3::Present - A urethral discharge is present.
* at0.4::Absent - A urethral discharge is not present.
* at0.5::Discharge appearance - The appearance of the discharge.
* at0.6::Purulent - The urethral discharge is purulent in appearance.
* at0.7::Mucopurulent - The urethral discharge is mucopurulent in appearance.
* at0.8::Mucoid - The urethral discharge is mucoid in appearance.
* at0.9::Clear - The urethral discharge is clear in appearance.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-peripheral\_nervous\_system

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-peripheral\_nervous\_system.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the peripheral nervous system.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the peripheral nervous system. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, tone, power or sensation. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the peripheral nervous system - Findings observed during the physical examination of the peripheral nervous system.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Peripheral nervous system - The peripheral nervous system was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-placenta

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-placenta.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record the findings observed during the physical examination of a placenta.

\*\*Use:\*\* Use to record the observed findings during the physical examination of a placenta. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam, the 'Procedure detail' SLOT within the ACTION.procedure archetype, or the 'Additional details' SLOT within the EVALUATION.pregnancy\_summary, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Interpretation of the findings, for example 'No abnormality detected' or 'Moderate inflammation present', can be recorded using the 'Clinical interpretation' data element. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the results of an imaging examination - use the CLUSTER.imaging\_exam family of archetypes for this purpose.

\*\*Concepts:\*\*

* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of a placenta - Findings observed during the physical examination of a placenta.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Placenta - None

## exam-posterior\_chamber\_eye

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-posterior\_chamber\_eye.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the posterior chamber structure of an eye.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the posterior chamber structure of an eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. This archetype is designed to record the findings observed during a physical examination by a clinician, including findings identified using a simple magnifying device such as an ophthalmoscope or slit lamp. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of the posterior chamber of an eye - Findings observed during the physical examination of the posterior chamber structure of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-pupil

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-pupil.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the pupil of an eye.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the pupil of an eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam, CLUSTER.exam-eye or CLUSTER.exam-cranial\_nerves archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0.1::Left pupil - The pupil of the left eye was examined.
* at0.10::Pinpoint - The pupil is heavily constricted (<= 1mm).
* at0.11::Constricted - The pupil is constricted, relative to normal (1.5 - 2.5mm).
* at0.12::Normal - The pupil size is normal (3 - 5mm).
* at0.13::DIlated - The pupil is dilated, relative to normal (>= 5.5mm).
* at0.14::Direct reflex (DLR) - Presence of a reflex constriction of the same pupil when light is shone into the identified eye.
* at0.15::Present - The direct light reflex is present.
* at0.16::Absent - The direct light reflex is not present.
* at0.17::DLR speed - Subjective estimate of the reactivity of the direct light reflex on stimulus by a light.
* at0.18::Sluggish (-) - The reflex is observed to be slower than normal.
* at0.19::Normal - The reflex is observed to be at or about the expected normal speed.
* at0.2::Right pupil - The pupil of the right eye was examined.
* at0.20::Brisk (+) - The reflex is observed to be faster than normal.
* at0.21::Very brisk (++) - The reflex is observed to be much faster than normal.
* at0.22::Consensual reflex (CLR) - Presence of a reflex constriction of the opposite pupil when light is shone into the identified eye.
* at0.23::Present - The consensual light reflex is present.
* at0.24::Absent - The consensual light reflex is absent.
* at0.25::CLR speed - Subjective estimate of the reactivity of the consensual light reflex on stimulus by a light.
* at0.26::Sluggish (-) - The reflex is observed to be slower than normal.
* at0.27::Normal - The reflex is observed to be at or about the expected normal speed.
* at0.28::Brisk (+) - The reflex is observed to be faster than normal.
* at0.29::Accommodation reflex (AR) - Presence of a reflex constriction of the pupil, in response to changing focusing on a near or far objects.
* at0.3::Shape - The shape of the pupil.
* at0.30::Present - The accommodation reflex is present.
* at0.31::Absent - The accommodation reflex is absent.
* at0.32::AR speed - Subjective estimate of the reactivity of the accommodation reflex on stimulus by a light.
* at0.33::Sluggish (-) - The reflex is observed to be slower than normal.
* at0.34::Normal - The reflex is observed to be at or about the expected normal speed.
* at0.35::Brisk (+) - The reflex is observed to be faster than normal.
* at0.4::Circular - The pupil is a normal, circular shape.
* at0.5::Oval - The pupil is an oval shape.
* at0.6::Sectoral abnormality - The pupil is an abnormal, irregular shape.
* at0.7::Teardrop - The pupil is an abnormal, teardrop shape.
* at0.8::Keyhole - The pupil is an abnormal, keyhole shape.
* at0.9::Size - The size of the pupil.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0000.1::Examination of a pupil - Findings observed during the physical examination of the pupil of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-respiratory\_system

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-respiratory\_system.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the respiratory system as a whole.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the respiratory system as a whole. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, a lung or breath sounds. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the respiratory system - Findings observed during the physical examination of the respiratory system as a whole.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Respiratory system - The respiratory system was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-sclera

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-sclera.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the sclera of an eye.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of the sclera of an eye. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-eye or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. This archetype is designed to record the findings observed during a physical examination by a clinician, including findings identified using a simple magnifying device such as an ophthalmoscope or slit lamp. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0.1::Left sclera - The sclera of the left eye was examined.
* at0.2::Right sclera - The sclera of the right eye was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0000.1::Examination of the sclera - Findings observed during the physical examination of the anterior sclera structure of an eye.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-scrotum

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-scrotum.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the scrotum.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the scrotum. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example a testicle or the skin of the scrotum. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the scrotum - Findings observed during the physical examination of the scrotum.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Scrotum - The scrotum was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-skin

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-skin.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the skin as a whole or an identified area of skin.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the skin as a whole or an identified area of skin. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings, including another instance of the CLUSTER.exam-skin archetype to describe the examination of an identified area of skin within the context of a complete skin examination. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used to record related clinical observations such as the capillary refill time - use CLUSTER.capillary\_refill\_time for this purpose. Not to be used to record the results of a Mantoux test - use OBSERVATION.mantoux for this purpose.

\*\*Concepts:\*\*

* at0000.1::Examination of the skin - Findings observed during the physical examination of the skin as a whole or an identified area of skin.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Skin - The skin was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0.2::Specific findings - Details about specific findings about the skin.
* at0.3::Finding name - The name or category of clinical finding.
* at0.4::Presence - The presence or absence of the specified finding.
* at0.5::Present - The specified finding is present.
* at0.6::Absent - The specified finding is not present.
* at0.7::Clinical description - Narrative description about the specified finding.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-testicle

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-testicle.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of a testicle and paired epididymis.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of a testicle and paired epididymis.. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-scrotum or OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Keywords:\*\* testis, testicle, epididymis

\*\*Concepts:\*\*

* at0000.1::Examination of a testicle - Findings observed during the physical examination of a testicle and paired epididymis.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left testicle - The left testicle was examined.
* at0.2::Right testicle - The right testicle was examined.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-throat

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-throat.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the throat.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the throat. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example: tonsils or uvula. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the throat - Findings observed during the physical examination of the throat.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Throat - The throat was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-thyroid

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-thyroid.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the thyroid.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the thyroid. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-neck or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the thyroid - Findings observed during the physical examination of the thyroid.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Thyroid - The thyroid was examined.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-toe

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-toe.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a toe.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a toe. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the 'Procedure detail' SLOT within ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a toe - Findings observed during the physical examination of a toe.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left great toe - The great toe of the left foot.
* at0.2::Left second toe - The second toe of the left foot.
* at0.3::Left third toe - The third toe of the left foot.
* at0.4::Left fourth toe - The fourth toe of the left foot.
* at0.5::Left fifth toe - The fifth toe of the left foot.
* at0.6::Right great toe - The great toe of the right foot.
* at0.7::Right second toe - The second toe of the right foot.
* at0.8::Right third toe - The third toe of the right foot.
* at0.9::Right fourth toe - The fourth toe of the right foot.
* at0.10::Right fifth toe - The fifth toe of the right foot.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-toenail

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-toenail.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a a toe nail.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of a toe nail. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the 'Procedure detail' SLOT within ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a toe nail - Findings observed during the physical examination of a toe nail.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left great toe nail - The nail on the great toe of the left foot.
* at0.2::Left second toe nail - The nail on the second toe of the left foot.
* at0.3::Left third toe nail - The nail on the third toe of the left foot.
* at0.4::Left fourth toe nail - The nail on the fourth toe of the left foot.
* at0.5::Left fifth toe nail - The nail on the fifth toe of the left foot.
* at0.6::Right great toe nail - The nail on the great toe of the right foot.
* at0.7::Right second toe nail - The nail on the second toe of the right foot.
* at0.8::Right third toe nail - The nail on the third toe of the right foot.
* at0.9::Right fourth toe nail - The nail on the fourth toe of the right foot.
* at0.10::Right fifth toe nail - The nail on the fifth toe of the right foot.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-tongue

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-tongue.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the tongue.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the tongue. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-mouth, CLUSTER.exam-cranial\_nerves or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0012::Body site - Identification of the area of the body under examination.
* at0000.1::Examination of the tongue - Findings observed during the physical examination of the tongue.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Tongue - The tongue is examined.
* at0.2::Deviation on protrusion - Description of deviation on protrusion.
* at0.3::None - The tongue does not deviate to either side on protrusion.
* at0.4::Left - The tongue deviates to the left on protrusion.
* at0.5::Right - The tongue deviates to the right on protrusion.
* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.

## exam-tooth

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-tooth.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of a single tooth.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of a single tooth. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a tooth - Findings observed during the physical examination of a single tooth.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Tooth - A hard, bony enamel-coated structure in the jaw used, for biting and chewing.
* at0.2::Tooth label - Name or nomenclature of the tooth examined.
* at0.3::Presence - Presence or absence of the identified tooth.
* at0.4::Present - The identified tooth is present.
* at0.5::Absent - The identified tooth is absent.
* at0012.1::Tooth position - Identification of the position of the identified tooth.
* at0011.1::Structured tooth position - A structured description of the position of the identified tooth.
* at0.6::Condition - Has the tooth been restored?
* at0.7::Unrestored - The tooth has no repairs or restorations observed.
* at0.8::Restored. - The tooth has repairs or restorations.
* at0.9::Gum description - Narrative description about the gum of the identified tooth.
* at0.10::Pocket depth - The depth of the gum pocket.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0.11::Findings - Details about the findings observed.
* at0.12::Finding - None
* at0.13::Cavity - None
* at0.14::Amalgam - None
* at0.15::Gold inlay - None
* at0.16::Gold foil - None
* at0.17::Other metal restoration - None
* at0.18::Composite resin - None
* at0.19::Traumatic avulsion - None
* at0.20::Fractured crown - None
* at0.21::Root tip - None
* at0.22::Rotated - None
* at0.23::Root apical filling - None
* at0.24::Apicoectomy - None
* at0.25::Intermediate restoration - None
* at0.26::Crown - temporary - None
* at0.27::Crown - full - None
* at0.28::Crown - partial - None
* at0.29::Crown veneer - None
* at0.30::Surface - Surface of the tooth where the finding is observed.
* at0.31::Mesial - The surface that is closest to the midline of the face.
* at0.32::Distal - The surface that is furthest from the midline of the face.
* at0.33::Buccal - The surface that faces towards the cheeks.
* at0.34::Lingual - The surface that faces towards the tongue.
* at0.35::Incisal - The biting edge of an anterior tooth.
* at0.36::Occlusal - The chewing surface of a posterior tooth.
* at0.37::Clinical description - Narrative description about the finding.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-tympanic\_membrane

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-tympanic\_membrane.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of a tympanic membrane.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of a tympanic membrane. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-external\_auditory\_canal or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings - for example, the middle ear or the Tos or Sade classifications for retraction. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording data not related to other parts of the ear such as the external ear or middle ear - use the specific archetypes, CLUSTER.exam-ear and CLUSTER.exam-middle\_ear. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of a tympanic membrane - Findings observed during the physical examination of a tympanic membrane.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left tympanic membrane - The left ear drum was examined.
* at0.2::Right tympanic membrane - The right ear drum was examined.
* at0.3::View - Description about the examiner's view of the tympanic membrane.
* at0.4::Adequate - The tympanic membrane was clearly visualised and the duration of view was sufficient; the clinical opinion of the state of the tympanic membrane is based on adequate information.
* at0.5::Compromised - The tympanic membrane was not clearly visualised and/or the duration of view was limited; the clinical opinion of the state of the tympanic membrane is based on limited information.
* at0.6::Total occlusion - The tympanic membrane was not visualised; a clinical opinion of the state of the tympanic membrane could not be formed.
* at0.7::Reason for occlusion - Narrative description of the reason for occlusion of view of the tympanic membrane.
* at0.8::Ventilation tube present? - Is a ventilation tube observed in the tympanic membrane?
* at0.9::Present - A ventilation tube is observed in the tympanic membrane or ear canal.
* at0.10::Absent - A ventilation tube is not observed in the tympanic membrane or ear canal.
* at0.11::Ventilation tube placement - Observed placement of the ventilation tube (or grommet) in the tympanic membrane or the auditory canal.
* at0.12::In situ - The ventilation tube is located in situ in the tympanic membrane.
* at0.13::Partially extruded - The ventilation tube is partially extruded from it's original position in the tympanic membrane.
* at0.14::Extruded - remains in canal - The ventilation tube has been extruded from the tympanic membrane but is visualised within the external auditory canal.
* at0.15::Membrane intact? - Is the tympanic membrane intact?
* at0.16::Intact - The tympanic membrane appears intact.
* at0.17::Indeterminate - It is not possible to determine if the tympanic membrane is intact or perforated.
* at0.18::Perforated - A perforation is observed in the tympanic membrane.
* at0.19::Appearance - Category describing the appearance of the tympanic membrane.
* at0.20::Translucent - The tympanic membrane appears translucent and healthy.
* at0.21::Opaque - The tympanic membrane appears dull and opaque.
* at0.22::Colour - Description of the overall colour of the tympanic membrane.
* at0.23::Surface features - Features observed on the surface of the tympanic membrane.
* at0.24::Location of tympanosclerosis - Description of the location of any tympanosclerosis observed on the tympanic membrane.
* at0.25::Position of tympanic membrane - Description of the position of the tympanic membrane.
* at0.26::Neutral - The tympanic membrane is in a normal, neutral position - neither bulging or retracted.
* at0.27::Retracted - The tympanic membrane appears to be retracted.
* at0.28::Bulging - The tympanic membrane appears to be bulging.
* at0.29::Indeterminate - The position of the tympanic membrane is is not able to be determined.
* at0.30::Retraction description - Narrative description of the retraction of the tympanic membrane.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0.31::Fluid level presence - Finding of a fluid level behind the tympanic membrane.
* at0.32::Present - A fluid level is observed behind the tympanic membrane.
* at0.33::Absent - A fluid level is not observed behind the tympanic membrane.
* at0.34::Fluid level description - Narrative description of the fluid level and other related features observed behind the tympanic membrane.
* at0.35::Mobility - Description of mobility of the tympanic membrane.
* at0.36::Immobile - Minimal or no movement of the tympanic membrane is observed when positive pressure is applied.
* at0.37::Hypomobile - Less than 1mm inward (medial) movement of the tympanic membrane is observed when positive pressure is applied.
* at0.38::Mobile - Crisp, inward (medial) movement (approx 1mm) when positive pressure is applied.
* at0.39::Hypermobile - Exaggerated movement of the tympanic membrane is observed when positive pressure is applied.
* at0.40::Indeterminate - It is not possible to determine the amount of movement of the tympanic membrane.
* at0.41::Perforation description - Narrative description of the perforation of the tympanic membrane.
* at0.42::Perforation size - Estimation of the size of the tympanic membrane perforation, based on anatomical landmarks.
* at0.43::Pinhole - The perforation is the size of a pinhole.
* at0.44::Intermediate - The perforation is larger than a pinhole but smaller than a subtotal perforation.
* at0.45::Subtotal - The perforation is subtotal: the pars tensa is absent but the perforation does not include the annulus.
* at0.46::Total - The tympanic membrane is essentially absent.
* at0.47::Intermediate estimation - Qualification about the size of an intermediate perforation.
* at0.48::<40% - The intermediate perforation is less than 40% of the area of the tympanic membrane.
* at0.49::>40% - The intermediate perforation is greater than 40% of the area of the tympanic membrane.
* at0.50::Length of perforation - Direct measurement of the longest axis of the perforation.
* at0.51::Width of perforation - Direct measurement of the shortest axis of the perforation.
* at0.52::Pars flaccida vs pars tensa? - Description of the region of the tympanic membrane perforation.
* at0.53::Pars flaccida - The perforation is located in the pars flaccida.
* at0.54::Pars tensa - The perforation is located in the pars tensa.
* at0.55::Marginal vs central? - Location of the tympanic membrane perforation.
* at0.56::Marginal - The perforation involves the annulus of the tympanic membrane.
* at0.57::Central - The perforation is not involving the annulus and is bounded on all sides by the remnant of the tympanic membrane.
* at0.58::Anterior? - Is an anterior perforation present?
* at0.59::Present - An anterior perforation is present in the pars tensa.
* at0.60::Absent - An anterior perforation is not present in the pars tensa.
* at0.61::Edge - Narrative description of the edge of the perforation.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-upper\_limb

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-upper\_limb.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of an upper limb.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation of the findings observed during the physical examination of an upper limb. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the 'Procedure detail' SLOT within ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Keywords:\*\* arm, upper arm, forearm, elbow, wrist, hand, lower arm, upper limb

\*\*Concepts:\*\*

* at0000.1::Examination of an upper limb - Findings observed during the physical examination of an upper limb, including shoulder, upper and lower arm, hand and associated joints.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Left upper limb - The left upper limb was examined.
* at0.2::Right upper limb - The right upper limb was examined.
* at0004.1::Examination findings - Structured details about the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam-vulva

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam-vulva.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of the vulva.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of the vulva. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000.1::Examination of the vulva - Findings observed during the physical examination of the vulva.
* at0001.1::System or structure examined - Identification of the examined body system or anatomical structure.
* at0.1::Vulva - The vulva was examined.
* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam.v1

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en

\*\*Purpose:\*\* To record the findings observed during the physical examination of a body system or anatomical structure.

\*\*Use:\*\* Use to record the observed findings during the physical examination of a body system or anatomical structure. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the "Procedure detail" SLOT within the ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Specialisations of this archetype can be used to record examination findings for identified body systems or anatomical structures. If there is no appropriate specialisation available, use this archetype and identify the system or structure being examined using the 'System or structure examined' data element and the location on the body using the 'Body site' data element or the 'Structured body site' SLOT. Interpretation of the findings, for example 'No abnormality detected' or 'Moderate inflammation present', can be recorded using the 'Clinical interpretation' data element. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used for recording the results of an imaging examination - use the CLUSTER.imaging\_exam family of archetypes for this purpose.

\*\*Concepts:\*\*

* at0000::Examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam.v2

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, el, en, es

\*\*Purpose:\*\* To record the findings observed during the physical examination of a body system or anatomical structure.

\*\*Use:\*\* Use to record the observed findings during the physical examination of a body system or anatomical structure. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the "Procedure detail" SLOT within the ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Specialisations of this archetype will be used to record examination findings for identified body systems, anatomical structures or more precise body sites. Each specialisation will preserve the underlying structure of this general archetype as its base and be extended by the addition of elements specific to the body site. If there is no appropriate specialisation available, use this archetype and identify the system or structure being examined using the 'System or structure examined' data element and the location on the body using the 'Body site' data element or the 'Structured body site' SLOT. Interpretation of the findings, for example 'No abnormality detected' or 'Moderate inflammation present', can be recorded using the 'Clinical interpretation' data element. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used for recording the results of an imaging examination - use the CLUSTER.imaging\_exam family of archetypes for this purpose.

\*\*Concepts:\*\*

* at0000::Physical examination findings - Findings observed during the physical examination of a body system or anatomical structure.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.

## exam\_anterior\_chamber

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_anterior\_chamber.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* For recording the findings on physical examination of the anterior chamber.

\*\*Use:\*\* Use to record the findings on physical examination of the anterior chamber. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Description' data element. Specifically designed to be used within the OBSERVATION.exam archetype, but may be used within any clinically appropriate ENTRY or CLUSTER archetype.

\*\*Misuse:\*\* Not to be used to record findings of the physical examination of other parts of the eye, such as the retina or conjunctiva - use other specific archetypes for this purpose.

\*\*Keywords:\*\* eye, examination, physical

\*\*Concepts:\*\*

* at0000::Examination Findings - Anterior Chamber - Findings on physical examination of the anterior chamber.
* at0001::Description - An overall narrative description of findings of examination of the cornea.
* at0002::Interpretation - An interpretation of the anterior chamber examination findings, preferably coded.
* at0003::Eye Examined - The eye examined.
* at0004::Left eye - The left eye was examined.
* at0005::Right eye - The right eye was examined.
* at0007::Aqueous gap/cornea ratio - Measurement depth of anterior chamber, by van Herricks method, to grade ratio of aqueous gap/cornea into ranges of variation.
* at0008::Angle Interpretation - Assessment of the openness of the anterior chamber angle.
* at0009::Open - The anterior chamber angle is open.
* at0010::Occlusable - The anterior chamber angle is occlusable.
* at0011::Closed - The anterior chamber angle is closed.
* at0012::Clarity - Clarity of the anterior chamber.
* at0013::Closure likely with full dilation - Closure of the angle is likely with full dilation.
* at0014::Angle Grade - A scored estimation of the anterior chamber angle.
* at0015::Greater than 1/2 over 1 - ratio is greater than 1/2 over 1.
* at0016::1/2-1/4 over 1 - ratio is between 1/4 over 1 and 1/2 over 1
* at0017::Less than 1/4 over 1 - The aqueous gap/cornea ratio is less than 1/4 over 1.
* at0018::1/4 / over 1 - ratio is exactly 1/4 over 1.
* at0019::Closed - The aqueous gap/cornea ratio is zero.
* at0020::Appearance - Finding of the appearance of the anterior chamber.
* at0021::Abnormal contents - Findings of abnormal contents or foreign bodies in the anterior chamber.

## exam\_blastocyst

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_blastocyst.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record structured observations about a human blastocyst.

\*\*Use:\*\* Use to record morphological observations about a human blastocyst, usually as part of assisted reproduction treatment. This archetype has been specifically designed to be used in the 'Observations detail' SLOT within the 'OBSERVATION.embryo\_assessment' or 'ACTION.procedure' archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate.

\*\*Misuse:\*\* Not to be used for recording observations on oocytes, zygotes and cleavage stage embryos - use specific CLUSTER archetypes for this purpose.

\*\*Keywords:\*\* in vitro, fertilization, IVF, reproductive medicine, zygote, fertilised, fertilized, oocyte, egg, fertilisation, embryo, reproduction, ART, blastocyst

\*\*Concepts:\*\*

* at0000::Examination of a blastocyst - Morphological findings obtained by microscopy of a human blastocyst.
* at0049::Degree of expansion - Degree of expansion of the blastocyst.
* at0050::Grade 1 - The blastocoel cavity is less than the half of the embryo volume.
* at0051::Grade 2 - The blastocoel cavity is > 50% of the embryo volume.
* at0052::Grade 3 - The blastocoel cavity completely fills the embryo volume.
* at0053::Grade 4 - The blastocoel cavity is larger than the original volume of the embryo, thinned zona pellucida.
* at0054::Grade 5 - Hatching blastocyst.
* at0055::Grade 6 - Completely hatched blastocyst.
* at0056::Inner cell mass morphology - Morphology of the inner cell mass.
* at0057::A - The inner call mass contains many tightly packed cells.
* at0058::B - The inner call mass contains several loosely grouped cells.
* at0059::C - The inner call mass contains few loosely bound cells.
* at0060::Trophectoderm morphology - Morphology of the trophectoderm of the blastocyst.
* at0061::A - Trophectoderm contains many cells that form a cohesive epithelium.
* at0062::B - Trophectoderm contains few cells that form a loose epithelium.
* at0063::C - Trophectoderm contains very few large cells that struggle to form a cohesive epithelium.
* at0064::Other morphological features - Additional morphological features of the blastocyst not captured by specific parameters.
* at0067::Not accessible - Inner cell mass morphology is not accessible.
* at0068::Morphology grade - Overall grading or score based on recorded morphological features of the blastocyst.

## exam\_burn

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_burn.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* For recording a narrative description and clinical interpretation of the findings observed during the physical examination of an identified burn.

\*\*Use:\*\* Use to record a narrative description of the overall findings observed during the physical examination of an identified burn. This initial draft archetype consists only of the core examination pattern data elements (as per CLUSTER.exam\_pattern) and will likely be expanded further over time as specific clinical requirements are identified. This archetype has been specifically designed to be used in the 'Examination findings' SLOT within the CLUSTER.exam\_skin archetype or the OBSERVATION.exam, but can also be used within any other OBSERVATION or CLUSTER archetypes, where clinically appropriate - for example, CLUSTER.exam\_breast. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording data not related to the physical examination of an identified burn. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom. Not to be used to record stand-alone clinical observations or measurements or test results - use specific OBSERVATION archetypes. For example OBSERVATION.blood\_pressure or OBSERVATION.imaging\_exam.

\*\*Concepts:\*\*

* at0000::Examination of a burn - Findings observed during the physical examination of an identified burn.
* at0001::Body site - Identification of the body site under examination.
* at0002::Burn type - Identification of the type of burn found on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination of the burn.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the burn findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured anatomical location of the finding.
* at0012::Alias - Identification, by using a alias name, of the burn to distinguish one burn from similar burns at the same body site.

## exam\_embryo

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_embryo.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record structured observations about a human cleavage-stage embryo.

\*\*Use:\*\* Use to record morphological observations appropriate for the cleavage-stage of human embryo development, usually as part of assisted reproduction treatment. This archetype has been specifically designed to be used in the 'Observations detail' SLOT within the 'OBSERVATION.embryo\_assessment' or 'ACTION.procedure' archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate.

\*\*Misuse:\*\* Not to be used for recording observations on oocytes, zygotes and blastocysts - use specific CLUSTER archetypes for this purpose.

\*\*Keywords:\*\* in vitro, fertilization, IVF, reproductive medicine, zygote, fertilised, fertilized, oocyte, egg, fertilisation, embryo, reproduction, ART, blastocyst

\*\*Concepts:\*\*

* at0000::Examination of a cleavage-stage embryo - Morphological findings obtained by microscopy of the human cleavage-stage embryo.
* at0028::Number of cells - Number of cells in a cleavage-stage embryo.
* at0030::Fragmentation - Cytoplasmic fragmentation in a cleavage-stage embryo.
* at0031::None - Absence of cytoplasmic fragments.
* at0032::Mild fragmentation - Cytoplasmic fragments cover < 10% of the total cytoplasmic volume.
* at0033::Moderate fragmentation - Cytoplasmic fragments cover 10 - 25% of the total cytoplasmic volume.
* at0034::Severe fragmentation - Cytoplasmic fragments cover > 25% of the total cytoplasmic volume.
* at0035::Blastomere size - Relative blastomere size.
* at0036::Equal, stage specific - Equally sized blastomeres, stage specific cell size.
* at0037::Unequal, stage specific - Unequally sized blastomeres, stage specific cell size.
* at0038::Nucleation - Presence or absence of nuclei in the blastomeres of the cleavage-stage embryo.
* at0039::No visible nuclei - Nuclei are not visible.
* at0040::Mononucleation - Only a single visible nucleus in all blastomeres.
* at0041::Binucleation - Two visible nuclei in one blastomere.
* at0042::Cytoplasmic morphology - Morphology of the cytoplasm of cells in cleavage-stage embryo.
* at0043::Spatial distribution of cells - Spatial distribution of cells in a cleavage-stage embryo.
* at0044::Compaction - Degree of compaction in a cleavage-stage embryo.
* at0045::None - Absence of compaction.
* at0046::Minimal - Less than 50% of the total embryonic volume is compacted.
* at0047::Moderate - Over 50% of the total embryonic volume is compacted.
* at0048::Complete - The complete volume of the embryo is compacted.
* at0049::Other morphological features - Additional morphological features not captured by specific parameters.
* at0051::Multinucleation - Multiple visible nuclei in one blastomere.
* at0052::Broad multinucleation - Two or more visible nuclei in two or more blastomeres.
* at0053::Equal, non-stage specific - Equally sized blastomeres, non-stage specific cell size.
* at0054::Unequal, non-stage specific - Unequally sized blastomeres, non-stage specific cell size.
* at0055::Morphology grade - Overall grading or score based on recorded morphological features of the cleavage-stage embryo.

## exam\_faeces

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_faeces.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the findings observed during the examination of faeces.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation about the findings observed during examination of faeces, which could occur during routine clinical observations or as part of a physical examination. This archetype has been designed to be used within: - the 'Examination findings' SLOT in the OBSERVATION.exam and related CLUSTER archetypes; - the OBSERVATION.faecal\_output to describe the diarrhoea being measured; or - the OBSERVATION.laboratory\_test to describe physical properties about a faecal sample/specimen. It can also be used within other OBSERVATION or CLUSTER archetypes, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording measurements of faecal output - use OBSERVATION.faecal\_output for this purpose. Not to be used for recording the clinical history about bowel habits - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom.

\*\*Keywords:\*\* faeces, poo

\*\*Concepts:\*\*

* at0000::Examination of faeces - Findings observed during the examination of faeces.
* at0003::Clinical description - Narrative description of the overall findings observed during the examination of faeces.
* at0004::Examination findings - Structured details about the examination findings of the faeces.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the examination of faeces, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0012::Colour - The overall colour of the faeces.
* at0013::Blood presence - Narrative description about findings related to blood in or around the faecal specimen.
* at0014::Consistency - Narrative description about the firmness of the faeces.

## exam\_hydration

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_hydration.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* For recording a narrative description and clinical interpretation of the findings observed during assessment of the hydration status of an individual.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during assessment of the hydration status of an individual. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.observed during assessment of the hydration status of an individual.

\*\*Concepts:\*\*

* at0000::Hydration - Findings observed during assessment of the hydration status of an individual.
* at0003::Clinical description - Narrative description about the individual's state of hydration.
* at0004::Examination findings - Structured details about indicators of hydration.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0013::Mucous membranes - Narrative description about the state of all mucous membranes, including mouth and lips.
* at0014::Anterior fontanelle - Description about the state of infant's anterior fontanelle.
* at0015::Elevated - The anterior fontanelle appears raised.
* at0016::Normal - The anterior fontanelle appears normal.
* at0017::Flat - The anterior fontanelle appears flat.
* at0018::Sunken - The anterior fontanelle appears sunken.
* at0019::Skin turgor - Description about the state of the individual's skin or tissue turgor.
* at0020::Normal - Skin turgor appears normal.
* at0021::Decreased - Skin turgor appears to be reduced.
* at0022::Appearance of eyes - \*
* at0023::Normal - The eyes appear normal.
* at0024::Sunken - The eyes appear to be sunken in their orbits.

## exam\_lens

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_lens.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* For recording the findings on physical examination of the lens.

\*\*Use:\*\* Use to record the findings on physical examination of the lens of the eye. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Description' data element. Specifically designed to be used within the OBSERVATION.exam archetype, but may be used within any clinically appropriate ENTRY or CLUSTER archetype.

\*\*Misuse:\*\* Not to be used to record findings of the physical examination of other parts of the eye, such as the retina or conjunctiva - use other specific archetypes for this purpose.

\*\*Keywords:\*\* eye, examination, physical, cataract

\*\*Concepts:\*\*

* at0000::Examination Findings - Lens - Findings on physical examination of the lens of the eye.
* at0001::Description - An overall narrative description of findings of examination of the lens.
* at0002::Interpretation - An interpretation of the lens examination findings, preferably coded.
* at0003::Eye Examined - The eye examined.
* at0004::Left eye - The left eye was examined.
* at0005::Right eye - The right eye was examined.
* at0008::Lens Opacity - The morphology of the lens / or cataract.
* at0009::Normal, clear crystalline lens - The lens is normal, clear and crystalline.
* at0010::Nuclear sclerosis - Nucelar sclerosia is present.
* at0011::Brunescent nucleus - A brunescent catract nucleus is present.
* at0012::Cortical cataract - A cortical cataract is present.
* at0013::Posterior sub capsular cataract - A posterior sub-capsular cataract is present.
* at0014::Mature (white cortex) cataract - A mature cataract is present.
* at0015::Hypermature / Morgagnian cataract - A hypermature, Morgagnian catarct is present.
* at0016::Watercleft cataract - A watercleft cataract is present.
* at0017::Retrodot cataract - A retrodot cataract is present.
* at0018::Coronary cataract - A coronary cataract is present.
* at0019::Polar cataract - A polar cataract is present.
* at0020::Lamellar cataract - A lamellar cataract is present.
* at0021::Cataract Maturity - The maturity of cataract development.
* at0022::None - There is no cataract present.
* at0023::Early - The cataract is at an early stage of maturity.
* at0024::Moderate - A moderate cataract is present.
* at0025::Mature - A mature cataract is present.
* at0026::Cataract Location - The location of the catract identified.
* at0028::Nuclear cataract - The cataract is located in the nucleus.
* at0029::Nucelo-cortical cataract - The cataract is located in a nucelo-cortical position.
* at0030::Early opacity - A hazy, early opacity is visible.
* at0031::Diffuse opacities - Multiple diffuse lens opacities are visible.
* at0032::Pseudophakia - Psedophakia is present.
* at0033::Lens Position - The position of the lens.
* at0034::Normal - The lens is in a normal position.
* at0035::Subluxation - The lens shows subluxation.
* at0036::Dislocation - The lens is dislocated into the vitreous.
* at0037::Posterior Capsule Fibrosis - The degree of posterior lens capsule fibrosis.
* at0038::Absent / clear - There is no evidence of posterior capsule fibrosis
* at0039::Mild fibrosis (+) - Mild posterior capsule fibrosis is evident.
* at0040::Moderate fibrosis (++) - Moderate posterior capsule fibrosis is evident.
* at0041::Severe fibrosis (+++) - Severe posterior capsule fibrosis is evident.

## exam\_lesion

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_lesion.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, pt-br, en

\*\*Purpose:\*\* For recording findings observed during the physical examination of an identified macroscopic localised structural change or damage to normal tissue.

\*\*Use:\*\* Use for recording findings observed during the physical examination of an identified macroscopic localised structural change or damage to normal tissue. This archetype is intended to be used to describe both benign and malignant lesions. This archetype is intended to be used to describe single localised lesions. To describe localised clusters of lesions such as a cluster of moles, use an appropriate CLUSTER archetype. This archetype may be nested inside such an archetype to describe single lesions which are part of the cluster. This archetype has been specifically designed to be used in the 'Examination findings' SLOT within the OBSERVATION.exam, CLUSTER.exam-skin or other CLUSTER.exam-archetypes, but can also be used within any other OBSERVATION, ACTION or CLUSTER archetypes, where clinically appropriate - for example, CLUSTER.exam-breast or CLUSTER.exam-penis. This archetype may be specialised to enable recording details only relevant to a subset of lesions. An example of this can be specialising the archetype for wounds/ulcers, to allow recording information about wound edges, wound bed, undermining, or exudate. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used to record findings about an imaging lesion. Use the CLUSTER.imaging\_exam-abnormality archetype for this purpose. Not to be used to record findings about non-localised or whole-organ eruptions such as a chickenpox rash covering the entire skin surface. Use the CLUSTER.symptom\_sign archetype for this purpose. Not to be used to record a macroscopic pathology examination of a specimen from a lesion. Use an appropriate CLUSTER archetype within the OBSERVATION.laboratory\_test\_result archetype. Not to be used for recording the clinical history of a lesion - use specific OBSERVATION and CLUSTER archetypes, for example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Keywords:\*\* injury, wound, ulcer, macule, papule, patch, plaque, vesicle, bulla, erosion, fissure, excoriation, nodule, tumor, tumour, burrow, pits, abscess, carbuncle, cyst, furuncle, pustule, vesicle, hematoma, haematoma, purpura, petechiae, telangiectasia, weal, wheal, urticaria, scale, atrophy, incision, incised, puncture, contusion, bruise, abrasion, laceration, maceration, burn, frostbite

\*\*Concepts:\*\*

* at0000::Examination of a lesion - Findings observed during the physical examination of an identified macroscopic localised structural change or damage to normal tissue.
* at0001::Body site - Identification of the body site of the examined lesion.
* at0002::Lesion type - Identification of the type of lesion examined.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Additional details - Additional structured details about the examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the examination findings.
* at0007::Comment - Additional narrative about the examination findings, not captured in other fields.
* at0011::Structured body site - A structured anatomical location of the examined lesion.
* at0012::Label - Identification, by using a label, of the lesion to distinguish one lesion from similar lesions at the same body site.
* at0013::Length/diameter - The length or diameter of the lesion.
* at0014::Height/depth - Height or depth of the lesion above or below the surrounding organ surface.
* at0015::Shape - Identification of the shape of the lesion.
* at0018::Width - The width of the lesion.
* at0020::Height - Height of the lesion above the surrounding organ surface.
* at0021::Depth - Depth of the lesion below the surrounding organ surface.
* at0022::Length - The length of the lesion.
* at0023::Diameter - The diameter of the lesion.
* at0024::Area - The area of the lesion.

## exam\_oocyte

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_oocyte.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record structured observations of a human oocyte.

\*\*Use:\*\* Use to record morphological observations of a human oocyte, usually as part of assisted reproduction treatment. This archetype has been specifically designed to be used in the 'Observations detail' SLOT within the 'OBSERVATION.embryo\_assessment' or 'ACTION.procedure' archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate.

\*\*Misuse:\*\* Not to be used for recording morphological observations of zygotes, cleavage stage embryos and blastocysts - use specific CLUSTER archetypes for this purpose.

\*\*Keywords:\*\* in vitro, fertilization, IVF, reproductive medicine, zygote, fertilised, fertilized, oocyte, egg, fertilisation, embryo, reproduction, ART, blastocyst, gemete

\*\*Concepts:\*\*

* at0000::Examination of an oocyte - Morphological findings obtained by microscopy of a human oocyte.
* at0028::Maturity of cumulus-oocyte complex - Maturity of the entire intact cumulus-oocyte complex.
* at0031::Mature - Mature, expanded corona cell complex.
* at0032::Immature - Immature, unexpanded compact cumulus and corona cells.
* at0033::Postmature - Absent corona.
* at0034::Very immature - Small oocyte and corona.
* at0035::Oocyte maturation stage - Nuclear maturity of oocyte after removal of the cumulus-corona cell mass.
* at0036::Metaphase 2 - Ooocyte in the metaphase 2 (M2) of the meiotic cell division.
* at0037::Meiosis 1 - Ooocyte in meiosis 1.
* at0038::Germinal vesicle - Ooocyte still displaying an intact nucleus, the germinal vesicle (GV), in prophase 1 of meiosis.
* at0039::Oocyte size - Size of the oocyte.
* at0040::Oocyte shape - Shape of the oocyte.
* at0041::Cytoplasmic morphology - Morphology of the oocyte cytoplasm.
* at0042::Zona pellucida thickness - Thickness of the zona pellucida.
* at0043::Perivitelline space size - Size of the perivitelline space.
* at0044::First polar body morphology - Morphology of the first polar body.
* at0045::Metaphase spindle size - Size of the metaphase spindle obtained by polarized light microscopy.
* at0046::Other morphological features - Additional morphological features not captured by specific parameters.
* at0047::Normal - Normal sized oocyte.
* at0048::Small - Small oocyte.
* at0049::Giant - Giant oocyte.
* at0050::Round - Round oocyte shape.
* at0051::Ovoid or elongated. - Ovoid-shaped or elongated oocyte.
* at0052::Homogeneous - Homogeneous normal cytoplasm.
* at0053::Granular - Granulated cytoplasm.
* at0054::Vacuolated - Small or large vacuoles in oocyte cytoplasm.
* at0055::Plaques of dilated SER discs - Plaques of dilated smooth endoplasmatic reticulum discs.
* at0056::Normal - Normal thickness of the zona pellucida.
* at0057::Thin - Thin zona pellucida.
* at0058::Thick - Thick zona pellucida.
* at0059::Normal - Normal size of perivitelline space.
* at0060::Large - Large perivitelline space.
* at0062::Refractile body - Lipofuscin body in oocyte cytoplasm.
* at0063::Darkness - Dark cytoplasm.
* at0064::Inclusions - Cytoplasmic inclusions.
* at0065::Small - Small perivitelline space.
* at0066::Normal smooth - Ovoid or round first polar body with smooth surface.
* at0067::Ovoid rough - Ovoid or round first polar body with rough surface.
* at0068::Fragmented - Fragmented first polar body.
* at0069::Abnormally large - Abnormally large first polar body.
* at0070::Degenerated - Degenerated or atretic first polar body.
* at0071::Normal size - Normal metaphase spindle size 90 - 120 micrometer sq.
* at0072::Small - Small metaphase spindle < 90 micrometer sq.
* at0073::Large - Large metaphase spindle > 120 micrometer sq.
* at0077::Morphology grade - Overall grading or score based on recorded morphological features the oocyte.
* at0078::Perivitelline space morphology - Morphology of the perivitelline space.
* at0079::Normal - Normal perivitelline space.
* at0082::Debris - Debris or granules in perivitelline space.
* at0083::Metaphase spindle location - Position of the metaphase spindle obtained by polarized light microscopy.
* at0087::Normal location - Metaphase spindle beneath or close to first polar body (deviation angle < 90 degrees).
* at0088::Abnormal location - Metaphase spindle away from first polar body (deviation angle > 90 degrees).

## exam\_posterior\_chamber

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_posterior\_chamber.v1

\*\*Lifecycle State:\*\* OrganisationDraft

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* To record the clinical findings on examination of the posterior chamber of the eye.

\*\*Use:\*\* It can be attached to an OBSERVATION type archetypes whenever thay are related to clinical tests studying the posterior chamber of the eye. For example, attached to "OBSERVATION.fundoscopic\_examination" it would provide additional information about the findings when examining an eye fundus. Could also be used with "OBSERVATION.ophthalmic\_tomography\_examination", providing information about findings during an OCT study. This archetype is applied to describe structural findings detected objectively when reviewing images from the posterior chamber of the eye. Therefore, the aim is registering symptoms concerning eye disorders that could have diagnostic interest.

\*\*Misuse:\*\* Not to be used to record findings of the examination of other parts of the eye besides the posterior chamber. Do not get confused with "examination\_details" archetypes, which register information about test acquisition, quality, artifacts, ... It should not be used to include subjective findings. There are specific EVALUATION type archetypes for this purpose.

\*\*Keywords:\*\* eye, posterior chamber, examination

\*\*Concepts:\*\*

* at0000::Examination Findings – Posterior Chamber of eye - Findings on examination of the posterior chamber of the eye which could have clinical relevance
* at0001::Macular description - Narrative description of findings within the macula
* at0002::Retinal background description - Narrative description of findings within the retinal background
* at0003::Optic Disc description - Narrative description of findings within the optic disc
* at0004::Papilledema - True if papilledema present
* at0005::Retinal arteries description - Narrative description of findings within the retinal arteries
* at0006::Retinal veins description - Narrative description of findings within the retinal veins
* at0007::Vitreous description - Narrative description of findings within the vitreous humour
* at0008::'Cotton Wool' artefacts - True if 'cotton wool' artefacts are present
* at0011::Retinal haemorrhages (macrovascular) - Identification of retinal haemorrhages if present
* at0012::No haemorrhage - Aparently no retinal haemorrhage
* at0013::Flame haemorrhage - Flame or superficial retinal haemorrhage is present
* at0014::Deep haemorrhage - Deep retinal haemorrhage is present
* at0015::Edema - Detection and classification of found edemas
* at0016::Diabetic macular edema - International clinical Diabetic Macular Edema (DME) scale
* at0017::DME apparently absent - No apparent retinal thickening or hard exudates in posterior pole
* at0018::Mild DME - Some retinal thickening or hard exudates in posterior pole but distant from the center of the macula (not clinically significant edema)
* at0019::Moderate DME - Retinal thickening or hard exudates approaching the center of the macula but not involving the center (clinically significant edema)
* at0020::Severe DME - Retinal thickening or hard exudates involving the center of the macula (clinically significant edema)
* at0022::Retinal vascular - Detection of disorders in arteries or veins
* at0023::Diabetic venous beading - True if diabetic venous beading is present
* at0024::Unspecified IRMA - True if intraretinal microvascular abnormalities are present
* at0025::Retinal neovascularization - True if new vessels are present
* at0026::Vitreous bleeding - True if vitreous bleeding is present
* at0027::Traction retinal detachment - True if traction retinal detachment is present
* at0028::Photocoagulation scars - True if photocoagulation scars are present
* at0029::Macula - Detection of disorders in macula
* at0030::Retinal background - Detection of disorders in retinal background
* at0031::Optic disc - Detection of disorders in optic disc
* at0032::Vitreous - Detection of disorders in vitreous
* at0033::Microaneurism - True if microaneurism is present
* at0034::Hard exudates - True if hard exudates are present
* at0035::Retinal pallor - A non-specific feature that is best appreciated in hindsight on red-free photographs and on fluorescein angiography, particularly temporal to the macula in patients who appear to have the unexplained presence of new vessels.
* at0036::White lines - White lines may represent vessel wall staining or thrombosed arterioles , which often accompany retinal pallor and are similarly found in areas of extensive capillary closure.
* at0037::IRMA - Detection and classification of intraretinal microvascular abnormalities.
* at0038::Venous Loops - Venous loops are infrequent and though to develop due to small vessel occlusion and opening of alternative circulation.

## exam\_tendon\_reflexes

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_tendon\_reflexes.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* For recording a description and clinical interpretation of the findings observed during the physical examination of deep tendon reflexes in the limbs.

\*\*Use:\*\* Use to record a description of the overall findings observed during the physical examination of deep tendon reflexes. This initial draft archetype consists only of the core examination pattern data elements (as per CLUSTER.exam\_pattern) and will likely be expanded further over time as specific clinical requirements are identified. This archetype has been specifically designed to be used in the 'Examination findings' SLOT within the CLUSTER.exam\_nervous\_system archetype, but can also be used within the OBSERVATION.exam and other OBSERVATION or CLUSTER archetypes, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history about deep tendon reflexes - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom. Not to be used to record the response to Masseter reflex (Jaw jerk). Use CLUSTER.exam\_cranial\_nerves for this purpose. Not to be used to record the respons to the Plantar reflex (Babinski response/sign). Use CLUSTER.exam.foot for this purpose.

\*\*Keywords:\*\* examination, nervous system, reflexes, tendon

\*\*Concepts:\*\*

* at0000::Examination of deep tendon reflexes - Findings observed during the physical examination of deep tendon reflexes in the limbs.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0012::Per reflex - Details per reflex.
* at0013::Response - Strength of the reflex response.
* at0014::With recruitment? - Record as true if muscle recruitment was used to accentuate the response.
* at0015::Comment - Additional narrative about the reflex response findings, not captured in other fields.
* at0017::Left biceps - Stretch reflex used to test the status of C5 & C6.
* at0018::Left brachioradialis - Stretch reflex used to test the status of C6. Also known as Supinator jerk.
* at0019::Left triceps - Stretch reflex used to test the status of C7.
* at0020::Left patellar - Stretch reflex used to test the status of L4. Also known as Knee jerk.
* at0021::Left achilles - Stretch reflex used to test the status of S1.
* at0022::Absent - Reflex not evident. May be recorded as '0'.
* at0023::Equivocal - Reflex possibly present. May be recorded as '+/-'.
* at0024::Slight - Reflex present but less than normal amplitude, or only seen with reinforcement. May be recorded as '+' or '1+'.
* at0025::Normal - Reflex present at normal amplitude. May be recorded as '++' or '2+'.
* at0026::Brisk - Reflex present at greater than normal amplitude. May be recorded as '+++' or '3+'.
* at0027::Non-sustained clonus - Reflex is repeating but not sustained. May be recorded as '++++' or '4+'.
* at0028::Sustained clonus - Reflex is repeating and sustained. May be recorded as '+++++' or '5+'.
* at0029::Right biceps - Stretch reflex used to test the status of C5 & C6.
* at0030::Right brachioradialis - Stretch reflex used to test the status of C6. Also known as Supinator jerk.
* at0031::Right triceps - Stretch reflex used to test the status of C7.
* at0032::Right patellar - Stretch reflex used to test the status of L4. Also known as Knee jerk.
* at0033::Right achilles - Stretch reflex used to test the status of S1.

## exam\_wound

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_wound.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* For recording a narrative description and clinical interpretation of the findings observed during the physical examination of a wound.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of a wound. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or ACTION.procedure archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used to record stand-alone clinical measurements or test results - use specific OBSERVATION archetypes. For example OBSERVATION.head\_circumference or OBSERVATION.glasgow\_coma\_scale. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000::Examination of a wound - Findings observed during the physical examination of a wound.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0003::Clinical description - Narrative description of the overall findings observed during the examination of a wound.
* at0004::Additional findings - Structured details about the wound not captured in the other fields.
* at0005::Multimedia representation - Digital image, video or diagram representing the wound findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the wound findings.
* at0007::Comment - Additional narrative about the wound findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0013::Undermining present? - Is undermining present in the wound?
* at0014::Internal object or structure - Details about the observation of any exposed body structures, devices, and/or foreign bodies visible by the naked eye in a wound.
* at0015::Object/structure - Idnetification of an exposed body structure, device, and/or foreign body visible by the naked eye within the wound.
* at0016::Wound label - A name or alias for a single wound, so that it can be distinguished from other wounds.
* at0017::Tunnelling present? - Is tunnelling present in the wound?
* at0020::Present or absent? - Is the object/structure present?
* at0021::Present - The identified object or structure is observed in the wound.
* at0022::Absent - The identified object or structure is not observed in the wound.
* at0023::Indeterminate - It is not possible to tell if the identified object or structure is present or absent in the wound.
* at0024::Description - Narrative description about the associated factor.
* at0025::Comment - Additional narrative about the associated factor, not captured in other fields.
* at0026::Present - Undermining is observed in the wound.
* at0027::Absent - Undermining is not observed in the wound.
* at0028::Indeterminate - It is not possible to tell if undermining is present or absent.
* at0029::Present - Tunnelling is observed in the wound.
* at0030::Absent - Tunnelling is not observed in the wound.
* at0031::Indeterminate - It is not possible to tell if a tunnel is present or absent.
* at0032::Exudate present? - Is an exudate present in the wound?
* at0033::Present - An exudate is observed in the wound.
* at0034::Absent - An exudate is not observed in the wound.
* at0035::Indeterminate - It is not possible to tell if an exudate is present or absent.
* at0036::Length - The length of the wound, in the longest dimension.
* at0037::Width - The width of the wound, perpendicular to longest dimension.
* at0038::Depth - The depth of the wound.
* at0039::Area - The area of the wound.
* at0041::Undermining details - Details about undermining of the wound.
* at0042::Amount of undermining - Amount of tissue destruction that extends under the intact wound edge.
* at0044::Direction of undermining - Direction of the undermining outward from the centre of the wound, as described by a clock-face.
* at0045::Tunnelling details - Details about tunnelling into other tissues.
* at0046::Tunnel length - Length of an identified tunnel radiating out from the centre of the wound.
* at0047::Direction of tunnel - Direction of the tunnel radiating outward from the centre of the wound, as described by a clock-face.
* at0048::Edge description - Narrative description about the edge of the wound.
* at0049::Edge color - The colour of the wound edge.
* at0051::Wound bed tissue - Details about the appearance of the base of the wound.
* at0052::Tissue type - Description of the tissue in the wound base.
* at0053::Proportion - The proportion of the wound that has the identified appearance.
* at0054::Wound bed colour - Details about the colour of the base of the wound.
* at0055::Colour - Description of the colour of the wound base.
* at0056::Proportion - The proportion of the wound that is the identified colour.
* at0057::Periwound description - Description of the skin surrounding the wound.
* at0058::Description - Narrative description of a tunnel.
* at0059::Undermining description - Narrative description about undermining of the whole wound.
* at0060::Association - Details about factors that may be associated with the wound.
* at0061::Factor - Associated factor that may causing or influencing the healing of the wound.
* at0062::Present or absent? - Is the identified factor present?
* at0063::Present - The identified factor is observed.
* at0064::Absent - The identified factor is not observed.
* at0065::Indeterminate - It is not possible to tell if the identified factor is present or absent.
* at0066::Type - The type of wound examined.
* at0067::Abrasion - None
* at0068::Avulsion - None
* at0069::Bite - None
* at0070::Blister - None
* at0071::Burn - None
* at0072::Gunshot wound - None
* at0073::Contusion - None
* at0074::Crush injury - None
* at0075::Erythema - None
* at0076::Fissure - None
* at0077::Laceration - None
* at0078::Maceration - None
* at0079::Pressure ulcer - None
* at0080::Ulcer - None
* at0081::Puncture - None
* at0082::Rash - None
* at0083::Graft - None
* at0084::Surgical incision - None
* at0085::Trauma - None
* at0086::Shape - The shape of the wound.
* at0087::Round - None
* at0088::Ovoid - None
* at0089::Square - None
* at0090::Rectangular - None
* at0091::Quadrangular - A four sided shape.
* at0092::Club-shaped - None
* at0093::Dumbbell-shaped - None
* at0094::Funnel-shaped - None
* at0095::Horseshoe-shaped - None
* at0096::J-shaped - None
* at0097::Pear-shaped - None
* at0098::Saddle-shaped - None
* at0099::V-shaped - None
* at0100::Wedge-shaped - None
* at0101::Volume - The volume of the wound.
* at0102::Edge outline - Description of the outline of the wound.
* at0103::Well-defined - Distinct wound outline.
* at0104::Poorly-defined - Indistinct or diffuse wound outline.
* at0105::Edge appearance - The appearance of the edge of the wound.
* at0106::Edge attachment - The attachment of the edge to the wound base.
* at0107::Attached - The edge appears flush with the wound base or has a sloping edge.
* at0108::Not attached - The edge has sides or walls present; floor or base of wound is deeper than edge.
* at0109::Edge type - The type of wound edge.
* at0110::Scabbed - None
* at0111::Rolled - Soft to firm and flexible to touch.
* at0112::Hyperkeratotic - Callous-like tissue formation around wound & at edges.
* at0113::Fibrotic - Scarred, hard, rigid to touch.
* at0114::Depth category - Description of the depth of the wound.
* at0115::Tissues damaged but no break in skin surface - None
* at0116::Superficial, abrasion, blister or shallow crater - Even with, &/or elevated above skin surface (e.g.,hyperplasia).
* at0117::Deep crater with or without undermining of adjacent tissue - None
* at0118::Visualization of tissue layers not possible due to necrosis - None
* at0119::Supporting structures include tendon, joint capsule - None
* at0120::Red/Healthy - None
* at0121::Red/Hyperemic - None
* at0122::Pink/Pale - None
* at0123::Yellow - None
* at0124::Black - None
* at0125::Brown - None
* at0126::Gray - None
* at0127::Skin type - Type of skin surrounding the wound.
* at0128::Boggy - None
* at0129::Blanched - None
* at0130::Blistered - None
* at0131::Calloused - None
* at0132::Dry - None
* at0133::Ecchymotic - None
* at0134::Edematous - None
* at0135::Erythematous - None
* at0136::Excoriated - None
* at0137::Fluctuant - None
* at0138::Friable - None
* at0139::Hemorrhagic - None
* at0140::Indurated - None
* at0141::Lacerated - None
* at0142::Macerated - None
* at0143::Moist - None
* at0144::Purpuric - None
* at0145::Rash - None
* at0146::Rupture - None
* at0147::Scarred - None
* at0148::Swollen (inflammed) - None
* at0149::Healthy and intact - None
* at0150::Periwound appearance - Appearance of the skin around the edge of the wound.
* at0151::Presence - None
* at0152::Present - None
* at0153::Absent - None
* at0154::Periwound tenderness - The presence of tenderness in and around the wound.
* at0155::Periwound temperature - The relative temperature of the skin surrounding the wound.
* at0156::Normal skin temperature - None
* at0157::Raised skin temperature - None
* at0171::White/gray non-viable tissue - May appear prior to wound opening; skin surface is white or grey.
* at0172::Non-adherent, yellow slough - Thin, mucinous substance; scattered throughout wound bed; easily separated from wound tissue.
* at0173::Loosely adherent, yellow slough - Thick, stringy, clumps of debris; attached to wound tissue.
* at0174::Adherent, soft, black eschar - Soggy tissue; strongly attached to tissue in centre or base of wound.
* at0175::Firmly adherent, hard/black eschar - Firm, crusty tissue; strongly attached to wound base and edges (like a hard scab).
* at0176::Non-blanchable erythema - None
* at0177::Epithelialization - None
* at0178::Fibrinous tissue - None
* at0179::Granulation tissue - None
* at0180::Bone - None
* at0181::Blood vessel - None
* at0182::Cartilage - None
* at0183::Fascia - None
* at0184::Joint capsule - None
* at0185::Mesh - None
* at0186::Muscle - None
* at0187::Musculoskeletal implant - None
* at0188::Pin - None
* at0189::Prosthesis - None
* at0190::Subcutaneous tissue - None
* at0191::Tendon - None
* at0192::Foreign body - None
* at0193::One o'clock - The tunnel is located at the one o'clock position relative to the identified reference point.
* at0194::Two o'clock - The tunnel is located at the two o'clock position relative to the identified reference point.
* at0195::Three o'clock - The tunnel is located at the three o'clock position relative to the identified reference point.
* at0196::Four o'clock - The tunnel is located at the four o'clock position relative to the identified reference point.
* at0197::Five o'clock - The tunnel is located at the five o'clock position relative to the identified reference point.
* at0198::Six o'clock - The tunnel is located at the six o'clock position relative to the identified reference point.
* at0199::Seven o'clock - The tunnel is located at the seven o'clock position relative to the identified reference point.
* at0200::Eight o'clock - The tunnel is located at the eight o'clock position relative to the identified reference point.
* at0201::Nine o'clock - The tunnel is located at the nine o'clock position relative to the identified reference point.
* at0202::Ten o'clock - The tunnel is located at the ten o'clock position relative to the identified reference point.
* at0203::Eleven o'clock - The tunnel is located at the eleven o'clock position relative to the identified reference point.
* at0204::Twelve o'clock - The tunnel is located at the twelve o'clock position relative to the identified reference point.
* at0205::Exudate amount - The amount of exudate observed.
* at0206::Scant - None
* at0207::Moderate - None
* at0208::Large - None
* at0210::Exudate colour - The colour of the exudate.
* at0211::Blue - None
* at0212::Green - None
* at0213::Orange - None
* at0214::Pink - None
* at0215::Red - None
* at0216::White - None
* at0217::Yellow - None
* at0218::Brown - None
* at0219::Clay - None
* at0220::Maroon - None
* at0221::Violet - None
* at0222::Tan - None
* at0223::Colorless - None
* at0224::Exudate type - The category of exudate.
* at0225::Sanguinous - None
* at0226::Serosanguinous - None
* at0227::Serous - None
* at0228::Purulent - None
* at0229::Seropurulent - None
* at0230::Viscous - None
* at0231::Odour - Description of the odour of the wound.
* at0232::None, undetectable - None
* at0233::Offensive - None

## exam\_zygote

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exam\_zygote.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record structured observations of the human zygote.

\*\*Use:\*\* Use to record morphological observations appropriate for the zygote stage, normally as part of assisted reproduction treatment. This archetype has been specifically designed to be used in the 'Observations detail' SLOT within the 'OBSERVATION.embryo\_assessment' or 'ACTION.procedure' archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate.

\*\*Misuse:\*\* Not to be used for recording observations on oocytes, cleavage stage embryos and blastocysts - use specific CLUSTER archetypes for this purpose.

\*\*Keywords:\*\* in vitro, fertilization, IVF, reproductive medicine, zygote, fertilised, fertilized, oocyte, egg, fertilisation, embryo, reproduction, ART, blastocyst

\*\*Concepts:\*\*

* at0000::Examination of a zygote - Morphological findings obtained by microscopy of the human zygote.
* at0001::Pronuclear symmetry - Size symmetry of pronuclei in a zygote.
* at0002::Pronuclear morphology - Morphology of pronuclei in a zygote.
* at0003::Polar body morphology - Morphology of polar bodies in a zygote.
* at0004::Cytoplasmic morphology - Morphology of the cytoplasm in a zygote.
* at0005::Number of pronuclei - Number of visible pronuclei in a zygote.
* at0011::Symmetrical - Evenly sized pronuclei.
* at0012::Non-symmetrical - Difference between pronuclear size.
* at0014::Centrally juxtaposed - Centrally located, juxtaposed pronuclei.
* at0015::Separated - Separated pronuclei.
* at0016::Peripherally positioned - Peripherally located pronuclei.
* at0017::Normal - Juxtaposed polar bodies.
* at0018::Separated - Large angle between polar bodies.
* at0019::Nucleolar precursor bodies - Distribution of nuclear precursor bodies in a zygote.
* at0020::Normal - Several nuclear precursor bodies.
* at0021::Absent - Absent nuclear precursor body.
* at0023::Bull's eye - Pronuclei with 1 nuclear precursor body.
* at0024::Homogeneous - Homogeneous cytoplasm.
* at0025::Granular - Granular cytoplasm.
* at0026::Vacuolated - Vacuolated cytoplasm, including small and large vacuoles.
* at0027::Dysmorphic - Dysmorphic cytoplasm, including clustered organelles.
* at0028::Other morphological features - Additional morphological features not captured by specific parameters.
* at0030::Fragmented - Fragmented polar bodies.
* at0031::Degenerated - Degenerated or atretic polar bodies.
* at0032::Morphology grade - Overall grading or score based on recorded morphological features the zygote.
* at0034::Number of polar bodies - Number of visible polar bodies in a zygote.

## exclusion\_exam

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exclusion\_exam.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record that a physical examination or clinical test was not performed.

\*\*Use:\*\* Use to record that a physical examination or clinical test was not performed, with an optional statement about the reason for the non-performance. This archetype has been designed to be used to allow recording of 'no examination was done' at multiple levels of the examination process. It will never be used as a stand-alone archetype but always inside an examination archetype that provides the context for the examination being performed. For example, insertion of this archetype into the Examination Detail' SLOT within OBSERVATION.exam allows for recording that no physical examination was performed. Similarly, insertion of this archetype into the Details SLOT of any examination-related CLUSTER archetype, such as CLUSTER.exam\_eye\_pupil, allows recording that no physical examination was performed only for examination of a specified pupil, perhaps because a facial injury prevented the pupil being visualised. This archetype may also be used within other OBSERVATION, or relevent CLUSTER, archetypes to allow recording of the inability to test or measure other clinical findings. For example: OBSERVATION.audiogram or OBSERVATION.cgas. In particular, this archetype has specifically been designed to avoid the need to use flags or terminology to express negation about a record of physical examination or clinical findings within the health record. It is reasonable to assume that if the examination or clinical assessment was partially performed, then only data about the component successfully performed will be recorded.

\*\*Misuse:\*\* Not to be used to record the details about clinical findings observed on physical examination or during clinical testing. Use specific archetypes for these purposes. Not to be used to record the exclusion or absence of adverse reactions, family history, medication use, procedures, problems or diagnoses - use EVALUATION.exclusion\_global or EVALUATION.exclusion\_specific for this purpose.

\*\*Keywords:\*\* exclusion, exam, examination, done, performed

\*\*Concepts:\*\*

* at0000::Exclusion of examination - Positive statement to record that a physical examination or clinical test was not performed.
* at0001::Examination not done - Statement to explicity record that the examination was not performed.
* at0002::Reason - Reason for the 'not done' statement.

## exclusion\_symptom\_sign

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exclusion\_symptom\_sign.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a positive statement to explicitly record that a symptom or sign was reported as not present.

\*\*Use:\*\* Use to record a positive statement to explicitly record that a symptom or sign was reported as not present. Use to record exlicitly that a symptom or sign was absolutely not present. If this is not absolutely required, consider use of the 'Nil significant' data element within the CLUSTER.symptom\_sign archetype. This archetype has been specifically designed to be used in the 'Structured detail' SLOT within the OBSERVATION.story archetype, but can also be used within other OBSERVATION or CLUSTER archetypes, where clinically appropriate.

\*\*Keywords:\*\* symptom, absence, exclusion

\*\*Concepts:\*\*

* at0000::Exclusion of a symptom or sign - Statement to explicitly record that a symptom or signe was reported as not present.
* at0001::Exclusion Statement - A statement about the exclusion of known symptoms in the health record.
* at0002::Excluded Symptom - Identification of the specific symptom to which the Exclusion Statement applies.

## exclusion\_test

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.exclusion\_test.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To explicitly record that a diagnostic test was not performed.

\*\*Use:\*\* Use to explicitly record that a diagnostic test was not performed, with an optional statement about the reason for the non-performance. This archetype has been designed to be used to allow recording of 'no test was done' at more than one level, as required, within the test result framework. It will never be used as a stand-alone archetype but always inside the OBSERVATION.laboratory\_test\_result or CLUSTER.analyte archetypes that provides the context for the test. The intention for this archetype is to avoid the need to use flags or terminology to express negation about a record of diagnostic testing within the health record. It is reasonable to assume that if the entire test result was incomplete, then data about the component successfully performed will be recorded.

\*\*Misuse:\*\* Not to be used to record the details about diagnostic test result. Use specific archetypes for these purposes, such as the OBSERVATION.laboratory\_test\_result or CLUSTER.analyte archetype. Not to be used to record the exclusion or absence of adverse reactions, family history, medication use, procedures, problems or diagnoses, or physical examination - use EVALUATION.exclusion\_global, EVALUATION.exclusion\_specific or CLUSTER.exclusion\_examination for this purpose.

\*\*Keywords:\*\* exclusion, test, diagnostic, done, performed

\*\*Concepts:\*\*

* at0000::Exclusion of test - Positive statement to record that a diagnostic test was not performed.
* at0001::Test not done - Statement to explicity record that the diagnostic was not performed.
* at0002::Reason - Reason for the 'not done' statement.

## family\_prevalence

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.family\_prevalence.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, pt-br, en

\*\*Purpose:\*\* To record information about the prevalence of an identified risk factor, problem or diagnosis in genetic and non-genetic family members.

\*\*Use:\*\* Use to record information about the prevalence of an identified risk factor, problem or diagnosis in genetic and non-genetic family members. This archetype has specifically been designed to be used in the 'Detail' SLOT within the EVALUATION.health\_risk archetype to support assessment of risk in the subject of care for the identified 'Risk factor' and the 'Family prevalence' SLOT in the EVALUATION.family\_history archetype. It can also be used in the 'Specific details' SLOT within the EVALUATION.problem\_diagnosis archetype or other EVALUATION or CLUSTER archetypes, where clinically appropriate.

\*\*Misuse:\*\* Not to be used to record actual health information about problems or diagnoses in individual family members - use EVALUATION.family\_history for this purpose.

\*\*Keywords:\*\* family history, prevalence, affected, genetic

\*\*Concepts:\*\*

* at0000::Family prevalence - Summary information about the prevalence of a risk factor, problem or diagnosis in all family members.
* at0030::Description - Narrative description about occurrence in family members.
* at0031::Affected family - Details about the numbers of family members affected.
* at0032::Relationship - The degree of relationship between the subject of care and a selected group of family members.
* at0033::Biological sex - The biological sex of the family member/s.
* at0034::Number affected - The number of family members known to be affected.
* at0037::First degree relative - 50% genetic share with the subject - for example, parent, sibling or child.
* at0038::Second degree relative - 25% genetic share with the subject - for example, grandparent, aunt, uncle, niece, nephew, grandchildren and half siblings.
* at0039::Third degree relative - 12.5% genetic share with the subject - for example, great grandparent, great aunt, great uncle, first cousin, children of nieces and nephews, and great grandchildren.
* at0040::Maternal line - Related through the subject's mother.
* at0041::Paternal line - Related through the subject's father.
* at0042::Genetic family - All genetically-related family members.
* at0043::Male - Family member who is biologically male.
* at0044::Female - Family member who is biologically female.
* at0050::Non-genetic family - All non-genetic family members.
* at0051::Family line - Identification of the maternal or paternal family line in the relationship.
* at0052::Indeterminate/Intersex/Unspecified - Family member who either has the biological attributes of both sexes or lacks some of the biological attributes considered necessary to be defined as one or the other sex.
* at0054::Number eligible - The number of eligible family members.
* at0055::Genetic predisposition? - Is there a genetic basis for the identified risk factor, problem or diagnosis?
* at0056::Inheritance type - Category of inheritance for the identified risk factor, problem or diagnosis.

## fetus\_abdominal

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.fetus\_abdominal.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the specific findings observed during the abdominal palpation of a single fetus in utero.

\*\*Use:\*\* Use to record the specific findings observed during the abdominal palpation of a single fetus in utero. This archetype has been specifically designed to be used in the 'Examination findings' SLOT within the CLUSTER.palpation\_fetus archetype, but can also be used within the OBSERVATION.exam and other OBSERVATION or CLUSTER archetypes, where clinically appropriate.

\*\*Misuse:\*\* Not to be used to record the specific findings observed during the vaginal palpation of a fetus.

\*\*Concepts:\*\*

* at0000::Palpation of a fetus (per abdomen) - Specific findings observed during the abdominal palpation of a single fetus in utero.
* at0001::Lie - Relationship of the longitudinal axis of the fetus to the long axis of the mother.
* at0002::Longitudinal - The fetal longitudinal axis is in alignment with the mother's longitudinal axis.
* at0003::Oblique - The fetal longitudinal axis is at an oblique angle to the mother's longitudinal axis. Sometimes also referred to as 'Unstable Lie'.
* at0004::Transverse - The fetal longitudinal axis is at right angles to the mother's longitudinal axis.
* at0005::Presentation - Identification of the presenting part of the fetus, determined by abdominal palpation.
* at0006::Vertex - The head is the presenting part.
* at0007::Breech - The buttock is the presenting part.
* at0008::Shoulder - A shoulder is the presenting part.
* at0009::Face - The face is the presenting part.
* at0010::Brow - The forehead is the presenting part.
* at0011::Position - Relationship between the fetal denominator and the maternal pelvis, determined by abdominal palpation.
* at0012::Right Occipito-Transverse (ROT) - The fetal occiput is pointing towards the right. Also known as Right Occipito-Lateral (ROL).
* at0013::Right Occipito-Anterior (ROA) - The fetal occiput is pointing anteriorly and towards the right.
* at0014::Right Occipito-Posterior (ROP) - The fetal occiput is pointing posteriorly and towards the right.
* at0015::Occipito-Anterior (OA) - The fetal occiput is pointing anteriorly, towards the pubic symphysis.
* at0016::Occipito-Posterior (OP) - The fetal occiput is pointing posteriorly, towards the sacrum.
* at0017::Left Occipito-Transverse (LOT) - The fetal occiput is pointing towards the left. Also known as Left Occcipito-Lateral (LOL).
* at0018::Left Occipito-Anterior (LOA) - The fetal occiput is pointing anteriorly and towards the left.
* at0019::Left Occipito-Posterior (LOP) - The fetal occiput is pointing posteriorly and towards the left.
* at0020::Right Sacro-Transverse (RST) - The fetal sacrum is pointing towards the right.
* at0021::Right Sacro-Anterior (RSA) - The fetal sacrum is pointing anteriorly and towards the right.
* at0022::Right Sacro-Posterior (RSP) - The fetal sacrum is pointing posteriorly and towards the right.
* at0023::Sacro-Anterior (SA) - The fetal sacrum is pointing anteriorly, towards the pubic symphysis.
* at0024::Sacro-Posterior (SP) - The fetal sacrum is pointing posteriorly, towards the sacrum.
* at0025::Left Sacro-transverse (LST) - The fetal sacrum is pointing towards the left.
* at0026::Left Sacro-Anterior (LSA) - The fetal sacrum is pointing anteriorly and towards the left.
* at0027::Left Sacro-Posterior (LSP) - The fetal sacrum is pointing posteriorly and towards the left.
* at0028::Right Mento-Transverse (RMT) - The fetal chin is pointing towards the right.
* at0029::Right Mento-Anterior (RMA) - The fetal chin is pointing anteriorly and towards the right.
* at0030::Right Mento-Posterior (RMP) - The fetal chin is pointing posteriorly and towards the right.
* at0031::Mento-Anterior (MA) - The fetal chin is pointing anteriorly, towards the pubic symphysis.
* at0032::Mento-Posterior (MP) - The fetal chin is pointing posteriorly, towards the sacrum.
* at0033::Left Mento-Transverse (LMT) - The fetal chin is pointing towards the left.
* at0034::Left Mento-Anterior (LMA) - The fetal chin is pointing anteriorly and towards the left.
* at0035::Left Mento-Posterior (LMP) - The fetal chin is pointing posteriorly and towards the left.
* at0036::Attitude - Description of the relationship of the fetal head and limbs to the body of the fetus, determined by abdominal palpation.
* at0037::Flexed - The fetus is fully flexed.
* at0038::Deflexed - The fetus is not flexed.
* at0039::Extended - The fetus is extended.
* at0040::Engagement description - Description about the engagement of the fetal head in the pelvis.
* at0041::High and mobile - The presenting part is floating high and mobile above the pelvic brim.
* at0042::At pelvic brim - The presenting part is at the pelvic brim.
* at0043::Engaged - The presenting part is engaged in the pelvis.
* at0044::Engagement estimation - The estimated proportion of the presenting part which is felt above the pelvic brim.
* at0045::0/5 - Not engaged; none of the head is below the pelvic brim.
* at0046::1/5 - Approximately 20% of the head is below the pelvic brim.
* at0047::2/5 - Approximately 40% of the head is below the pelvic brim.
* at0048::3/5 - Approximately 60% of the head is below the pelvic brim.
* at0049::4/5 - Approximately 80% of the head is below the pelvic brim.
* at0050::5/5 - Fully engaged; all of the head is below the pelvic brim.
* at0051::Relative size - The relative size of the baby compared to the normal for the estimated gestation.
* at0052::Small for dates - The size of the fetus appears smaller than expected for estimated gestation.
* at0053::Normal - The size of the fetus appears as expected for the estimated gestation.
* at0054::Large for dates - The size of the fetus appears larger than expected for the estimated gestation.
* at0055::Estimated weight - The estimated weight of the fetus on palpation.

## fetus\_vaginal

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.fetus\_vaginal.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the specific findings observed during the vaginal palpation of a single fetus in utero.

\*\*Use:\*\* Use to record the specific findings observed during the vaginal palpation of a single fetus in utero. This archetype has been specifically designed to be used in the 'Examination findings' SLOT within the CLUSTER.palpation\_fetus archetype, but can also be used within the OBSERVATION.exam and other OBSERVATION or CLUSTER archetypes, where clinically appropriate.

\*\*Misuse:\*\* Not to be used to record the specific findings observed during the abdominal palpation of a fetus.

\*\*Concepts:\*\*

* at0000::Palpation of a fetus (per vagina) - Specific findings observed during the vaginal palpation of a single fetus in utero.
* at0001::Presentation - Identification of the presenting part of the fetus, determined by vaginal palpation.
* at0002::Vertex - The head is the presenting part.
* at0003::Breech - The buttock is the presenting part.
* at0004::Shoulder - A shoulder is the presenting part.
* at0005::Face - The face is the presenting part.
* at0006::Brow - The forehead is the presenting part.
* at0007::Foot - A foot is the presenting part.
* at0008::Arm - An arm is the presenting part.
* at0009::Cord presence - Finding about the presence of the umbilical cord in the cervix or vagina.
* at0010::Present - The umbilical cord is present on palpation.
* at0011::Absent - The umbilical cord is not present on palpation.
* at0012::Position - Relationship between the fetal denominator and the maternal pelvis, determined by vaginal palpation.
* at0013::Right Occipito-Transverse (ROT) - The fetal occiput is pointing towards the right. Also known as Right Occipito-Lateral (ROL).
* at0014::Right Occipito-Anterior (ROA) - The fetal occiput is pointing anteriorly and towards the right.
* at0015::Right Occipito-Posterior (ROP) - The fetal occiput is pointing posteriorly and towards the right.
* at0016::Occipito-Anterior (OA) - The fetal occiput is pointing anteriorly, towards the pubic symphysis.
* at0017::Occipito-Posterior (OP) - The fetal occiput is pointing posteriorly, towards the sacrum.
* at0018::Left Occipito-Transverse (LOT) - The fetal occiput is pointing towards the left. Also known as Left Occcipito-Lateral (LOL).
* at0019::Left Occipito-Anterior (LOA) - The fetal occiput is pointing anteriorly and towards the left.
* at0020::Left Occipito-Posterior (LOP) - The fetal occiput is pointing posteriorly and towards the left.
* at0021::Right Sacro-Transverse (RST) - The fetal sacrum is pointing towards the right.
* at0022::Right Sacro-Anterior (RSA) - The fetal sacrum is pointing anteriorly and towards the right.
* at0023::Right Sacro-Posterior (RSP) - The fetal sacrum is pointing posteriorly and towards the right.
* at0024::Sacro-Anterior (SA) - The fetal sacrum is pointing anteriorly, towards the pubic symphysis.
* at0025::Sacro-Posterior (SP) - The fetal sacrum is pointing posteriorly, towards the sacrum.
* at0026::Left Sacro-transverse (LST) - The fetal sacrum is pointing towards the left.
* at0027::Left Sacro-Anterior (LSA) - The fetal sacrum is pointing anteriorly and towards the left.
* at0028::Left Sacro-Posterior (LSP) - The fetal sacrum is pointing posteriorly and towards the left.
* at0029::Right Mento-Transverse (RMT) - The fetal chin is pointing towards the right.
* at0030::Right Mento-Anterior (RMA) - The fetal chin is pointing anteriorly and towards the right.
* at0031::Right Mento-Posterior (RMP) - The fetal chin is pointing posteriorly and towards the right.
* at0032::Mento-Anterior (MA) - The fetal chin is pointing anteriorly, towards the pubic symphysis.
* at0033::Mento-Posterior (MP) - The fetal chin is pointing posteriorly, towards the sacrum.
* at0034::Left Mento-Transverse (LMT) - The fetal chin is pointing towards the left.
* at0035::Left Mento-Anterior (LMA) - The fetal chin is pointing anteriorly and towards the left.
* at0036::Left Mento-Posterior (LMP) - The fetal chin is pointing posteriorly and towards the left.
* at0037::Station - Position of the presenting part relative to the ischial spines.
* at0038::Attitude - Description of the relationship of the fetal head and limbs to the body of the fetus, determined by vaginal palpation.
* at0039::Flexed - The fetus is fully flexed.
* at0040::Deflexed - The fetus is not flexed.
* at0041::Extended - The fetus is extended.
* at0042::Caput - Narrative description about the caput on the fetal head.
* at0043::Moulding - Narrative description about the moulding of the fetal head.
* at0044::Asynclitism - Narrative description about the asynclitism on the fetal head.

## figo\_staging\_cancer

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.figo\_staging\_cancer.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the stage of gynaecological cancer according to the FIGO classification systems.

\*\*Use:\*\* Use to record the stage of gynaecological cancer according to the FIGO classification systems This archetype has been designed to be nested inside an ENTRY or appropriate CLUSTER archetype which will provide a clinical or pathological context for the FIGO stage - for example: the 'Specific details' SLOT within the EVALUATION.problem\_diagnosis archetype; an appropriate histopathology-related CLUSTER archetype within the OBSERVATION.laboratory\_test\_result archetype context; within the OBSERVATION.imaging\_exam\_result archetype; or within other ENTRY or CLUSTER archetypes, where clinically appropriate. When this archetype needs to be included within an non-OBSERVATION archetype such as EVALUATION.problem\_diagnosis, it should first be nested within the CLUSTER.clinical\_evidence to provide important context such as the date of the assessment. Each gynaecological cancer has been assigned a FIGO staging criteria, which are periodically updated and republished. It is anticipated that implementers will utilise a knowledge base containing the appropriate value set for the specific cancer and revision, and use it to populate this archetype framework at runtime. In the absence of a knowledge base, the relevant value set can be manually incorporated into the 'FIGO stage element' within a predefined template.

\*\*Misuse:\*\* Not to be used for FIGO classification of conditions other than gynecological cancer. For example FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding. Not to be used for recording non-FIGO classifications of gynaecological cancer.

\*\*Keywords:\*\* figo, cervix, corpus uteri, endometrium, uterus, ovary, fallopian tube, peritoneum, vulva, vagina, placenta, gestational trophoblastic neoplasia, leiomyosarcoma, adenosarcoma, undifferentiated uterine sarcoma, endometrial stromal sarcoma, gynaecological, gynecology, gynaecology, pelvis, pelvic, classification, stage, staging, tumor, cancer, neoplasia, oncology

\*\*Concepts:\*\*

* at0000::FIGO staging of gynaecological cancer - The staging of gynaecological cancer using the FIGO staging system.
* at0002::FIGO stage - The FIGO stage selected from the specified 'Staging criteria'.
* at0003::Molecular subtype - FIGO molecular subtype related to the gynaecological cancer being classified.
* at0004::FIGO version - The version of the FIGO staging system used for the assessment.
* at0005::Staging criteria - Identification of the organ- or tissue-specific FIGO criteria used for staging.
* at0006::FIGO stage with molecular classification - Concatenation of FIGO stage and molecular subtype with 'm' as delimiter.
* at0007::Cervix uteri - None
* at0008::Corpus uteri (endometrium) - None
* at0009::Uterine sarcoma - None
* at0010::Ovary, fallopian tube, and peritoneum - None
* at0011::Vagina - None
* at0012::Vulva - None
* at0013::Gestational trophoblastic neoplasia - None

## financial\_record

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.financial\_record.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record details about the financial situation of an individual during a specified period of time.

\*\*Use:\*\* Use to record details about the financial situation of an individual during a specified period of time. An individual may require more than one active financial record at a time, recorded in a separate instance of this archetype. Multiple instances of this archetype captured over time will result in the aggregation of a history of past and present financial situations. An active, or current financial situation may be implied from a 'Date commenced' but no 'Date ceased'. If the financial situation changes significantly, then this should be recorded in a new instance of this archetype. This archetype has been specifically designed to be used in the 'Financial record' SLOT within the EVALUATION.financial\_summary archetype, but can also be used within any other ENTRY or CLUSTER archetypes, where clinically appropriate. These data elements are not intended to form a true and complete financial record, but have been designed only to support clinical and social care purposes.

\*\*Keywords:\*\* income, expenses, debt

\*\*Concepts:\*\*

* at0000::Financial record - Details about the financial situation of an individual during a specified period of time.
* at0001::Name/label - A name or label associated with this financial record to allow it to be distinguished from other financial records.
* at0002::Date commenced - The date when this financial period or record commenced.
* at0005::Date ceased - The date when this financial period or record ceased.
* at0006::Comment - Additional narrative about the financial record not captured in other fields.
* at0003::Description - Narrative description about the financial situation or context.
* at0004::Additional details - Further details about the financial record.

## findings\_glaucoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.findings\_glaucoma.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Register clinical findings on eye related with the diagnose of glaucoma.

\*\*Use:\*\* Support the archetypes used in the study and diagnose of glaucoma to register clinical findings in a structured manner.

\*\*Keywords:\*\* findings, glaucoma

\*\*Concepts:\*\*

* at0000::Findings in glaucoma - Clinical findings on eye related with the diagnose of glaucoma.
* at0002::Retinal nerve fiber layer - Findings on RNFL supporting the current study of glaucoma.
* at0004::Optic disc - Findings on optic disc supporting the current study of glaucoma.
* at0005::Hemorrhages optic disc - Identification of hemorrhages on or bordering the optic disc.
* at0006::Parapapillary atrophy - Narrative description of diffuse or localized abnormalities of the peripapillary retinal nerve fiber layer, especially at the inferior or superior poles.
* at0008::Visual field defects - Staging of the visual field defectsaccording to the Hodapp-Parrish classification (see references).
* at0009::Visual field - Findings on visual field supporting the current study of glaucoma.
* at0010::Early glaucomatous loss - Mean defect < -6dB; Fewer than 18 points depressed below the 5% probability level; Fewer than 10 points below the p < 1% level; No point in the central 5 degrees with a sensitivity of less than 15 dB.
* at0011::Moderate glaucomatous loss - Mean defect < -12dB; Fewer than 37 points depressed below the 5% probability level; Fewer than 20 points below the p < 1% level; Only one hemifield with a sensitivity of less than 15 dB.
* at0012::Advanced glaucomatous loss - Mean defect > -12dB; More than 37 points depressed below the 5% probability level; More than 20 points below the p < 1% level; Absolute deficit (0dB) in the 5 central degrees; Sensitivity <15dB in the 5 central degrees in both hemifields.
* at0013::Asymmetric loss - Visual field loss in one hemifield that is different from the other hemifield, i.e., across the horizontal midline (in early/moderate cases).
* at0014::Anterior segment - Document the insertion level of the iris root before and during compression dynamic gonioscopy.
* at0015::Iris root - Insertion of iris root.
* at0016::Anterior to Schwalbe - Anterior to Schwalbe's line.
* at0017::Behind Schwalbe - Behind Schwalbe's line.
* at0018::Scleral Spur - On the Scleral Spur.
* at0019::Behind Scleral Spur - Behind the Scleral Spur.
* at0020::Cillary Band - On the Cillary Band.
* at0021::Angle recess - Angular width of angle recess.
* at0022::Peripheral iris - Configuration of the peripheral iris.
* at0023::Steep - Steep, anteriorly convex.
* at0024::Regular - Regular.
* at0025::Queer - Queer, anteriorly concave.
* at0026::Slit thickness - Ratio of slit thickness of the cornea to the depth of the anterior chamber.
* at0027::Angle closed - Ratio of slit thickness = 0.
* at0028::Angle closure likely (angle 10°) - Ratio of slit thickness < 1/4.
* at0029::Angle clossure possible (angle 20°) - Ratio of slit thickness 1/4.
* at0030::Angle closure unlikely - Ratio of slit thickness 1/2.
* at0031::Angle closure very unlikely - Ratio of slit thickness 1.
* at0032::Rim loss pattern - Description of the pattern of neuroretinal rim loss. It may take the form of diffuse thinning, focal narrowing, or localized notching of the optic disc rim, especially at the inferior or superior poles.
* at0040::RNFL thinning - Identification of retinal nerve fiber layer thinning defects.
* at0041::Diffuse thinning - Diffuse thinning of Retinal nerve fiber layer.
* at0042::Cupping - Identification of progressive thinning of the neuroretinal rim with an associated increase in cupping of the optic disc.
* at0043::Vessels - Description of any positional changes of the vessels at the optic disc with bending, bayoneting or baring of circumlinear vessels.
* at0044::Comments - Narrative description of overall findings, inlcuding those not considered above.
* at0047::Optic nerve head - Description of features in optic nerve head (ONH).
* at0048::Hemorrhages RNFL - Identification of hemorrhages on the peripapillary retinal nerve fiber layer.
* at0049::Asymmetric rim - Optic disc neural rim asymmetry of the two eyes consistent with loss of neural tissue.
* at0050::Localized defects - Focal (wedge and slit) defects.

## fnclcc

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.fnclcc.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the histological grading of soft tissue sarcoma using the FNCLCC grading system.

\*\*Use:\*\* Use to record the histological grading of soft tissue sarcoma using the FNCLCC grading system. The archetype is designed to be used in an ENTRY archetype that will provide the clinical or pathological context. For example: In the "Specific Details" SLOT in the EVALUATION.problem\_diagnose (Problem/Diagnosis) archetype, or nested in a relevant pathology-related CLUSTER archetype which is again nested in the laboratory response archetype (OBSERVATION.laboratory\_test\_result). This will also allow for documentation of body site.

\*\*Keywords:\*\* sarcoma, soft tissue, tumour, cancer, neoplasia, oncology, malignancy, tumor differentiation, tumor necrosis, mitotic count, grading, grade, FNCLCC

\*\*Concepts:\*\*

* at0000::FNCLCC grading system - The histological grading of soft tissue sarcoma using the FNCLCC grading system.
* at0005::Tumour differentiation - None
* at0006::Mitotic count - None
* at0007::Tumour necrosis - None
* at0008::Sarcoma closely resembling normal adult mesenchymal tissue (e.g., low-grade liposarcoma). - None
* at0009::Sarcomas for which histological typing is certain (e.g., myxoid/round cell liposarcoma). - None
* at0010::Embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, soft tissue osteosarcoma, Ewing sarcoma/primitive neuroectodermal tumor (PNET) of soft tissue. - None
* at0011::0-9 mitoses per 1,7 mm2 - None
* at0012::10-19 mitoses per 1.7 mm2 - None
* at0013::≥20 mitoses per 1.7 mm2 - None
* at0014::No necrosis - None
* at0015::<50% tumor necrosis - None
* at0016::≥50% tumor necrosis - None
* at0017::Histological grade - Assessment of histological grade based on the total score in the FNCLCC grading system.
* at0018::Grade 1 - Total score 2 or 3.
* at0019::Grade 2 - Total score 4 or 5.
* at0020::Grade 3 - Total score 6, 7 or 8.
* at0021::Total score - The total sum of each component parameter for the FNCLCC grading system.
* at0022::GX - Grade cannot be assessed.

## free\_text

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.free\_text.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, pt-br, ar-sy, en

\*\*Purpose:\*\* To record free text.

\*\*Concepts:\*\*

* at0000::Free text - Free text.
* at0001::Free text - Free text.

## gait

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.gait.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed about an individual's manner of walking.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed about an individual's manner of walking. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-nervous\_system or OBSERVATION.exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Examination findings' SLOT to record additional structured physical examination findings. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000::Gait - Findings observed about an individual's manner of walking.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0009::Character - Description about the nature of the gait.

## genetic\_variant\_presence

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genetic\_variant\_presence.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record an assessment of the presence or absence of a specific genetic variant in a sequenced specimen.

\*\*Use:\*\* Use to record an assessment of the presence or absence of a specific genetic variant in a sequenced specimen, for example for panel sequencing. This archetype has been designed to be used within the "Test result" SLOT of the OBSERVATION.laboratory\_test\_result archetype, but may also be used in other ENTRY or CLUSTER archetype where clinically appropriate.

\*\*Concepts:\*\*

* at0000::Genetic variant presence - Assessment of the presence or absence of a specific genetic variant in a sequenced specimen.
* at0001::Variant name - The name of the variant.
* at0002::Finding - The presence or absence of the variant.
* at0003::Comment - Additional narrative about the genetic variant presence not captured in other elements.
* at0004::Present - The target variant is present.
* at0005::Absent - The target variant is absent.
* at0006::No call - No data are available to confirm the presence/absence of the variant.
* at0007::Indeterminate - The result is indeterminate.

## genomic\_conversion\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_conversion\_variant.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about a conversion variant of human DNA, observed in a genomic sequence.

\*\*Use:\*\* Use to record the details about a conversion variant of human DNA, observed in a genomic sequence. This archetype has been specifically designed to be used in the 'Structured variant' SLOT within the CLUSTER.genomic\_variant\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. All definitions and examples in this archetype follow the HGVS nomenclature.

\*\*Misuse:\*\* Not to be used to record information about variants of non-human DNA, or any kind of RNA or protein.

\*\*Keywords:\*\* conversion, variation, genetic, genomic, variant, DNA, chromosome, mutation, nucleotide

\*\*Concepts:\*\*

* at0000::Genomic conversion variant - A human genetic sequence change where, compared to a genomic reference sequence, a range of nucleotides are replaced by a sequence from elsewhere in the genome.
* at0003::Start converted position - The position of the first nucleotide of the converted range.
* at0004::End converted position - The position of the last nucleotide of the converted range.
* at0009::Replacing sequence start position - The position of the first nucleotide of the replacing sequence.
* at0010::Replacing sequence end position - The position of the last nucleotide of the replacing sequence.
* at0011::Converted reference sequence - The sequence file used as a reference to describe the converted region.
* at0012::Replacing reference sequence - The sequence file used as a reference to describe the replacing region.

## genomic\_copy\_number\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_copy\_number\_variant.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about a copy number variant of human DNA, observed in a genomic sequence.

\*\*Use:\*\* Use to record the details about a copy number variant of human DNA, observed in a genomic sequence. This archetype has been specifically designed to be used in the 'Structured variant' SLOT within the CLUSTER.genomic\_variant\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. All definitions and examples in this archetype follow the HGVS nomenclature.

\*\*Misuse:\*\* Not to be used to record information about variants of non-human DNA, or any kind of RNA or protein. Not to be used to record information about tandem repeats. Use the CLUSTER.genomic\_repeated\_sequence\_variant archetype for this purpose.

\*\*Keywords:\*\* copy number, variation, genetic, genomic, variant, DNA, chromosome, mutation, nucleotide

\*\*Concepts:\*\*

* at0000::Genomic copy number variant - A human genetic sequence change where, compared to a genomic reference sequence, a DNA segment, usually larger than 1 kilobase (kb), was deleted or duplicated.
* at0001::Start - Position or range of possible positions of the first nucleotide of the CNV.
* at0002::End - Position or range of possible positions of the last nucleotide of the CNV.
* at0003::Total copy number - Number of appearance of the allele.
* at0004::Reference sequence - The sequence file used as a reference to describe this variant.
* at0005::Copy number change type - Type of sequence alteration.
* at0006::Gain - A sequence alteration whereby the copy number of a given region is greater than the reference sequence.
* at0007::Loss - A sequence alteration whereby the copy number of a given region is less than the reference sequence.

## genomic\_deletion\_insertion\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_deletion\_insertion\_variant.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about a deletion-insertion variant of human DNA, observed in a genomic sequence.

\*\*Use:\*\* Use to record the details about a deletion-insertion variant of human DNA, observed in a genomic sequence. This archetype has been specifically designed to be used in the 'Structured variant' SLOT within the CLUSTER.genomic\_variant\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. In the examples in this archetype, lower case nucleotides are only intended to highlight the changed positions of the DNA sequence. All definitions and examples in this archetype follow the HGVS nomenclature.

\*\*Misuse:\*\* Not to be used to record information about variants of non-human DNA, or any kind of RNA or protein. Not to be used for recording information about a variant where one nucleotide is replaced by one other nucleotide. This is a substitution, and the archetype CLUSTER.genomic\_substitution\_variant should be used for this purpose. Not to be used for recording information about two variants separated by one or more nucleotides, except when the two variants are separated by one nucleotide and they affect only one amino acid.

\*\*Keywords:\*\* indel, variation, genetic, genomic, variant, delins, DNA, chromosome, mutation, nucleotide

\*\*Concepts:\*\*

* at0000::Genomic deletion-insertion variant - A human genetic sequence change where, compared to a genomic reference sequence, one or more nucleotides are replaced by one or more other nucleotides and which is not a substitution, inversion or conversion.
* at0001::Start position - Position of the deleted nucleotide or the first nucleotide of the deleted range.
* at0003::End position - Position of the last nucleotide of the deleted range.
* at0005::Deleted sequence - The deleted nucleotide or sequence.
* at0007::Inserted sequence - The inserted nucleotide or sequence.
* at0008::Reference sequence - The sequence file used as a reference to describe this variant.

## genomic\_deletion\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_deletion\_variant.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about a deletion variant of human DNA, observed in a genomic sequence.

\*\*Use:\*\* Use to record the details about a deletion variant of human DNA, observed in a genomic sequence. This archetype has been specifically designed to be used in the 'Structured variant' SLOT within the CLUSTER.genomic\_variant\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. In the examples in this archetype, lower case nucleotides are only intended to highlight the changed positions of the DNA sequence. All definitions and examples in this archetype follow the HGVS nomenclature.

\*\*Misuse:\*\* Not to be used to record information about variants of non-human DNA, or any kind of RNA or protein.

\*\*Keywords:\*\* deletion, variation, genetic, genomic, variant, DNA, chromosome, mutation, nucleotide

\*\*Concepts:\*\*

* at0000::Genomic deletion variant - A human genetic sequence change where, compared to a genomic reference sequence, one or more nucleotides are not present (deleted).
* at0001::Start position - Position of the deleted nucleotide or the first nucleotide of the deleted range.
* at0005::End position - Position of the last nucleotide of the deleted range.
* at0008::Deleted sequence - The deleted nucleotide or sequence.
* at0009::Reference sequence - The sequence file used as a reference to describe this variant.

## genomic\_duplication\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_duplication\_variant.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about a duplication variant of human DNA, observed in a genomic sequence.

\*\*Use:\*\* Use to record the details about a duplication variant of human DNA, observed in a genomic sequence. This archetype has been specifically designed to be used in the 'Structured variant' SLOT within the CLUSTER.genomic\_variant\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. In the examples in this archetype, lower case nucleotides are only intended to highlight the changed positions of the DNA sequence. All definitions and examples in this archetype follow the HGVS nomenclature.

\*\*Misuse:\*\* Not to be used to record information about variants of non-human DNA, or any kind of RNA or protein. Not to be used to record a change when there is no evidence that the extra copy of a sequence detected is in tandem (directly 3’-flanking the original copy). Use the CLUSTER.genomic\_insertion\_variant archetype for this purpose.

\*\*Keywords:\*\* duplication, variation, genetic, genomic, variant, DNA, chromosome, mutation, nucleotide

\*\*Concepts:\*\*

* at0000::Genomic duplication variant - A human genetic sequence change where, compared to a genomic reference sequence, a copy of one or more nucleotides are inserted directly 3' of the original copy of that sequence.
* at0001::Start position - Position of the duplicated nucleotide or the first nucleotide of the duplicated range.
* at0003::End position - Position of the last nucleotide of the duplicated range.
* at0005::Duplicated sequence - The duplicated nucleotide or sequence.
* at0006::Reference sequence - The sequence file used as a reference to describe this variant.

## genomic\_insertion\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_insertion\_variant.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about an insertion variant of human DNA, observed in a genomic sequence.

\*\*Use:\*\* Use to record the details about an insertion variant of human DNA, observed in a genomic sequence. This archetype has been specifically designed to be used in the 'Structured variant' SLOT within the CLUSTER.genomic\_variant\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. In the examples in this archetype, lower case nucleotides are only intended to highlight the changed positions of the DNA sequence. All definitions and examples in this archetype follow the HGVS nomenclature.

\*\*Misuse:\*\* Not to be used to record information about variants of non-human DNA, or any kind of RNA or protein. Not to be used to record a change when the extra copy of a sequence detected is in tandem (directly 3’-flanking the original copy). Use the CLUSTER.genomic\_duplication\_variant archetype for this purpose.

\*\*Keywords:\*\* insertion, variation, genetic, genomic, variant, DNA, chromosome, mutation, nucleotide

\*\*Concepts:\*\*

* at0000::Genomic insertion variant - A human genetic sequence change where, compared to the genomic reference sequence, one or more nucleotides are inserted and where the insertion is not a copy of a sequence immediately 5'.
* at0001::Start position - The position of the first of the two flanking nucleotides.
* at0003::End position - The position of the last of the two flanking nucleotides.
* at0006::Inserted sequence - The inserted nucleotide or sequence.
* at0007::Reference sequence - The sequence file used as a reference to describe this variant.

## genomic\_inversion\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_inversion\_variant.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about an inversion variant of human DNA, observed in a genomic sequence.

\*\*Use:\*\* Use to record the details about an inversion variant of human DNA, observed in a genomic sequence. This archetype has been specifically designed to be used in the ‘Structured variant' SLOT within the CLUSTER.genomic\_variant\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. In the examples in this archetype, lower case nucleotides are only intended to highlight the changed positions of the DNA sequence. All definitions and examples in this archetype follow the HGVS nomenclature.

\*\*Misuse:\*\* Not to be used to record information about variants of non-human DNA, or any kind of RNA or protein. Not to be used to record a one nucleotide inversion. Use the CLUSTER.genomic\_substitution\_variant archetype for this purpose.

\*\*Keywords:\*\* inversion, variation, genetic, genomic, variant, DNA, chromosome, mutation, nucleotide

\*\*Concepts:\*\*

* at0000::Genomic inversion variant - A human genetic sequence change where more than one nucleotide replaces the original sequence with the reverse complement of the original sequence, compared to a genomic reference sequence.
* at0001::Start position - Position of the first nucleotide of the inverted range.
* at0004::End position - Position of the last nucleotide of the inverted range.
* at0006::Inverted sequence - The inverted sequence.
* at0007::Reference sequence - The sequence file used as a reference to describe this variant.

## genomic\_repeated\_sequence\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_repeated\_sequence\_variant.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about a repeated sequence variant of human DNA, observed in a genomic sequence.

\*\*Use:\*\* Use to record the details about a repeated sequence variant of human DNA, observed in a genomic sequence. This archetype has been specifically designed to be used in the 'Structured variant' SLOT within the CLUSTER.genomic\_variant\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. In the examples in this archetype, lower case nucleotides are only intended to highlight the changed positions of the DNA sequence. All definitions and examples in this archetype follow the HGVS nomenclature.

\*\*Misuse:\*\* Not to be used to record information about variants of non-human DNA, or any kind of RNA or protein.

\*\*Keywords:\*\* repeated sequence, variation, genetic, genomic, variant, DNA, chromosome, mutation, nucleotide

\*\*Concepts:\*\*

* at0000::Genomic repeated sequence variant - A human genetic sequence change where, compared to a genomic reference sequence, a segment of one or more nucleotides (the repeat unit) is present several times, one after the other.
* at0001::Start position - Position of the first nucleotide of the repeated range.
* at0003::End position - Position of the last nucleotide of the repeated range.
* at0005::Repeated sequence - The sequence of nucleotides that has been repeated.
* at0007::Copy number - The total number of times the 'Repeated sequence' was repeated.
* at0008::Reference sequence - The sequence file used as a reference to describe this variant.
* at0009::Repeat unit - A repeated unit consisting of a repeated sequence and a copy number.
* at0010::Repeat order - The intended position of this repeat unit within the overall sequence of repeat units.

## genomic\_substitution\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_substitution\_variant.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about a substitution variant of human DNA, observed in a genomic sequence.

\*\*Use:\*\* Use to record the details about a substitution variant of human DNA, observed in a genomic sequence. This archetype has been specifically designed to be used in the 'Structured variant' SLOT within the CLUSTER.genomic\_variant\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. In the examples in this archetype, lower case nucleotides are only intended to highlight the changed positions of the DNA sequence. All definitions and examples in this archetype follow the HGVS nomenclature.

\*\*Misuse:\*\* Not to be used to record information about variants of non-human DNA, or any kind of RNA or protein. Not to be used to record a change involving two or more consecutive nucleotides. Use the CLUSTER.genomic\_deletion\_insertion\_variant archetype for this purpose.

\*\*Keywords:\*\* substitution, variation, genetic, genomic, variant, DNA, chromosome, mutation, nucleotide

\*\*Concepts:\*\*

* at0000::Genomic substitution variant - A human genetic sequence change where, compared to a genomic reference sequence, one nucleotide is replaced by one other nucleotide.
* at0001::Position substituted - The position of the substituted nucleotide.
* at0003::Reference nucleotide - The nucleotide at reference position.
* at0005::New nucleotide - Substituted nucleotide.
* at0006::Reference sequence - The sequence file used as a reference to describe this variant.

## genomic\_variant\_result

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.genomic\_variant\_result.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To report findings and annotations related to one variant found in the genome by a sequencing test.

\*\*Use:\*\* Use to report findings and annotations related to one variant found in the genome by a sequencing test. This archetype has been designed to be nested in the 'Test result' SLOT within the OBSERVATION.laboratory\_test\_result archetype. It is intended to provide a consistent framework for nesting any specific genomic variant CLUSTER archetype within the 'Structured variant' SLOT. This archetype allows the recording of genomic variants in both the HGVS syntax in an inline parsable element, and an atomic, structured form through the use of a nested CLUSTER archetype for specific variant types. If both of those representations are used simultaneously, they need to represent identical data.

\*\*Misuse:\*\* Not to be used for recording information about the comparison of several samples. Use a specific archetype for this purpose.

\*\*Keywords:\*\* variation, VCF, variant, genetic, genomic, variant calling, sequence, mutation, allele, genotype

\*\*Concepts:\*\*

* at0000::Genomic variant result - Findings and annotations related to one variant found in a human individual by a sequencing test.
* at0001::Bioinformatic analysis workflow - Structured details about the bioinformatic analysis workflow or the protocol that is used.
* at0002::Reference genome - Structured details about the specific version of the human sequence assembly used for annotation.
* at0008::Transcript - Structured details about the transcript which is potentially affected by the variant.
* at0009::Transcript reference sequence - Structured details about the transcribed reference sequence.
* at0010::DNA region name - The human readable name for the region of interest.
* at0011::DNA change - Description of the variation at the DNA level following the HGVS nomenclature.
* at0012::Amino acid change - Description of the variation at the protein level following the HGVS nomenclature.
* at0013::Amino acid change type - Codified type for associated amino acid marker.
* at0015::Predicted impact - Estimate of the effects that the variant may have on the transcript.
* at0016::Predicted impact knowledge base - Structured details about the reference used to calculate the predicted impact.
* at0017::Score - The calculated value.
* at0018::Qualitative prediction - Human readable version of the predicted impact.
* at0019::Gene - Structured details about the gene carrying the variant.
* at0020::Gene symbol - The official gene symbol approved by the HGNC, which is a short abbreviated form of the gene name.
* at0021::Gene name - The full gene name approved by the HGNC that conveys the character or function of the gene.
* at0023::Best transcript candidate - The ID of the transcript with the highest predicted impact.
* at0024::Conservation - Structured details about the evolutionary conservation.
* at0025::Conservation score knowledge base - Structured details about the reference used to calculate the conservation score.
* at0026::Score - The conservation score.
* at0028::Allele depth - The number of reads that support the reported variant.
* at0029::Population allele frequency details - The relative frequency of a particular allele in the population.
* at0030::Population allele frequency knowledge base - Structured details about the database used to calculate the allele frequency.
* at0031::Population allele frequency - The population allele frequency.
* at0039::Genotype - Genotype encoded as allele values.
* at0040::Allelic state - The level of occurrence of a single DNA marker within a set of chromosomes.
* at0041::Genotype quality - Conditional genotype quality, encoded as a Phred quality.
* at0045::Structured variant - Structured description of the genomic variant.
* at0047::Allele frequency - The relative frequency of an allele at a particular locus.
* at0052::Functional impact - Interpretation of the variation linked to a specific paper.
* at0053::Source - The reference to the specific research paper.
* at0054::Impact - Single word or phrase describing the reported impact of the specific variant.
* at0056::Copy number overlap - The fraction of gene region covered by copy number.
* at0057::Part of fusion - States if the gene is part of a fusion gene and if it is the first or second part of the fusion gene.
* at0058::ACMG classification - The clinical significance according to the ACMG recommendations.
* at0059::Fusion exon - The number of the exon which is part of the fusion.
* at0060::Read depth - The total number of reads mapped at this specific location.
* at0061::VCF quality filter - Structured details about the quality filters that have been applied to the data.
* at0062::Filter name - Name of the quality filter.
* at0063::Description - Quality filter extended description.
* at0064::Filter passed - Did the variant pass the quality filter?
* at0067::Strand bias ratio - The ratio of the strand bias.
* at0068::Strand bias p-value - The Phred-scaled p-value of the strand bias.
* at0069::Genotype probability - A comma separated list of the log10-scaled genotype likelihoods for all possible genotypes, given the reference and the alternate alleles.
* at0070::Specimen identifier - Identification of the specimen used for the genomic result.
* at0071::Pathogenic - Pathogenic variant.
* at0072::Likely pathogenic - Likely pathogenic variant.
* at0073::Uncertain significance - Variant of uncertain significance.
* at0074::Likely benign - Likely benign variant.
* at0075::Benign - Benign variant.
* at0076::Heteroplasmic - Heteroplasmic.
* at0077::Homoplasmic - Homoplasmic.
* at0078::Homozygous - Homozygous.
* at0079::Heterozygous - Heterozygous.
* at0080::Hemizygous - Hemizygous.
* at0085::Wild type - The sequence at a given position is identical to the reference sequence.
* at0086::Deletion - A deletion in the amino acid sequence.
* at0087::Duplication - A duplication in the amino acid sequence.
* at0088::Frameshift - A frameshift in the amino acid sequence.
* at0089::Initiating methionine - A variant in a sequence affecting the translation initiation codon.
* at0090::Insertion - An insertion in the amino acid sequence.
* at0091::Insertion and deletion - An insertion/deletion in the amino acid sequence.
* at0092::Missense - One amino acid is replaced by another amino acid.
* at0093::Nonsense - An amino acid is replaced by a translational stop codon (termination codon).
* at0094::Silent - A variant in a DNA sequence that does not change the amino acid sequence of the encoded protein.
* at0095::Stop codon mutation - A variant in a sequence affecting the translational stop codon.
* at0096::First - First part of a fusion gene.
* at0097::Second - Second part of a fusion gene.
* at0098::Additional details - Additional details to be captured.
* at0099::Distance from splicing site - Distance in nucleotides between mutation and exon–intron junction.
* at0100::RNA change - Description of the variation at the RNA level following the HGVS nomenclature.
* at0101::Variant - Description of the variation at the genomic level following the HGVS nomenclature.
* at0102::Variant identification - A reference to a specific variation recorded into an external biological variation database.

## geolocation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.geolocation.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the position of a place on the surface of the earth.

\*\*Use:\*\* Use to record the position of a place on the surface of the earth. This archetype is intended to be used within CLUSTER.address or similar archetypes.

\*\*Keywords:\*\* location,

\*\*Concepts:\*\*

* at0000::Geolocation - A geographical place on the surface of the earth, specified by latitude, longitude and height or depth.
* at0001::Latitude - Horizontal (y) coordinate.
* at0002::Longitude - Horizontal (x) coordinate.
* at0003::Altitude - The vertical coordinate representing height or depth.

## gist\_modified\_nih

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.gist\_modified\_nih.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the results for each of the component parameters and the risk category for GIST based on the Modified NIH Criteria.

\*\*Use:\*\* Use to record the results for each of the component parameters and the risk category for GIST based on the Modified NIH Criteria. The archetype is designed to be used in an ENTRY archetype that will provide the clinical or pathological context. For example: In the "Specific Details" SLOT in the EVALUATION.problem\_diagnosis archetype, or nested in a relevant pathology-related CLUSTER archetype that is again nested in the OBSERVATION.laboratory\_test\_result archetype. This will also allow for documentation of body site. When this archetype needs to be included within an non-OBSERVATION archetype such as EVALUATION.problem\_diagnosis, it should first be nested within the CLUSTER.clinical\_evidence to provide important context such as the date of the assessment.

\*\*Misuse:\*\* Not to be used for the primary recording of diameter and mitotic count of the tumour - use a relevant pathology-related archetype for this purpose.

\*\*Keywords:\*\* gastrointestinal stromal tumour, tumor, GIST, sarcoma, cancer, neoplasm, oncology, malignancy, risk, risk assessment, risk stratification, classification, categorisation

\*\*Concepts:\*\*

* at0000::Modified NIH Criteria for GIST risk assessment - An assessment tool used to stratify patients according to their risk of recurrence of Gastrointestinal stromal tumour (GIST) following surgery based on the Modified National Institutes of Health (NIH) Criteria.
* at0004::Risk category - Risk of recurrence based on the component parameters, according to the modified NIH criteria.
* at0021::Very low risk - None
* at0022::Low risk - None
* at0023::Intermediate risk - None
* at0024::High risk - None
* at0025::Diameter - Largest diameter of tumour.
* at0027::Location - Location of tumour.
* at0028::Tumour rupture - Presence of tumour rupture.
* at0029::Gastric - None
* at0030::Not gastric - None
* at0031::Present - None
* at0032::Not present - None
* at0033::Mitotic count - Mitotic count of tumour.

## gleason\_score

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.gleason\_score.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record findings related to the Gleason Score (ISUP2005 version) - a prostate cancer grading score ratified by the International Society of Urological Pathologists (ISUP).

\*\*Use:\*\* Use to record findings related to the Gleason Score (ISUP2005 version) - a prostate cancer grading score ratified by the International Society of Urological Pathologists (ISUP). Use as a component archetype in the context of a suite of archetypes that make up a histopathology report ie OBSERVATION.laboratory\_test.histopathology.

\*\*Keywords:\*\* histopathology, cancer, laboratory, prostate, histology, malignancy, lab, pathology, Gleason, score, grade, grading

\*\*Concepts:\*\*

* at0000::Gleason Score - Gleason Score (ISUP2005 version) - a prostate cancer grading score ratified by the International Society of Urological Pathologists (ISUP), including Gleason Grade Groups.
* at0166::Primary Gleason grade - The primary Gleason grade.
* at0182::Secondary Gleason grade - The secondary Gleason grade.
* at0183::Tertiary Gleason grade - The tertiary Gleason grade.
* at0197::Total Gleason score - The sum of the primary and secondary Gleason grades.
* at0250::Grade 1 - The cancerous prostate closely resembles normal prostate tissue. The glands are small, well-formed, and closely packed.
* at0251::Grade 2 - The tissue still has well-formed glands, but they are larger and have more tissue between them.
* at0252::Grade 3 - The tissue still has recognizable glands, but the cells are darker. At high magnification, some of these cells have left the glands and are beginning to invade the surrounding tissue.
* at0253::Grade 4 - The tissue has few recognizable glands. Many cells are invading the surrounding tissue.
* at0254::Grade 5 - The tissue does not have recognizable glands. There are often just sheets of cells throughout the surrounding tissue.
* at0255::Grade 1 - The cancerous prostate closely resembles normal prostate tissue. The glands are small, well-formed, and closely packed.
* at0256::Grade 2 - The tissue still has well-formed glands, but they are larger and have more tissue between them.
* at0257::Grade 3 - The tissue still has recognizable glands, but the cells are darker. At high magnification, some of these cells have left the glands and are beginning to invade the surrounding tissue.
* at0258::Grade 4 - The tissue has few recognizable glands. Many cells are invading the surrounding tissue.
* at0259::Grade 5 - The tissue does not have recognizable glands. There are often just sheets of cells throughout the surrounding tissue.
* at0260::Grade 1 - The cancerous prostate closely resembles normal prostate tissue. The glands are small, well-formed, and closely packed.
* at0261::Grade 2 - The tissue still has well-formed glands, but they are larger and have more tissue between them.
* at0262::Grade 3 - The tissue still has recognizable glands, but the cells are darker. At high magnification, some of these cells have left the glands and are beginning to invade the surrounding tissue.
* at0263::Grade 4 - The tissue has few recognizable glands. Many cells are invading the surrounding tissue.
* at0264::Grade 5 - The tissue does not have recognizable glands. There are often just sheets of cells throughout the surrounding tissue.
* at0265::Gleason Grade Group - The Gleason Grade Group.
* at0266::Grade Group 1 - Gleason score less than or equal to 6.
* at0267::Grade Group 2 - Gleason score 7 (Primary grade 3 + Secondary grade 4).
* at0268::Grade Group 3 - Gleason score 7 (Primary grade 4 + Secondary grade 3).
* at0269::Grade Group 4 - Gleason score 8.
* at0270::Grade Group 5 - Gleason score 9-10.

## healthcare\_professional\_parent

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.healthcare\_professional\_parent.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details of a healthcare professional.

\*\*Concepts:\*\*

* at0000::Healthcare professional (PARENT) - Details of a healthcare professional.
* at0001::Professional Name - The healthcare worker's professional name.
* at0002::Professional Identifier - The healthcare worker's profesional identifier.
* at0003::Provider Organisation - The healthcare worker's provider organisation.
* at0004::Contact details - Contact details for the heathcare worker.

## healthcare\_provider\_parent

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.healthcare\_provider\_parent.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details of a healthcare provider organisation compliant withe the PARENT Framework.

\*\*Concepts:\*\*

* at0000::Healthcare provider (PARENT) - Details of a healthcare provider organisation.
* at0001::Organisation name - The name of the organisation.
* at0002::Organisation identifier - The unique identifier of the organisation.
* at0003::Organisation Address - The address of the organisation.
* at0004::Contact details - Contact details for the organisation.
* at0005::Department name - The name of a specific department within the organisation.
* at0006::Department identifier - The identifier of a specific department.

## health\_event

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.health\_event.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, ar-sy, en

\*\*Purpose:\*\* To record details about a health related event.

\*\*Concepts:\*\*

* at0000::Health event - Details about a specific health-related event.
* at0001::Event name - Identification of the event that occurred.
* at0007::Circumstances - Narrative description the context and circumstances surrounding the event.
* at0002::Description - A narrative description of the event.
* at0005::Time elapsed - The time between the event and the time of clinical assessment.
* at0008::Contributing factor - Identification of factors contributing to the occurrence of the event.
* at0003::Preceding symptoms and events - Symptoms and events which preceded the index event.
* at0004::Associated symptoms and events - Symptoms and events which occurred at the time of the index event.
* at0009::Additional details - Structured details about specific aspects of the event.
* at0006::Witness - Identification of an individual who witnessed the event.
* at0010::Comment - Additional narrative about the health event, not captured in other fields.

## hip\_arthroplasty\_component

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.hip\_arthroplasty\_component.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record additional details of a hip arthropasty component.

\*\*Concepts:\*\*

* at0000::Hip arthroplasty component - Additional details of hip arthropasty component.
* at0002::Cement name - The name of the cement used.
* at0005::HA-Coating - The name of the coating used.
* at0006::Depth of cement - The depth of cement applied.
* at0007::Antibacterial in cement? - True if antibiotics/antibacterials were added to the cement.
* at0008::Material - The material used in the manufacture of the arthroplasty component.
* at0009::Size - The size of the component.
* at0010::Potential safety issue - Issues identified or excluded that may have a safety impact e.g MRI risk.
* at0011::Manufacturer safety information - Link to manufacturer safety information.
* at0012::Fixation type - The type of fixation used.
* at0013::Fixation sub-type - The fixation sub-type.
* at0014::Cemented - Cemented.
* at0015::Non-cemented - Non-cemented.
* at0016::Tesla level - The tested MRI Tesla safety level.

## hip\_procedure\_valdoltra

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.hip\_procedure\_valdoltra.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en, sl

\*\*Purpose:\*\* To record additional hip procedure details to align with Valdoltra hip registry.

\*\*Concepts:\*\*

* at0000::Hip procedure registry details (Valdoltra) - Additional hip procedure details to align with Valdoltra hospital hip registry.
* at0002::Prophylactic antibiotics - Were prophylactic systemic antibiotics used?
* at0003::Systemic prophylactic antibiotics used - Systemic antibiotic prophylaxis was given to the patient.
* at0004::Systemic prophylactic antibiotics not used - Systemic antibiotic prophylaxis was not given to the patient.
* at0005::Wound drainage - Was wound drainage used?
* at0006::Wound drainage used - Wound drainage was used.
* at0007::Wound drainage not used - Wound drainage was not used.
* at0009::Details - Further procedure details.
* at0010::Duration of procedure - The duration of the hip procedure.
* at0011::Trochanter osteotomy - Was trochanter osteotomy performed?
* at0012::Trochanter osteotomy performed - Trochanter osteotomy was performed.
* at0013::Trochanter osteotomy not performed - Trochanter osteotomy was not performed.

## housing\_record

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.housing\_record.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, en, fr

\*\*Purpose:\*\* To record details about a single home or other residential setting of an individual during a specified period of time.

\*\*Use:\*\* Use to record details about a single home or other residential setting of an individual during a specified period of time. The scope of this archetype is inclusive of all residential settings occupied by an individual. For example: all rented homes over time; alternating between two homes during a specified period of time; transience, such as nomadic herders moving between seasonal pastures; itinerant travellers; or homeless. An individual may require more than one active housing record at a time. Each new residential setting or address should be recorded in a separate instance of this archetype. For example if an individual is moving from a house to another house or apartment, or moving the same mobile home from one address to another. Multiple instances of this archetype captured over time will result in the aggregation of a history of past and present housing situations. An active, or current housing situation may be implied from a 'Date commenced' but no 'Date ceased'. If the housing situation changes significantly, such as a change of address or type of tenure, then this should also be recorded as a separate instance of this archetype. This archetype has been specifically designed to be used in the 'Housing record' SLOT within the EVALUATION.housing\_summary archetype, but can also be used within any other ENTRY or CLUSTER archetypes, where clinically appropriate. There may be some apparent or real overlap between the data elements in this archetype and housing/address details that may be stored as demographic details in clinical or administrative systems. These data elements have been designed specifically to support clinical purposes.

\*\*Misuse:\*\* Not to be used to record information about a physical building where an individual lives. Use CLUSTER.dwelling for this purpose. Not to be used to record information about the living arrangements for an individual. Use EVALUATION.living\_arrangement for this purpose. Not to be used to record who an individual lives with. Use EVALUATION.social\_network for this purpose. Not to be used to record temporary changes or episodes within a single housing record, such as being on holiday. Not to be used for detailed descriptions of health risks or exposure to hazardous substances in the home or residential setting. Use the archetypes EVALUATION.health\_risk or EVALUATION.exposure for this purpose. Not to be used to record information about the housing situation of an individual at a specific point in time (for example, on June 16, 2014) or during a relative interval of time (for example 'in the past 30 days'. Use an appropriate OBSERVATION archetype for this purpose.

\*\*Keywords:\*\* housing, accommodation, residential care, home, house, apartment, homeless, rent, owner, shared, temporary, institution, flat, condo, condominium, hospice

\*\*Concepts:\*\*

* at0000::Housing record - Details about a single home or other residential setting of an individual during a specified period of time.
* at0001::Residential setting - The category that describes the place where an individual lives.
* at0004::Address details - The address of the residential setting.
* at0005::Name/label - A name or label associated with this home or residential setting, to allow it to be distinguished from other housing records.
* at0007::Date commenced - The date when an individual commenced living in the home or residential setting.
* at0008::Date ceased - The date when an individual ceased living in the home or residential setting.
* at0013::Tenure - The legal right of the individual to occupy the home or residential setting.
* at0014::Comment - Additional narrative about the home or residential setting not captured in other fields.
* at0016::Description - Narrative description about the home or residential setting.
* at0018::Additional details - Further details about the home or residential setting.

## humidification

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.humidification.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Humidification - Humidification
* at0002::Type - None
* at0003::Active - None
* at0004::Passive - None
* at0005::Set Temperature - None

## image\_reconstruction\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.image\_reconstruction\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Image reconstruction details - Acquisition details for CCTA
* at0004::ECG-pulsing window width - None
* at0006::RR-interval - None
* at0007::After R-wave - None
* at0011::Reconstruction slice - None
* at0012::Reconstruction increment - None
* at0014::ECG reconstruction phase - None
* at0015::RR-interval - None
* at0016::After R-wave - None
* at0021::Reconstruction method - None
* at0022::iterative - None
* at0023::analytical - None
* at0024::Reconstruction filter - None

## imaging\_exam-bladder

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-bladder.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting the bladder.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting the bladder. This archetype has been designed to be nested in the 'Structured imaging findings' SLOT within the OBSERVATION.imaging\_exam\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Additional details' SLOT within this archetype to record additional nested levels of structured imaging findings for related body substructures or site-specified findings.

\*\*Misuse:\*\* Not to be used to record findings outside the specified body structure or region. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0.1::Urinary bladder - The urinary bladder was examined.
* at0.2::Length - Measurement of the longest axis of the bladder.
* at0.3::Width - Measurement of the widest axis of the bladder, perpendicular to the length.
* at0.4::Depth - Measurement of the depth of the bladder, perpendicular to the length and width.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0000.1::Imaging examination of the bladder - Findings observed in an imaging examination targeting the bladder, using radiographic techniques.
* at0001::Body structure - Identification of the body structure or region examined.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-cervix

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-cervix.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of the cervix, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of the cervix, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of the uterus using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Additional details' SLOT in the CLUSTER.imaging\_exam-uterus, the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype needs to be extended with further levels of structured findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than the cervix. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0000.1::Imaging examination of the cervix - Findings on radiological examination of the cervix.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Cervix - None
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.
* at0.4::Length - The length of the uterine cervix.

## imaging\_exam-fallopian\_tube

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-fallopian\_tube.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of a single fallopian tube, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of a single fallopian tube, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination about the fallopian tube using any modality, including examinations using contrast, such as Hysterosalpingography (HSG) or Hysterosalpingo-Contrast Sonography (HyCoSy). It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Additional details' SLOT in the CLUSTER.imaging\_exam-uterine\_body, the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype needs to be extended with further levels of structured findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT. Details about medication or contrast medium administered as part of an imaging examination will be recorded using the ACTION.medication archetype, usually linked from the 'Procedure' data element within the OBSERVATION.imaging\_exam\_result archetype. A summary of any issues arising during the procedure, such as an increased resistance observed while flushing with contrast, should be recorded in the 'Comment' data element within this archetype or the 'Procedure summary' data element within the OBSERVATION.imaging\_exam\_result. Details related to the procedure can be recorded in a separate Procedure report using the ACTION.procedure archetype.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than a single fallopian tube. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* fluroscopy, hysterosalpingogram, contrast, saline, hycosy, hsg, sonography, ultrasound, tube, sactosalpinx, hydrosalpinx, pyosalpinx

\*\*Concepts:\*\*

* at0.1::Right fallopian tube - None
* at0.2::Left fallopian tube - None
* at0.3::Patency - Assessment of the patency of the fallopian tube.
* at0.4::Patent - Contrast medium spills into the peritoneum.
* at0.5::Blocked - Contrast medium does not spill into the peritoneum.
* at0.6::Indeterminate - It is not possible to determine if the fallopian tube is patent or blocked.
* at0000.1::Imaging examination of a fallopian tube - Findings on radiological examination of a single fallopian tube.
* at0001::Body structure - Identification of the body structure or region examined.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.
* at0.7::Gestational sac presence - Presence of a gestational sac within the identified fallopian tube.
* at0.8::Present - A gestational sac is observed.
* at0.9::Absent - No gestational sac is observed.
* at0.10::Indeterminate - It is not possible to determine if a gestational sac is present or absent.
* at0.11::Gestational sac details - Structured details about an observed gestational sac within the fallopian tube.

## imaging\_exam-foetus

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-foetus.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of a single foetus or embryo, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of a single foetus or embryo, and their interpretation. Use a separate instance of this archetype for each foetus or embryo. The intended scope for this CLUSTER.imaging\_exam archetype is to eventually record all detailed findings on radiological examination of the foetus or embryo using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Additional details' SLOT in the CLUSTER.imaging\_exam-uterine\_body, the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype needs to be extended with further levels of structured findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than a single foetus or embryo. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record the estimated gestational age of the foetus. Use OBSERVATION.gestation for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* embryo, foetus, imaging, diagnostic, radiology, image, ultrasound, fetus

\*\*Concepts:\*\*

* at0.1::Foetus - None
* at0.10::Absent - No cardiac activity is observed.
* at0.11::Indeterminate - It is not possible to determine if cardiac activity is present or absent.
* at0.12::Heart rate - The observed heart rate for the foetus.
* at0.15::Estimated weight - Estimated fetal weight using imaging techniques.
* at0.16::Estimated weight rationale - Description about the evidence on which the estimation of weigth was made.
* at0.2::Embryo - None
* at0.7::Label - A label for the embryo or foetus.
* at0.8::Cardiac activity - Presence of cardiac activity.
* at0.9::Presence - Cardiac activity is observed.
* at0000.1::Imaging examination of a foetus - Findings on radiological examination of a single foetus or embryo in utero.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-gestational\_sac

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-gestational\_sac.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of a gestational sac, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of a gestational sac, and their interpretation. Use a separate instance of this archetype for each gestational sac. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of a gestational sac, using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Gestational sac findings' SLOT in the CLUSTER.imaging\_exam-pregnant\_uterus or the CLUSTER.imaging\_exam-fallopian\_tube, the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype needs to be extended with further levels of structured findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than a single gestational sac. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record the estimated gestational age. Use OBSERVATION.gestation for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0000.1::Imaging examination of a gestational sac - Findings on radiological examination of a single gestational sac.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Gestational sac - None
* at0.2::Mean Sac Diameter (MSD) - Mean of diameter measurements in perpendicular directions.
* at0.4::Yolk sac description - Narrative description about the yolk sac.
* at0.6::Amnion description - Narrative description about the amnion.
* at0.15::Number of embryos - Number of fetal poles or embryos observed in the gestational sac.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.
* at0.16::Cardiac activity - Presence of cardiac activity.
* at0.17::Present - Cardiac activity is observed.
* at0.18::Absent - No cardiac activity is observed.
* at0.19::Indeterminate - It is not possible to determine if cardiac activity is present or absent.

## imaging\_exam-heart

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-heart.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of the heart, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of the heart, and their interpretation. This archetype and its related family of specialisations are designed to be nested within the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within the 'Additional details' SLOT in other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype or its specialisations need to be extended with further levels of detailed findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT. The design of this archetype is intended to be inclusive of all reasonably anticipated and relevant findings.

\*\*Misuse:\*\* Not to be used to record findings observed outside the identified body structure or region. Use a separate instance of one or more archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* heart, valve, ventricle, aorta, aortic, pulmonary, tricuspid, mitral, atrium, atria

\*\*Concepts:\*\*

* at0000.1::Imaging examination of the heart - Findings on radiological examination of the heart.
* at0025::Element - None
* at0.1::Relative ventricular size - Description of the comparative size of both cardiac ventricles relative to established normal ranges.
* at0.2::Normal - None
* at0.3::Enlarged - None
* at0.4::Mitral stenosis (MS) - Statement about the presence or absence of mitral stenosis.
* at0.5::Present - None
* at0.6::Absent - None
* at0.7::Indeterminate - None
* at0.8::Mitral regurgitation (MR) - Statement about the presence or absence of mitral regurgitation.
* at0.9::Present - None
* at0.10::Absent - None
* at0.11::Indeterminate - None
* at0.12::Aortic stenosis (AS) - Statement about the presence or absence of aortic stenosis.
* at0.13::Present - None
* at0.14::Absent - None
* at0.15::Indeterminate - None
* at0.16::Aortic regurgitation (AR) - Statement about the presence or absence of aortic regurgitation.
* at0.17::Present - None
* at0.18::Absent - None
* at0.19::Indeterminate - None
* at0.20::Tricuspid stenosis (TS) - Statement about the presence or absence of tricuspid stenosis.
* at0.21::Present - None
* at0.22::Absent - None
* at0.23::Indeterminate - None
* at0.24::Tricuspid regurgitation (TR) - Statement about the presence or absence of tricuspid regurgitation.
* at0.25::Present - None
* at0.26::Absent - None
* at0.27::Indeterminate - None
* at0.28::Pericarditis - Statement about the presence or absence of pericarditis.
* at0.29::Present - None
* at0.30::Absent - None
* at0.31::Indeterminate - None
* at0.32::Myocarditis - Statement about the presence or absence of myocarditis.
* at0.33::Present - None
* at0.34::Absent - None
* at0.35::Indeterminate - None
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.36::Heart - None
* at0.37::Pulmonary stenosis (PS) - Statement about the presence or absence of pulmonary stenosis.
* at0.38::Present - None
* at0.39::Absent - None
* at0.40::Indeterminate - None
* at0.41::Pulmonary regurgitation (PR) - Statement about the presence or absence of pulmonary regurgitation.
* at0.42::Present - None
* at0.43::Absent - None
* at0.44::Indeterminate - None
* at0.49::Valves normal? - Overarching assessment about the condition and functionality of all heart valves, reflecting their structural integrity, movement, and any abnormalities observed.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.
* at0.50::Normal - All valves appear normal.
* at0.51::Abnormal - Valvular damage is observed.

## imaging\_exam-hip\_joint

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-hip\_joint.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of a hip joint.

\*\*Use:\*\* Use to record the findings on radiological examination of a hip joint. The intended scope for this archetype is to record detailed findings on imaging examination of the hip joint using any modality. The imaging modality used can be recorded in the OBSERVATION.imaging\_exam\_result archetype. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use separate instances of this archetype to record each examination findings of each hip separately.

\*\*Misuse:\*\* Not to be used to record findings observed outside the identified body structure or region. Use a separate instance of one or more archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* finding, imaging, body, system, structure, region, observation, diagnostic, radiology, image, x-ray, ct, mri, ultrasound, joint, hip

\*\*Concepts:\*\*

* at0.1::Left hip joint - None
* at0.2::Right hip joint - None
* at0.3::Acetabular roof angle - The angle is formed by one line drawn from the medial edge of the acetabular sourcil and through to the most lateral aspect of the sourcil and a second line drawn in the horizontal plane of the pelvis. Also known as acetabular index.
* at0.4::Alpha angle (DDH) - The angle is formed by the acetabular roof to the vertical cortex of the ilium and thus reflects the depth of the bony acetabular roof.
* at0.5::Beta angle - The angle is formed by the cartilaginous roof to the vertical cortex of the ilium and thus reflects the femoral head cartilaginous coverage.
* at0.6::Alpha angle (cam morphology) - The angle between a line from the center of the femoral head to the center of the femoral neck at its narrowest point, and a line from the center of the femoral head to a point where the distance from the bone to the center of the head is greater than the radius of the cartilage-covered femoral head.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0000.1::Imaging examination of a hip joint - Findings on radiological examination of a hip joint.
* at0001::Body structure - Identification of the body structure or region examined.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-lesion-adnexal\_mass

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-lesion-adnexal\_mass.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of a single adnexal mass.

\*\*Use:\*\* Use to record the findings on radiological examination of a single adnexal mass. The intent of this archetype is to describe the key attributes which would support a determination of the risk of an adnexal mass being malignant. This archetype has been specifically designed to be used in the 'Additional details' SLOT within any of the CLUSTER.imaging\_exam family of archetypes which will provide the context for the adnexal mass, for example CLUSTER.imaging\_exam-pelvis, CLUSTER.imaging\_exam-ovary, or the CLUSTER.imaging\_exam-fallopian\_tube archetypes, but can also be used within other ENTRY or CLUSTER archetypes where clinically appropriate. If there is more than one adnexal mass within the context of the same body structure or region, use a separate instance of this archetype to describe each mass.

\*\*Misuse:\*\* Not to be used to record findings for a specified body structure or region. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* abnormality, lesion, mass, tumour, tumor, nodule, cyst, ovary, fallopian

\*\*Concepts:\*\*

* at0.0.1::Adnexal mass - None
* at0.0.13::Number of papillary projections - The number of papillary projections in the adnexal mass.
* at0.0.14::Maximal septum thickness - The measured width of the thickest septum.
* at0.0.15::Solid diameter - A measured diameter of the largest solid tissue component.
* at0.0.8::Number of cyst locules - The number of cyst locules in the adnexal mass.
* at0.5::Diameter - A measured diameter of the lesion.
* at0.6::Dimension 1 - The measured length of the longest axis of the lesion.
* at0.7::Dimension 2 - The measured length of an axis of the lesion perpendicular to Dimension 1.
* at0.8::Dimension 3 - The measured length of an axis of the lesion perpendicular to Dimension 1 and Dimension 2..
* at0000.1.1::Imaging examination of an adnexal mass - Findings on radiological examination of an adnexal mass identified in the pelvis, usually related to a single ovary and/or fallopian tube and associated connective tissues.
* at0001.1.1::Body structure - Identification of the body structure or region examined.
* at0.3.1::Type - The type of mass.
* at0.12::Well-defined - The lesion is well-defined.
* at0.13::Poorly-defined - The lesion is poorly-defined.
* at0.21::None - No blood flow can be detected.
* at0.22::Mild - Minimal blood flow can be detected.
* at0.23::Moderate - Moderate blood flow can be detected.
* at0.24::Marked - Marked blood flow can be detected.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0.1::Lesion - None
* at0.10::Texture - The texture of the lesion.
* at0.11::Definition - The definition of the lesion.
* at0.14::Contour - The contour of the lesion.
* at0.15::Margin - The margin of the lesion.
* at0.16::Calcification - Presence of calcification in the lesion.
* at0.17::Present - Calcification is observed.
* at0.18::Absent - Calcification is not observed.
* at0.19::Effect - Narrative description about the effect of the lesion on surrounding structures.
* at0.2::Label - A label for the lesion.
* at0.20::Vascularisation - Assessment of the blood flow to the lesion.
* at0.3::Type - The type of lesion.
* at0.4::Diameter - A measured diameter of the lesion.
* at0.9::Shape - The shape of the lesion.
* at0000.1::Imaging examination of a lesion - Findings on radiological examination of a single, unexpected or abnormal finding within an identified body structure or region.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.25::Vascularisation description - Narrative descripiton about the blood flow to the lesion.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-liver

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-liver.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting the liver.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting the liver. This archetype has been designed to be used in the 'Structured imaging findings' SLOT within the OBSERVATION.imaging\_exam\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Additional details' SLOT within this archetype to record additional nested levels of structured imaging findings for related body substructures or site-specific findings.

\*\*Misuse:\*\* Not to be used to record findings outside the specified body structure or region. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.
* at0001::Body structure - Identification of the body structure or region examined.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0002::Body site - Identification of the area of the body under examination.
* at0000.1::Imaging examination of the liver - Findings observed in an imaging examination targeting the liver, using radiographic techniques.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Liver - The liver was examined.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.

## imaging\_exam-lymph\_node

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-lymph\_node.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting a single lymph node.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting a single lymph node. This archetype has been designed to be used in the 'Structured imaging findings' SLOT within the OBSERVATION.imaging\_exam\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Additional details' SLOT within this archetype to record additional nested levels of structured imaging findings for related body substructures or site-specific findings.

\*\*Misuse:\*\* Not to be used to record findings outside the specified body structure or region. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0000.1::Imaging examination of a lymph node - Findings observed in an imaging examination targeting a single lymph node, using radiographic techniques.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Lymph node - A single lymph node was examined.
* at0.2::Diameter - A measured diameter of the lymph node.
* at0000::Imaging examination - Findings observed in an imaging examination targeting a specified structure or region, using radiographic techniques.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::SLOT: Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings for related substructures.
* at0007::Comment - Additional narrative about the imaging findings, not captured in other fields.
* at0001::Body structure - Identification of the body structure or region examined.
* at0003::Structured anatomical location - Structured details about the anatomical location of the identified body structure.
* at0006::Impression - Narrative concise, clinically relevant impression of all imaging findings for the identified body structure.
* at0002::Anatomical location - Simple body site for the identified structure.

## imaging\_exam-lymph\_node\_group

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-lymph\_node\_group.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting a specified lymph node group.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting a specified lymph node group. This archetype has been designed to be used in the 'Structured imaging findings' SLOT within the OBSERVATION.imaging\_exam\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Additional details' SLOT within this archetype to record additional nested levels of structured imaging findings for related body substructures or site-specific findings.

\*\*Misuse:\*\* Not to be used to record findings outside the specified body structure or region. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::SLOT: Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings for related substructures.
* at0007::Comment - Additional narrative about the imaging findings, not captured in other fields.
* at0001::Body structure - Identification of the body structure or region examined.
* at0003::Structured anatomical location - Structured details about the anatomical location of the identified body structure.
* at0006::Impression - Narrative concise, clinically relevant impression of all imaging findings for the identified body structure.
* at0002::Anatomical location - Simple body site for the identified structure.
* at0000.1::Imaging examination of a lymph node group - Findings observed in an imaging examination targeting a specified lymph node group, using radiographic techniques.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Lymph node group - A lymph node group was examined.
* at0.2::Number of lymph nodes - The number of lymph nodes in the group.

## imaging\_exam-ovary

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-ovary.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of an ovary, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of an ovary, and their interpretation. Use a separate instance of this archetype for each ovary. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of an ovary using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype needs to be extended with further levels of structured findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than a single ovary. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0000.1::Imaging examination of an ovary - Findings on radiological examination of a single ovary.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Left ovary - None
* at0.2::Right ovary - None
* at0.3::Diameter - Measured diameter of the ovary.
* at0.4::Largest follicle diameter - A measured diameter of the largest ovarian follicle.
* at0.5::Number of antral follicles - The number of antral follicles.
* at0.6::Per follicle - Details about a single ovarian follicle.
* at0.7::Diameter - A measured diameter of an ovarian follicle.
* at0.8::Description - Narrative description about a single follicle.
* at0.9::Volume - Measured volume of the overy.
* at0.10::Follicle distribution - Narrative description about the distribution of follicles.
* at0.11::Label - Narrative description as a way to label each follicle, for example by location or numeric.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-pelvis

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-pelvis.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of the pelvis, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examinations of the pelvis, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of the pelvis using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype and its related family of specialisations are designed to be nested within the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within the 'Additional details' SLOT in other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype or its specialisations need to be extended with further levels of detailed findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than the pelvis. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* finding, imaging, body, system, structure, region, observation, diagnostic, radiology, image

\*\*Concepts:\*\*

* at0000.1::Imaging examination of pelvis - Findings on radiological examination of the pelvis.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Pelvis - None
* at0.2::Pelvic incidence - The measured angle between a perpendicular line at the midpoint of the sacral endplate, and a line joining this point to the axis of the femoral head.
* at0.3::Pelvic tilt - The measured angle between a line running from the midpoint of the sacral endplate to the midpoint of the bifemoral heads, and the vertical axis in the sagittal plane.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-placenta

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-placenta.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of a placenta, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of a placenta, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of the placenta using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Placental findings' SLOT in the CLUSTER.imaging\_exam-pregnant\_uterus or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype needs to be extended with further levels of structured findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than a placenta. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0000.1::Imaging examination of a placenta - Findings on radiological examination of a placenta.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Placenta - None
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.
* at0002.1::Placental site - Identification of the area of the uterus where the placenta/placental mass is located.
* at0003.1::Structured placental site - Structured details about the area of the uterus where the placenta/placental mass is located.
* at0.2::Thickness - Measured thickness of the placenta.
* at0.3::Umbilical cord findings - Structured details about a single umbilical cord.

## imaging\_exam-pregnant\_uterus

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-pregnant\_uterus.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of a pregnant uterus, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of a pregnant uterus, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of a pregnant uterus using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Additional details' SLOT in the CLUSTER.imaging\_exam-uterus or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype needs to be extended with further levels of structured findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record non pregnancy-related imaging examination findings for the uterus. Use other archetypes from the CLUSTER.imaging\_exam-uterus for this purpose. Not to be used to record imaging examination findings for any body structure or region other than a pregnant uterus. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record the estimated gestational age. Use OBSERVATION.gestation for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0000.1::Imaging examination of a pregnant uterus - Findings on radiological examination of a pregnant uterus.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Pregnant uterus - None
* at0.2::Gestational sac presence - Presence of a gestational sac within the uterus.
* at0.3::Present - A gestational sac is observed.
* at0.4::Absent - No gestational sac is observed.
* at0.5::Indeterminate - It is not possible to determine if a gestational sac is present or absent.
* at0.6::Gestational sac findings - Structured details about a single observed gestational sac within the uterus.
* at0.7::Number of gestational sacs - Number of gestational sacs observed in the uterus.
* at0.8::Number of foetuses - Number of fetuses observed in the uterus.
* at0.9::Amnionicity - The number of amnions (inner membranes) that surround the embryos or fetuses in a multiple pregnancy.
* at0.10::Chorionicity - The number of placental masses observed in a multiple pregnancy.
* at0.11::Placental findings - Structured details about a single placenta/placental mass.
* at0.12::Foetal findings - Structured details about a single foetus.
* at0.14::Monoamnionic - One amniotic sac is observed.
* at0.15::Diamnionic - Two amniotic sacs are observed.
* at0.16::Monochorionic - One chorion or placenta is observed.
* at0.17::Dichorionic - Two chorions or placentas are observed.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-rectouterine\_pouch

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-rectouterine\_pouch.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of the rectouterine pouch, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of the rectouterine pouch, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of the rectouterine pouch using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype needs to be extended with further levels of structured findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than the rectouterine pouch. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* Rectovaginal, Douglas, pouch, cul-de-sac

\*\*Concepts:\*\*

* at0.1::Rectouterine pouch - None
* at0.2::Fluid presence - Observation of the presence of free fluid.
* at0.3::Present - Free fluid is observed in the rectouterine pouch.
* at0.4::Absent - No free fluid is observed in the rectouterine pouch.
* at0.5::Amount of free fluid - The amount of fluid observed.
* at0.6::Small - None
* at0.7::Medium - None
* at0.8::Large - None
* at0.9::Diameter - A measured diameter of the recto-uterine pouch.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0000.1::Imaging examination of the rectouterine pouch - Findings on radiological examination of the rectouterine pouch.
* at0001::Body structure - Identification of the body structure or region examined.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-sacrum

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-sacrum.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of the pelvis, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examinations of the pelvis, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of the pelvis using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype and its related family of specialisations are designed to be nested within the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within the 'Additional details' SLOT in other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype or its specialisations need to be extended with further levels of detailed findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than the sacrum. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* finding, imaging, body, system, structure, region, observation, diagnostic, radiology, image

\*\*Concepts:\*\*

* at0000.1::Imaging examination of the sacrum - Findings on radiological examination of the sacrum.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Sacrum - None
* at0.2::Sacral slope - The measured angle between a line parallel to the sacral endplate and a horizontal reference line.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-scrotum

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-scrotum.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting the scrotum.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting the scrotum. This archetype has been designed to be used in the 'Structured imaging findings' SLOT within the OBSERVATION.imaging\_exam\_result archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Additional details' SLOT within this archetype to record additional nested levels of structured imaging findings for related body substructures or site-specific findings.

\*\*Misuse:\*\* Not to be used to record findings outside the specified body structure or region. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0000.1::Imaging examination of the scrotum - Findings observed in an imaging examination targeting the scrotum, using radiographic techniques.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Scrotum - The entire scrotum was examined.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.
* at0001::Body structure - Identification of the body structure or region examined.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0002::Body site - Identification of the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.

## imaging\_exam-spine

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-spine.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of the entire spine, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examinations that cover the entire spine, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of the entire spine using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype and its related family of specialisations are designed to be nested within the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within the 'Additional details' SLOT in other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype or its specialisations need to be extended with further levels of detailed findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than the entire spine. Examinations on specific areas of the spine is to be record using other archetypes from the CLUSTER.imaging\_exam family for this purpose. For example: CLUSTER.imaging\_exam-cervical\_spine or CLUSTER.imaging\_exam-sacrum. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* finding, imaging, body, system, structure, region, observation, diagnostic, radiology, image

\*\*Concepts:\*\*

* at0.1::Sagittal vertical axis - The measured length of a horizontal line connecting the posterior superior sacral endplate with a vertical plumb line from C7.
* at0.2::C7 Plumb Line - The vertical line drawn from the center of the C7 vertebral body in a caudal direction.
* at0.3::Positive - The plumb line passes more than 2 cm in front of the posterosuperior corner of the S1 vertebral body.
* at0.4::Neutral - The plumb line passes within 2 cm of the posterosuperior corner of the S1 vertebral body.
* at0.5::Negative - The plumb line passes more than 2 cm behind the posterosuperior corner of the S1 vertebral body.
* at0.6::Spine - None
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0000.1::Imaging examination of the entire spine - Findings on radiological examination of the entire spine.
* at0001::Body structure - Identification of the body structure or region examined.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-testicle

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-testicle.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting a testicle.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical impression of the findings observed in an imaging examination targeting a testicle. This archetype has been designed to be used in the 'Structured imaging findings' SLOT within the OBSERVATION.imaging\_exam\_result archetype or the CLUSTER.exam\_findings-scrotum, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in the 'Additional details' SLOT within this archetype to record additional nested levels of structured imaging findings for related body substructures.

\*\*Misuse:\*\* Not to be used to record findings outside the specified body structure or region. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0000.1::Imaging examination of a testicle - Findings observed in an imaging examination targeting a testicle, using radiographic techniques.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Left testicle - The left testicle was examined.
* at0.2::Right testicle - The right testicle was examined.
* at0.3::Length - Measurement of the longest axis of the testicle.
* at0.4::Width - Measurement of the widest axis of the testicle, perpendicular to the length.
* at0.5::Depth - Measurement of the depth of the testicle, perpendicular to the length and width.
* at0.6::Volume - None
* at0.7::Doppler description - Narrative description of findings on Doppler ultrasound.
* at0001::Body structure - Identification of the body structure or region examined.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0002::Body site - Identification of the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam-umbilical\_cord

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-umbilical\_cord.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of an umbilical cord, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of an umbilical cord, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of the umbilical cord using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Umbilical cord findings' SLOT in the CLUSTER.imaging\_exam-placenta, the 'Additional details' SLOT in the CLUSTER.imaging\_exam-fetus, the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype needs to be extended with further levels of structured findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than an umbilical cord. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Concepts:\*\*

* at0000.1::Imaging examination of an umbilical cord - Findings on radiological examination of an umbilical cord.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.1::Umbilical cord - None
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.
* at0.2::Number of arteries - Number of arteries identified in the umbilical cord.
* at0.3::Number of veins - Number of veins identified in the umbilical cord.

## imaging\_exam-uterus

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam-uterus.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of the uterus, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of the uterus, and their interpretation. The intended scope for this archetype is to eventually record all detailed findings on radiological examination of the uterus using any modality. It is anticipated that further data elements may be added as requirements are identified and confirmed. This archetype is designed to be nested within the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. Use to provide a framework in which CLUSTER archetypes can be nested in appropriate SLOTs: - Details about the imaging examination of one or more gestations will be recorded using the 'Pregnancy findings' SLOT; - Details about the imaging examination of the uterine cervix will be recorded within the 'Cervical findings' SLOT; - Details about the imaging examination an intrauterine device (IUD) will be recorded within the 'IUD findings' SLOT; and - Details about other imaging findings such as structural abnormalities or lesions will be recorded using the 'Additional findings' SLOT.

\*\*Misuse:\*\* Not to be used to record imaging examination findings for any body structure or region other than the uterus. Use other archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* uterus, fundus, myometrium, endometrium, junction

\*\*Concepts:\*\*

* at0.1::Uterus - None
* at0.13::Length - The length of the entire uterus.
* at0.14::Width - The width of the uterus.
* at0.15::Height (AP) - The anteroposterior height of the uterus.
* at0.16::Endometrium description - Narrative description about the endometrium.
* at0.17::Endometrial thickness - Maximal measured thickness of the endometrium.
* at0.18::Endometrial echogenicity - Description about the endometrial echogenicity compared with the echogenicity of the myometrium.
* at0.19::Myometrium description - Narrative description about the myometrium.
* at0.24::Junctional zone - Description about the junctional zone between the endometrium and the myometrium.
* at0.25::Uterine version - The relation between uterus and the vagina in the sagittal plane.
* at0.26::Anteverted - The uterus is angled forward relative to the vagina.
* at0.27::Neutral - The uterus and the vagina are in the same plane.
* at0.28::Retroverted - The uterus is angled backward relative to the vagina.
* at0.29::Uterine flexion - The relation between uterine body and the cervix in the sagittal plane.
* at0.30::Anteflexed - The cervix-body angle faces anteriorly.
* at0.31::Retroflexed - The cervix-body angle faces posteriorly.
* at0.32::IUD presence - The presence or absence of an intrauterine device.
* at0.33::Present - An IUD is observed in the uterus.
* at0.34::Absent - No IUD is observed in the uterus.
* at0.35::Indeterminate - It is not possible to determine if an IUD is present or absent.
* at0.37::Junctional zone thickness - Measured thickness of the junctional zone.
* at0.5::Pregnancy presence - The presence or absence of an intrauterine pregnancy.
* at0.6::Present - Evidence of one or more intrauterine pregnancies are observed - gestational sac, embryo or foetus.
* at0.7::Absent - No intrauterine pregnancy is observed.
* at0.8::Indeterminate - It is not possible to determine if an intrauterine pregnancy is present or absent.
* at0000.1::Imaging examination of the uterus - Findings on radiological examination of the uterus.
* at0001.1::Body structure - Identification of the body structure or region examined.
* at0.45::Body length - The length of the body of the uterus.
* at0.46::Cervical findings - Additional structured details about imaging findings about examination of the uterine cervix.
* at0.47::Pregnancy findings - Additional structured details about imaging findings about one or more intrauterine pregnancies.
* at0.48::IUD findings - Structured details about imaging findings for an intrauterine device.
* at0.49::Hyperechoic - Increased echogenicity of the endometrium, compared to the myometrium.
* at0.50::Isoechoic - Similar echogenicity of the endometrium, compared to the myometrium.
* at0.51::Trilaminar - A triple line pattern of the endometrium is observed.
* at0.52::Endometrial homogeneity - Description about the endometrial homogeneity.
* at0.53::Homogeneous - The echotexture of the endometrium is uniform.
* at0.54::Heterogeneous - The echotexture of the endometrium is not uniform.
* at0.55::Endometrial uniformity - Description about the homogeneity and symmetry of the endometrium.
* at0.56::Uniform - Endometrium appears homogeous with symmetrical anterior and posterior sides. It may also include the three-layer pattern.
* at0.57::Non-uniform - Endometrium appears heterogenous with asymmetrical anterior and posterior sides and cysts.
* at0.58::Endometrial midline - Description about the interface between the opposing surfaces of the two endometrial walls.
* at0.59::Linear - A straight hyperechogenic interface within the endometrium is observed.
* at0.60::Non-linear - A wavy hyperechogenic interface within the endometrium is observed.
* at0.61::Irregular - An irregular or interrupted hyperechogenic interface within the endometrium is observed.
* at0.62::Not defined - The absence of a hyperechogenic interface within the endometrium is observed.
* at0.63::Hypoechoic - Decreased echogenicity of the endometrium, compared to the myometrium.
* at0.64::Regular - The junctional zone appears regular.
* at0.65::Irregular - The junctional zone appears irregular.
* at0.66::Interrupted - The junctional zone appears interrupted.
* at0.67::Not defined - The junctional zone is not visible or well defined.
* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the findings on radiological examination of a specified body structure or region, and their interpretation.

\*\*Use:\*\* Use to record the findings on radiological examination of a specified body structure or region, and their interpretation. The intended scope for the CLUSTER.imaging\_exam family of archetypes to be used to record all detailed findings on radiological examination. The family of specialised archetypes are derived from this generic parent archetype, CLUSTER.imaging\_exam, designed as a universal pattern for recording any findings in any specified body structure or region and using any modality. This archetype and its related family of specialisations are designed to be nested within the 'Structured imaging findings' SLOT in the OBSERVATION.imaging\_exam\_result or within the 'Additional details' SLOT in other relevant CLUSTER.imaging\_exam archetypes, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate. If this archetype or its specialisations need to be extended with further levels of detailed findings, additional instances of the CLUSTER.imaging\_exam or its specialisations can be nested in the 'Additional details' SLOT. Each structure- or region-specific specialisation of this parent archetype is intended to be inclusive of all reasonably anticipated and relevant findings. For example, the CLUSTER.imaging\_exam-ovary will support recording of all findings that would be expected in reporting on imaging of the ovary using any radiological modality, including the size of the ovary, largest follicle size and the diameter and description of specific follicles. Similarly, CLUSTER.imaging\_exam-lymph\_node\_group will contain data elements required to record specific findings of a lymph node group, including its precise or relative location in the body and the number of lymph nodes in the group. If an appropriate specialisation is not available for a body structure or region, this generic archetype can be used to record all relevant findings, including identification of the structure or region.

\*\*Misuse:\*\* Not to be used to record findings observed outside the identified body structure or region. Use a separate instance of one or more archetypes from the CLUSTER.imaging\_exam family for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* finding, imaging, body, system, structure, region, observation, diagnostic, radiology, image

\*\*Concepts:\*\*

* at0000::Imaging examination of a body structure - Findings on radiological examination of a specified body structure or region.
* at0001::Body structure - Identification of the body structure or region examined.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the body structure, not captured in other fields.

## imaging\_exam\_anomaly

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_exam\_anomaly.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record an incidental or ambiguous finding of a single anomaly on radiological examination that deviates from what is expected or normal within an identified body structure or region.

\*\*Use:\*\* Use to record an incidental or ambiguous finding of a single anomaly on radiological examination that deviates from what is expected or normal within an identified body structure or region. If more than one anomaly has been identified within the context of the same body structure or region, use a separate instance of this archetype to describe each anomaly. The intended scope for this archetype is to record detailed findings about an anomaly using any modality. It is anticipated that specific CLUSTER archetypes will be developed in the future to record common abnormal radiological findings, such as fractures. If a specific archetype to record the anomaly is not available, use this generic archetype to record relevant findings. Until the specific archetypes are developed, current use cases include, but are not limited to: - a large, mixed solid/cystic lesion containing teeth and hair, identified within the ovary - for example, a dermoid cyst; - a solid mass identified within the right upper lobe of the lung - for example, a past infection scar or a tumour; - a calcified lesion identified within the left kidney - for example, a kidney calculus; or - a soft tissue mass identified within the heart - for example, a thrombosis. This archetype is designed to be nested within the 'Additional details' SLOT in any of the CLUSTER.imaging\_exam family of archetypes which will provide the context for the anomaly, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate.

\*\*Misuse:\*\* Not to be used to record normal or abnormal findings that are expected for a specified imaging examination. Use specialised archetypes from the CLUSTER.imaging\_exam family or the generic CLUSTER.imaging\_exam archetype for this purpose. Not to be used to record details related to the overall findings, context or technical details related to a complete imaging examination test result. Use the OBERSERVATION.imaging\_exam\_result for this purpose. For example, comments on the study quality, differential diagnoses, and overall impression.

\*\*Keywords:\*\* lesion, mass, tumour, tumor, nodule, cyst, calculus, thrombosus, abnormality, anomaly

\*\*Concepts:\*\*

* at0039::Texture - Description of the texture or consistency of the anomaly.
* at0040::Margin - The border of the anomaly.
* at0041::Calcification - Presence of calcification in the anomaly.
* at0017::Present - Calcification is present.
* at0018::Absent - Calcification is not present.
* at0000::Imaging examination of an anomaly - An incidental or ambiguous finding of an anomaly on radiological examination that deviates from what is expected or normal within an identified body structure or region.
* at0044::Vascularisation description - Description about the blood flow related to to the anomaly.
* at0002::Body site - Identification of the area of the body under examination.
* at0003::Structured body site - Structured details about the area of the body under examination.
* at0004::Imaging findings - Narrative description of the imaging findings observed during this examination.
* at0005::Additional details - Additional structured details about imaging findings for the identified body structure or region, or findings of related structures.
* at0006::Impression - Single word, phrase or brief description that represents the clinical meaning and significance of all imaging findings for the identified body structure.
* at0007::Comment - Additional narrative about the imaging findings of the anomaly, not captured in other fields.
* at0032::Indeterminate - It is not possible to determine if calcification is present or absent.
* at0035::Label - A label for the anomaly.
* at0036::Type - The type of anomaly.
* at0038::Shape - The contour or silhouette of the anomaly.
* at0042::Calcification description - Description about the pattern of calcification observed.
* at0043::Effect - Description about the effect of the anomaly on surrounding structures.
* at0052::Physical properties - A physical properties of the anomaly.

## imaging\_myometrial\_lesion

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_myometrial\_lesion.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about a single myometrial lesion found on radiological examination, focused on supporting the differentiation of adenomyosis from fibroids and other uterine smooth muscle tumours.

\*\*Use:\*\* Use to record details about a single myometrial lesion found on radiological examination. This archetype has been designed to be nested in the 'Lesion detail' SLOT within the CLUSTER.imaging\_exam-uterus or CLUSTER.imaging\_exam-cervix archetypes.

\*\*Concepts:\*\*

* at0000::Imaging examination of a myometrial lesion - Details about a single myometrial lesion found on radiological examination.
* at0001::Label - Label used to uniquely identify one myometrial lesion from another.
* at0003::Anterior - The lesion is located within the myometrium in the anterior aspect of the uterus.
* at0004::Posterior - The lesion is located within the myometrium in the posterior aspect of the uterus.
* at0005::Fundal - The lesion is located within the myometrium in the fundus of the uterus.
* at0006::Right lateral - The lesion is located within the myometrium on the right side of the uterus.
* at0007::Left lateral - The lesion is located within the myometrium on the left side of the uterus.
* at0008::Global - The lesions are located within the myometrium and distributed throughout the uterus.
* at0002::Location - Description about the location of observed myometrial lesion.
* at0010::Pedunculated intracavitary - None
* at0011::Submucosal, < 50% intramural (≥50% submucosal) - None
* at0012::Submucosal, ≥ 50% intramural (<50% submucosal) - None
* at0013::100% intramural, contacting endometrium - None
* at0014::100% intramural, no endometrial or subserosal contact - None
* at0015::Subserosal,≥50% intramural - None
* at0016::Subserosal,<50% intramural - None
* at0017::Pedunculated subserosal - None
* at0018::Non-myometrial location - For example: cervical, broad ligament, parasitic.
* at0009::FIGO classification - Description of the site of the lesion within the myometrial wall according to the FIGO classification of fibroids.
* at0020::Length - The measured length of the longest edge of the lesion.
* at0021::Width - The measured length of widest aspect of the lesion, usually perpendicular to the length.
* at0022::Height - The measured length of the vertical aspect of the lesion.
* at0019::Dimension - A measured dimension of the myometrial lesion.
* at0023::Volume - The calculated volume of the identified lesion.
* at0039::Shadowing description - Narrative description about associated acoustic shadowing.
* at0045::Presence? - None
* at0046::Present - Edge shadowing is observed.
* at0047::Absent - No edge shadowing is observed.
* at0040::Shadowing details - None
* at0041::Shadow type - None
* at0042::Edge shadow - None
* at0043::Internal shadow - None
* at0044::Fan-shaped shadow - None
* at0048::Degree - None
* at0049::Slight - None
* at0050::Moderate - None
* at0051::Strong - None
* at0025::Well-defined - The lesions observed in the myometrium are well-defined.
* at0026::Ill-defined - The lesions observed in the myometrium are ill-defined.
* at0024::Outline - Description of the silhouette of the endometrial lesion.
* at0027::Shape - The shape of the myometrial lesion.
* at0028::Round - None
* at0029::Oval - None
* at0030::Lobulated - None
* at0031::Contour - The contour of the myometrial lesion.
* at0032::Smooth - None
* at0033::Irregular - None
* at0034::Rim - The echogenic rim of the lesion.
* at0035::Hypo-echogenic - None
* at0036::Hyper-echogenic - None
* at0037::No rim - None
* at0052::Comment - Additional narrative about the myometrial lesion not captured in other fields.
* at0038::Lesion vascularisation - None

## imaging\_series

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.imaging\_series.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about a DICOM series.

\*\*Use:\*\* Use to record details about a DICOM series. This archetype has been designed to be nested within the 'Series details' and 'Comparison series details' SLOTs in the OBSERVATION.imaging\_exam\_result or other archetypes where clinically relevant.

\*\*Keywords:\*\* DICOM, radiology, series, image

\*\*Concepts:\*\*

* at0000::Imaging series - Details about a series of images, as part of a DICOM study.
* at0010::Number of instances - The number of instances contained in the series.
* at0016::Series instance identifier - Unique identifier for the imaging series assigned by the radiology service.
* at0017::Series number - The numeric identifier of this series in the study.
* at0018::Modality - The type of diagnostic equipment, or function or technique of that equipment, that originally acquired, the data used to create the image series.
* at0019::Series end point - Location of where to query for imaging content and metadata (QIDO-RS, WADO-RS, or WADO-URI).
* at0021::Device - Details about imaging device/s used to capture the series.
* at0022::Series description - Description about the series.

## information\_resource

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.information\_resource.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, pt-br, en

\*\*Purpose:\*\* To record details about information, instructional or educational material supplied to the individual, or their carer, as part of the provision of healthcare.

\*\*Use:\*\* Use to record details about text, audio, images, animations, video and interactive content that is supplied to an individual, or their carer, as part of the provision of healthcare. Examples include but are not limited to: - A book; - A patient-education leaflet; - A mobile application; - A website, web portal or web-based platform; - A podcast; or - An instructional video. The 'Content' data element allows for the media content to be captured and stored using the Multimedia data type, or to be referenced elsewhere using the URI data type. If more than one resource is supplied as part of a single activity, use one instance of this archetype to represent each resource. The context of each resource should be contained within the parent archetype. For example: details about healthcare education material provided as part of a course will be captured within the ACTION.health\_education archetype.

\*\*Misuse:\*\* Not to be used to represent media, including images, video and audio files, that are generated or captured during provision of healthcare, such as an X-ray or image of a wound - use CLUSTER.media\_capture for this purpose.

\*\*Keywords:\*\* image, audio, text, video, application, file, pamphlet, form

\*\*Concepts:\*\*

* at0000::Information resource - Information, instructional or educational material supplied to an individual, or their carer, as part of the provision of healthcare.
* at0001::Content - Digital representation of the information resource.
* at0002::Resource name - Name or title of the information resource.
* at0005::Description - Narrative description about the information resource.
* at0007::Comment - Additional narrative about the information resource not captured in other fields.
* at0010::Identifier - Identifier for the information resource.
* at0012::Author - Details about the individual or organisation who created or authored the information resource.
* at0013::Additional details - Further details about the information resource.
* at0014::Published - The date or period when the information resource was published or released.
* at0015::Version - The version or edition of the information resource.
* at0016::Type of media - The type of material provided.

## inpatient\_episode\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.inpatient\_episode\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record simple details about an admission episode to an inpatient facility.

\*\*Use:\*\* Use to record simple details about an admission episode to an inpatient facility.

\*\*Concepts:\*\*

* at0000::Inpatient episode details - Details about an admission episode to an inpatient facility.
* at0001::Place of admission - The physical location where the patient has been admitted.
* at0002::Structured place of admission - Structured details about the place of admission.
* at0003::Reason for admission - The reason for admission.
* at0004::Date of admission - The date of admission to the inpatient facility.
* at0005::Date of separation - The date of when the individual left to the inpatient facility.
* at0006::Separation outcome - The state of the individual as they left the facility.

## inspection\_body\_fluid-sputum

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.inspection\_body\_fluid-sputum.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the findings observed during the macroscopic inspection (including odour) of sputum.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation about findings observed during the inspection (including odour) of sputum. This archetype has been specifically designed to be used as the framework for recording details about examination of sputum. It may be used: - in the 'Examination findings' SLOT within many of the CLUSTER.exam family of archetypes and related inspection archetypes; - in the 'Physical properties' SLOT within the CLUSTER.specimen archetype; and - within other OBSERVATION or CLUSTER archetypes, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. While this archetype will most likely be used in the context of a living subject, it is also appropriate to use in recording autopsy findings. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical description' data element.

\*\*Misuse:\*\* Not to be used to record the inspection of body fluids other than sputum - use the parent CLUSTER.inspection\_body\_fluid or other appropriate specialisations for this purpose. Not to be used to record the inspection of blood or blood clots, but only to record the presence of blood or blood clots within sputum. Not to be used for recording measurements of sputum volume - use OBSERVATION archetypes for this purpose. For example: OBSERVATION.fluid\_output. Not to be used to record details about a non-physiological fluid. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example: OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Keywords:\*\* sputum, phlegm, mucus, airway, cough, haemoptysis, hemoptysis

\*\*Concepts:\*\*

* at0001::Fluid name - The name of the body fluid being examined.
* at0003::Description - Narrative description about the fluid.
* at0004::Specific findings - Additional structured details about the body fluid.
* at0005::Multimedia representation - Digital image, video or diagram representing the inspection findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the examination findings.
* at0007::Comment - Additional narrative about the inspection findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0017::Odour - The smell of the body fluid.
* at0018::Colour - The colour of the body fluid.
* at0021::Blood clots - Blood clots are observed within or associated with the body fluid.
* at0022::Blood - The qualitative amount of blood observed in the body fluid.
* at0023::Absent - No blood is observed in the fluid.
* at0024::Slight - There is a slight amount of blood observed.
* at0025::Moderate - There is a moderate amount of blood observed.
* at0026::Large - There is a large amount of blood observed.
* at0027::Present - Blood clots are present.
* at0028::Absent - Blood clots are absent.
* at0000.1::Inspection of sputum - Findings observed during the macroscopic inspection of sputum.
* at0001.1::Fluid name - The name of the body fluid being examined.
* at0.1::Sputum - Sputum is examined.
* at0021.1::Blood clots - Blood clots are observed within or associated with the body fluid.
* at0.2::Consistency - The viscosity of the sputum.
* at0.3::Thin - Low viscosity; flowing relatively freely.
* at0.4::Thick - Relatively firm or viscous; not flowing freely.
* at0.5::Appearance - The appearance of the sputum.
* at0.6::Mucoid - The sputum consists mostly of mucus.
* at0.7::Mucopurulent - The sputum consists of both mucus and pus.
* at0.8::Purulent - The sputum consists mostly of pus.
* at0018.1::Colour - The colour of the body fluid.
* at0.9::Clear - Appears transparent.
* at0.10::White - Pale or off white.
* at0.11::Grey - Shade between white and charcoal, like ash.
* at0.12::Yellow - Shade between cream and mustard.
* at0.13::Green - Shade between pale honeydew and olive.
* at0.14::Rust - Shade between red and brown.
* at0.15::Brown - Shade between light tan and chocolate.
* at0.16::Pink - Shade between pale pink and watermelon.
* at0.17::Black - Shade between dark grey and jet black.

## inspection\_body\_fluid-urine

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.inspection\_body\_fluid-urine.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the findings observed during the macroscopic inspection (including odour) of urine.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation about findings observed during the inspection (including odour) of urine. This archetype has been specifically designed to be used as the framework for recording details about examination of urine, with the context of the anatomical site or source of the urine will be carried in the archetypes in which it is nested, including but not limited to: - in the 'Examination findings' SLOT within many of the CLUSTER.exam family of archetypes and related inspection archetypes; - in the 'Physical properties' SLOT within the CLUSTER.specimen archetype; - in the 'Additional details' SLOT within the OBSERVATION.urinalysis, the OBSERVATION.fluid\_output archetypes; and - within other OBSERVATION or CLUSTER archetypes, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. While this archetype will most likely be used in the context of a living subject, it is also appropriate to use in recording autopsy findings. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical description' data element.

\*\*Misuse:\*\* Not to be used to record the inspection of body fluids other than urine - use the parent CLUSTER.inspection\_body\_fluid or other appropriate specialisations for this purpose. Not to be used to record the inspection of blood or blood clots, but only to record the presence of blood or blood clots within urine. Not to be used for recording measurements of urine output - use OBSERVATION archetypes for this purpose. For example: OBSERVATION.fluid\_output. Not to be used to record details about a non-physiological fluid. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example: OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used to record the results of a urinalysis test - use OBSERVATION.urinalysis for this purpose.

\*\*Keywords:\*\* urine

\*\*Concepts:\*\*

* at0001::Fluid name - The name of the body fluid being examined.
* at0003::Description - Narrative description about the fluid.
* at0004::Specific findings - Additional structured details about the body fluid.
* at0005::Multimedia representation - Digital image, video or diagram representing the inspection findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the examination findings.
* at0007::Comment - Additional narrative about the inspection findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0017::Odour - The smell of the body fluid.
* at0018::Colour - The colour of the body fluid.
* at0021::Blood clots - Blood clots are observed within or associated with the body fluid.
* at0022::Blood - The qualitative amount of blood observed in the body fluid.
* at0023::Absent - No blood is observed in the fluid.
* at0024::Slight - There is a slight amount of blood observed.
* at0025::Moderate - There is a moderate amount of blood observed.
* at0026::Large - There is a large amount of blood observed.
* at0027::Present - Blood clots are present.
* at0028::Absent - Blood clots are absent.
* at0000.1::Inspection of urine - Findings observed during the macroscopic inspection of urine.
* at0003.1::Description - Narrative description about the fluid.
* at0018.1::Colour - The colour of the body fluid.
* at0.1::Transparent/colourless - \*
* at0.2::Pale straw - \*
* at0.3::Transparent yellow - \*
* at0.4::Darke yellow - \*
* at0.5::Amber/honey - \*
* at0.6::Brown - \*
* at0.7::Orange - \*
* at0.8::Pink/red - \*
* at0.9::Blue/green - \*
* at0.10::Black - \*
* at0.11::Clarity - The amount of transparency of the urine.
* at0.12::Clear - \*
* at0.13::Hazy - \*
* at0.14::Cloudy - \*
* at0.15::Turbid - \*
* at0021.1::Blood clots - Blood clots are observed within or associated with the body fluid.

## inspection\_body\_fluid

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.inspection\_body\_fluid.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the findings observed during the macroscopic inspection (including odour) of a body fluid.

\*\*Use:\*\* Use to record a narrative description, structured details and clinical interpretation about findings observed during the inspection (including odour) of a body fluid. This archetype has been specifically designed to be used as the framework for recording details about examination of any body fluid and the context of the anatomical site or source of the body fluid will be carried in the archetypes in which it is nested, including but not limited to: - in the 'Examination findings' SLOT within many of the CLUSTER.exam family of archetypes and related inspection archetypes; - in the 'Physical properties' SLOT within the CLUSTER.specimen archetype; and - within other OBSERVATION or CLUSTER archetypes, where clinically appropriate. In order to record examination findings for: - specific types of fluids with unique attributes that need to be recorded, it is intended that a specific CLUSTER archetype for this purpose be nested within the 'Specific findings' SLOT. For example additional details only relevant to clear fluids will be recorded within a specific archetype for this purpose that will effectively extend this generic body fluid archetype; and - multicomponent body fluids such as amniotic fluid that may also contain obvious blood, meconium or pus, it is intended that one instance of this archetype be used to describe the amniotic fluid overall and additional instances of this same archetype will be nested with the 'Specific findings' SLOT to represent each of blood, meconium and pus. Body fluid is a liquid that originates from the human body, and this archetype is intended to support detailed description of: - normal physiological fluids; - physiological fluids that may be altered due to a pathological process; and - fluids generated as part of a pathological process within the body. Extracellular body fluid examples include, but are not limited to: - Amniotic fluid; - Blood and plasma; - Cerebrospinal fluid; - Discharge; - Urine; - Pus; - Saliva; - Sputum; - Synovial fluid; - Sweat; and - Vomitus. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. While this archetype will most likely be used in the context of a living subject, it is also appropriate to use in recording autopsy findings. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical description' data element.

\*\*Misuse:\*\* Not to be used to record the inspection of urine - use the specialisation CLUSTER.inspection\_body\_fluid-urine for this purpose. Not to be used to record the inspection of sputum - use the specialisation CLUSTER.inspection\_body\_fluid-sputum for this purpose. Not to be used to record the inspection of blood or blood clots, but only to record the presence of blood or blood clots within other fluids. Not to be used for recording measurements of fluid volume - use OBSERVATION archetypes for this purpose. For example: OBSERVATION.fluid\_output. Not to be used to record details about a non-physiological fluid. Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example: OBSERVATION.story and CLUSTER.symptom\_sign. Not to be used to record the results of a urinalysis test - use OBSERVATION.urinalysis for this purpose. Not to be used to record the other details about a specimen for use in laboratory testing - use CLUSTER.specimen. Note: despite this exclusion, it is reasonable to use this archetype within the CLUSTER.specimen to describe physical properties about a body fluid as noted above. Not to be used to record the details about examination of faeces - use the CLUSTER.examination\_faeces.

\*\*Keywords:\*\* biofluid, amniotic, cerebrospinal, fluid, discharge, urine, pus, saliva, sputum, synovial, sweat, vomit, gastric, diarrhoea, mucous, mucus, spinal, bile, breast, milk, gastric, acid, semen, secretion, ascites, serous, intraocular, diasylate, synovial, bodily, pericardial, pleural

\*\*Concepts:\*\*

* at0000::Inspection of a body fluid - Findings observed during the macroscopic inspection of an extracellular body fluid.
* at0001::Fluid name - The name of the body fluid being examined.
* at0003::Description - Narrative description about the fluid.
* at0004::Specific findings - Additional structured details about the body fluid.
* at0005::Multimedia representation - Digital image, video or diagram representing the inspection findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the examination findings.
* at0007::Comment - Additional narrative about the inspection findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0017::Odour - The smell of the body fluid.
* at0018::Colour - The colour of the body fluid.
* at0021::Blood clots - Blood clots are observed within or associated with the body fluid.
* at0022::Blood - The qualitative amount of blood observed in the body fluid.
* at0023::Absent - No blood is observed in the fluid.
* at0024::Slight - There is a slight amount of blood observed.
* at0025::Moderate - There is a moderate amount of blood observed.
* at0026::Large - There is a large amount of blood observed.
* at0027::Present - Blood clots are present.
* at0028::Absent - Blood clots are absent.

## inspired\_oxygen

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.inspired\_oxygen.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, es-ar, nb, en

\*\*Purpose:\*\* To record the amount of oxygen available in the air the subject inspires at the time of observation, or the amount of oxygen that is to be delivered, if part of an order.

\*\*Use:\*\* Use within an INSTRUCTION archetype to specify an order of oxygen, in an ACTION archetype to record performed oxygen therapy, or within OBSERVATION archetypes such as Blood gases or Respirations, as part of patient state, where knowledge of ambient oxygen status is critical to interpretation of the observation. The SLOT 'Oxygen delivery detail' can be used to specify additional structured information on the oxygen delivery, for example humidification or assisted ventilation. This will be relevant when there is an OBSERVATION archetype at top level, where this archetype is nested, for example OBSERVATION.pulse\_oximetry. In other use cases, where the oxygen delivery itself is the concept, for example an archetype about mechanical ventilation, this archetype will be useful to record the amount of oxygen the individual is receiving. Also use in calculation of FiO₂/PaO₂ ratio, in addition to other algorithms in intensive care medicine, for example oxygen extraction ratio, etc. Atmospheric pressure is assumed to equivalent to sea-level pressure, unless otherwise specified. Where not specifically recorded values of 21% O₂, FiO₂ of 0.21 and oxygen flow rate of zero may be assumed. 'Inspired oxygen' implies the amount of oxygen that was ordered or actioned, and normally reported in clinical records e.g.' the patient is on 30% Oxygen' and is not intended to capture the actual 'physiological' amount of oxygen that the patient receives, which will vary depending on the delivery method and other external conditions, such as whether the individual is breathing shallowly or is frequently removing the nasal prongs.

\*\*Misuse:\*\* Do not use for other inhaled gases such as nitrous oxide.

\*\*Keywords:\*\* breathing, oxygen, air, respiration, flow rate, therapy, O2, O₂, PaO2, FiO2

\*\*Concepts:\*\*

* at0000::Inspired oxygen - The amount of oxygen being delivered, or to be delivered, to the patient given as a fraction, percentage or indirectly as a flow rate.
* at0051::Flow rate - Oxygen flow rate given to an individual.
* at0052::FiO₂ - Fraction of oxygen in inspired air.
* at0053::Percent O₂ - Percentage of oxygen in inspired air.
* at0054::Method of oxygen delivery - The method used to deliver the oxygen.
* at0057::On air - The patient is receiving air, equivalent to 21% O₂ or 0.21 FiO₂ and an oxygen flow rate of 0 litres per minute.
* at0058::Oxygen delivery detail - Further details of the method of oxygen delivery.

## interpreter\_request

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.interpreter\_request.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record requirements and preferences for appropriate interpretation to assist with communication.

\*\*Use:\*\* Use to record requirements and preferences for appropriate interpretation to assist with communication, commonly with a specific activity or provision of a clinical service. This archetype is specifically designed to be nested within the 'Patient requirements' SLOT in the INSTRUCTION.service\_request archetype but could be used within other INSTRUCTION archetypes which require participation of an interpreter.

\*\*Misuse:\*\* Not to be used to record details about a language - use CLUSTER.language for this purpose. Not to be used to record capability and means for exchanging information with an individual - use EVALUATION.communication\_capability for this purpose. Not to be used to record details about an interpretation that was performed - use the proposed ACTION.interpretation. Not to be used to record administrative information about the ability of the healthcare provider or clinical system to communicate with an indivdual - for this purpose use ADMIN\_ENTRY.translation\_requirements.

\*\*Keywords:\*\* interpreter, language, translator, sign, signing

\*\*Concepts:\*\*

* at0000::Interpreter request - Requirements and preferences for appropriate interpretation to assist with communication.
* at0003::Comment - Additional narrative description about the requirements for the interpretation not captured in other fields.
* at0004::Preferred interpreter - Identification of the individual interpreter that is preferred for the interpretation.
* at0009::Communication channel - The preferred way of delivery for the interpretation.
* at0010::Face-to-face meeting - Physical attendence of the interpreter.
* at0011::Videoconference - Remote video and audio interpretation.
* at0012::Audioconference - Audio interpretation only.
* at0027::Preferred gender - The preferred gender of the interpreter.
* at0028::Male - A male interpreter is preferred.
* at0029::Female - A female interpreter is preferred.
* at0031::Language - Language and method of communication for the interpretation.
* at0034::No preference - There is no gender preference for the interpreter.
* at0035::Comment - Additional narrative description about the requested language not captured in other fields.
* at0039::Per language - Details about the requested language.
* at0040::Preferred language - Preferred language and/or method of communication for an individual.
* at0041::Alternative language - Other language, and/or method of communication that could be used for an individual.

## intravitreal\_injection\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.intravitreal\_injection\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Provide details about intravitreal injection.

\*\*Use:\*\* Either to provide details about the procedure whenever a intravitreal injection is scheduled, or to register the consequent realization of that procedure.

\*\*Keywords:\*\* intraocular injection, intravitreal injection

\*\*Concepts:\*\*

* at0000::Intravitreal injection details - Details about intravitreal injection procedure.
* at0001::Clinical Setting - Allocation where the intravitreal injection takes place.
* at0002::Anaesthetic Type - Type of anesthesia chosen.
* at0003::Anaesthetic - Details concerning the anaesthetic prior to the procedure.
* at0005::Topical - Topical anaesthesia.
* at0006::Anaesthetic Route - Route chosen to apply the anesthesia.
* at0007::Retrobulbar - Retrobulbar anesthesia.
* at0008::Peribulbar - Peribulbar anesthesia.
* at0009::Subtenons - Sub-Tenons's anesthesia.
* at0010::Subconjunctival - Subconjunctival route.
* at0011::Topical - Topical route.
* at0012::Topical and intracameral - Topical and intracameral route.
* at0013::Other - Other route.
* at0014::Anaesthetic Agent - Anesthetic agent.
* at0015::Pre Injection Conjunctival Cleanser - Anti-infective agent used as antiseptic.
* at0016::Preparation - Details about preparation of the intervention.
* at0017::Pre Injection Skin Cleanser - Anti-infective agent used for skin cleanse.
* at0018::Pre Injection IOP Lowering Therapy Required - Select if pre Injection IOP lowering therapy is required.
* at0019::Pre Injection IOP Lowering Therapy - Therapy chosen to lower patient's IOP prior to injections.
* at0020::Intravitreal Injections - Details about application of injections.
* at0021::Compound Injected - Compound contained within the intravitreal injection.
* at0022::Batch Number - Batch number of the injections used.
* at0024::Batch Expiry Date - Expiry date for the batch of injections used.
* at0025::Number of injections - Number of injections involved in the current intervention.
* at0026::Post Injection - Details about procedures after intravitreal injections to guarantee patient's safety.
* at0027::Post Injection IOP Lowering Therapy Required - Select if IOP lowering is required after injection.
* at0028::Post Injection IOP Lowering Therapy - Therapy chosen to lower patient's IOP after injections.
* at0029::Complications - Possible complications due to intravitreal injections.
* at0030::Post Injection examination - Routine examination to check the patient's status after the therapy.
* at0031::Counting Fingers - Evaluation about if the patient is able to count fingers or not.
* at0032::IOP Checked - Intraocular pressure measurement is recommended or not.
* at0041::Apraclonidine 0.5% - Apraclonidine (trade name Iopidine Eye) 0.5% intra-ocular solution.
* at0042::Apraclonidine 1% - Apraclonidine (trade name Iopidine Eye) 1% intra-ocular solution.
* at0043::Acetazolamide 250mg - Acetazolamide (trade name Diamox) 250mg m/r capsule.
* at0044::Acetazolamide 500mg - Acetazolamide (trade name Diamox) 500mg m/r capsule.
* at0045::Apraclonidine 0.5% - Apraclonidine (trade name Iopidine Eye) 0.5% intra-ocular solution.
* at0046::Apraclonidine 1% - Apraclonidine (trade name Iopidine Eye) 1% intra-ocular solution.
* at0047::Acetazolamide 250mg - Acetazolamide (trade name Diamox) 250mg m/r capsule.
* at0048::Acetazolamide 500mg - Acetazolamide (trade name Diamox) 500mg m/r capsule.
* at0049::Post Injection Drops - Details about a preventive treatment of antibiotics after intravitreal injections.
* at0050::Subconjunctival haemorrage - Subconjunctival haemorrage.
* at0051::Conjunctival damage - Conjunctival damage (e.g. tear).
* at0052::Corneal abrasion - Corneal abrasion.
* at0053::Lens damage - Lens damage.
* at0054::Retinal damage - Retinal damage.
* at0055::Other - Other complication not provided in the list.
* at0056::Infectious endophthalmitis - Infectious endophthalmitis.
* at0057::Sterile Drape - Use or not of a sterile drape before injection.
* at0058::Speculum - Use of speculum or on the contrary manual eye lid retraction, to prevent contact of the eyelashes and eyelid margins with both the injection site and the injection needle.
* at0059::Surgical Masks -   
    
  Use of surgical masks by clinicians and patients, or on the contrary, do not use mask but minimize speaking to reduce infection risk during procedure.
* at0060::Sterile Gloves - Use of sterile or nonsterile gloves during the intervention.
* at0061::Monitor IOP - \*
* at0063::Injection Site - Distance in mm of the needle posterior to the limbus between the vertical and horizontal rectus muscles.
* at0065::Drops - Anaesthetic agent in drops form.
* at0066::Gel - Anaesthetic agent in gel form.
* at0067::Injection - Anaesthesia by injection.
* at0068::Contraindications - Identifies possible contraindications (if any) to be considered before conducting ITV injections.
* at0069::Ocular hipertension/glaucoma - Patients with preeexisting ocular hipertension/glaucoma.
* at0070::Previous conditions/surgeries - Preexisting ocular conditions/previous ocular surgeries.
* at0071::Recent surgery - Recent postcataract surgery patients.
* at0072::Complex conditions - Complex medical or ocular conditions.
* at0073::Anticoagulation - Patients on anticoagulation.
* at0074::Allergy - Allergy to Povidone–Iodine.
* at0075::Infection - Active external infection, including active infection in blepharitis.
* at0076::Abnormalities - Eyelid, adnexal, and ocular surface abnormalities.
* at0077::Office setting - Intravitreal injections performed in ophthalmologist's office.
* at0078::Treatment room - Intravitreal injections performed in a dedicated treatment room.
* at0079::Operating room - Intravitreal injections performed in the operating room.
* at0080::Laterality - Eyes treated in the same sitting.
* at0081::Left - IVT injection on the left eye.
* at0082::Right - IVT injection on the right eye.
* at0083::Bilateral - IVT bilateral injection.
* at0084::Anti-infective on Eyelids - Application or not of anti-infective agent to the eyelids, including the eyelid margins and eyelashes.
* at0085::Dilation Required - Need or not of pupillary dilation prior to the surgical intervention.

## issue

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.issue.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, ar-sy, en

\*\*Purpose:\*\* To record a health-related issue or concern held by the individual.

\*\*Use:\*\* Use to record a health-related issue or concern held by the individual, their carer or advocate.

\*\*Misuse:\*\* Not to be used to record details about a symptom or sign - use CLUSTER.symptom\_sign for this purpose. Not to be used to record details about a health-related event - use CLUSTER.health\_event for this purpose.

\*\*Keywords:\*\* issue

\*\*Concepts:\*\*

* at0000::Issue - A health-related issue or concern held by the individual.
* at0001::Issue - The name of the issue or concern as presented by the person.
* at0002::Description - Narrative description about the issue or concern.
* at0004::Date identified - None
* at0005::Issue details - None

## item\_transport

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.item\_transport.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record details of the transportation process of an identified item between two or more sites.

\*\*Use:\*\* Use to record details of the transportation process of an identified item between two or more sites, particularly when this is relevant to identify any issues, time delays or problems that may impact the quality of transported items for critical activities such as laboratory analysis or tissue transplantation. This archetype is intended to be nested within the 'Transportation details' SLOT in any archetypes where it is context- & content-appropriate. In addition, it is possible to record fine details about each phase of a multi-step transportation process by nesting this archetype, one instance per step, within the 'Transportation step' SLOT within this archetype. Example use cases include, but are not limited to: - within the INSTRUCTION.service\_request to describe the required transportation for a specimen, specimen container or biological specimen such as a donated organ. - within a laboratory-related ACTION archetype to describe how a specimen or specimen container has been transported, particularly where this is relevant to potential issues with the quality of the specimen for analysis. - within OBSERVATION.laboratory\_test\_result to record details of the specimen or container transportation.

\*\*Keywords:\*\* specimen, transport, collection, delivery, container, handling, process, step, biospecimen

\*\*Concepts:\*\*

* at0000::Transportation of an item - Details about the transportation process of an identified item between two or more sites.
* at0001::Transport status - The status of the transportation process for the item.
* at0002::Transporter identifier - Identifier of person or agency responsible for transporting the item.
* at0004::Pick up date/time - The date/time when the item departed the sending site.
* at0005::Comment - Additional narrative about the transportation process not captured in other fields.
* at0007::Delivery date/time - The date/time when the item arrived at the receiving site.
* at0008::Pickup site - Narrative description about the location of the item prior to transport.
* at0009::Delivery site - Narrative description about the place where the item is located after the transport.
* at0010::Transport description - Description about the actual transport process and handling of the item.
* at0015::Transport sequence - The transport sequence/step number.
* at0017::Transporter details - Structured details about the transporter.
* at0022::Delivery details - Structured details about the receiver of the item.
* at0023::Pickup details - Structured details about the sender of the item.
* at0024::Additional details - Additional details about the transportation process.
* at0025::Transportation step - None
* at0026::Transport step detail - Details about a single component step within a multistep transportation process.
* at0027::Transport instruction - Description about the intended transport process for the item.
* at0028::Item transported - The type or name of the item being transported.

## knowledge\_base\_reference

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.knowledge\_base\_reference.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record a reference to a knowledge base, and/or to items contained within the knowledge base, in relation to specific health record information which uses that knowledge base.

\*\*Use:\*\* Use to record a reference to a knowledge base, and/or to items contained within the knowledge base, in relation to specific health record information which uses that knowledge base. This archetype is intended to be nested within other ENTRY or CLUSTER archetypes, as clinically appropriate. For example, it may be used within the CLUSTER.genomic\_variant\_result archetype in one of three places - to record details about the 'Bioinformatics analysis workflow'; 'Predicted impact analysis'; and 'Population allele frequency'.

\*\*Misuse:\*\* Not to be used to replicate actual information contained within a knowledge base.

\*\*Keywords:\*\* pipeline, database, analysis tool, software, knowledgebase, library

\*\*Concepts:\*\*

* at0000::Knowledge base reference - A citation of a digital resource used as an source of authoritative or expert information, and/or to items contained within the resource.
* at0001::Knowledge base name - The name of the knowledge base.
* at0002::Item version - The version of the referenced item within the knowledge base.
* at0003::Item URI - The hyperlink to the referenced item within the knowledge base.
* at0004::Comment - Additional narrative about the knowledge base, not captured in other fields.
* at0005::Item name - The name of the referenced item within the knowledge base.
* at0006::Knowledge base version - The version of the referenced knowledge base.
* at0007::Item publication - Date and/or time when the item within the database was published.
* at0008::Knowledge base URI - The hyperlink to the referenced knowledge base.

## laboratory\_stain\_findings

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.laboratory\_stain\_findings.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Laboratory stain findings - Findings observed from the examination of tissue treated with specialised stains intended to enhance the visibility of tissue structures and cellular details under a microscope.
* at0004::Stain name - Name of the technique used to stain the specimen.
* at0005::Gram stain - None
* at0006::India ink stain - None
* at0007::Ziehl-Neelsen stain - None
* at0008::Description - Narrative description about the findings observed on microscopic inspection of a specimen using the identified stain.
* at0009::Finding - Microscopic finding observed using the identified stain.
* at0010::Positive - None
* at0011::Negative - None
* at0012::Comment - Additional narrative about the microscopy findings using the identified stain, not captured in other fields.

## laboratory\_test\_analyte

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.laboratory\_test\_analyte.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en, zh-cn, nl, es, ca

\*\*Purpose:\*\* To record a single value laboratory analyte result, commonly found in clinical pathology testing such as medical biochemistry, haematology, immunology and transfusion medicine.

\*\*Use:\*\* Use to record a single value laboratory analyte result, commonly found in clinical pathology testing such as medical biochemistry, haematology, immunology and transfusion medicine. They may also be found in anatomical pathology reports as 'ancillary tests'. One or more instances of this archetype may be nested within the 'Test result' SLOT in the OBSERVATION.laboratory\_test\_result. In some circumstances this archetype may be carried within a CLUSTER.laboratory\_test\_panel archetype, together with other analytes which are normally tested and/or reported as part of a battery, panel or profile. This archetype may be used within the setting of more complex laboratory/pathology reporting such as anatomical pathology reports where quantitative results such as cytometric flow studies are often reported alongside conventional macroscopic and microscopic reporting.

\*\*Misuse:\*\* Not to be used to record anatomical pathology macroscopic/microscopic findings, other than for additional testing such as cytometric flow studies. Not to be used to record results for microbiological culture findings.

\*\*Keywords:\*\* laboratory, pathology, analyte, constituent, result

\*\*Concepts:\*\*

* at0000::Laboratory analyte result - The result of a laboratory test for a single analyte value.
* at0001::Analyte result - The value of the analyte result.
* at0003::Comment - Additional narrative about the analyte result, not captured in other fields.
* at0004::Reference range guidance - Additional advice on the applicability of the reference range to this result or may carry text or coded textual guidance as to whether the result is within the normal range.
* at0005::Result status - The status of the analyte result value.
* at0006::Result status time - The date and time that the analyte result was issued for the recorded ‘Result status’.
* at0014::Analyte result detail - Further detail regarding an individual result.
* at0015::Registered - The existence of the test is registered in the Laboratory Information System, but there is nothing yet available.
* at0016::Partial - This is a partial (e.g. initial, interim or preliminary) Test Result: data in the Test Result may be incomplete or unverified.
* at0017::Preliminary - Verified early results are available, but not all results are final. This is a sub-category of 'Partial'.
* at0018::Final - The Test result is complete and verified by an authorised person.
* at0019::Corrected - The result has been modified subsequent to being Final, and is complete and verified by an authorised person. This is a sub-category of 'Amended'.
* at0020::Amended - The result has been modified subsequent to being Final, and is complete and verified by an authorised person, and result data has been changed.
* at0021::Appended - Subsequent to being final, the report has been modified by adding new content. The existing content is unchanged. This is a sub-category of 'Amended'.
* at0022::Entered in error - The Test Result has been withdrawn following previous Final release.
* at0023::Cancelled - The result is unavailable because the test was not started or not completed (also sometimes called 'aborted').
* at0024::Analyte name - The name of the analyte result.
* at0025::Validation time - The date and time that the analyte result was validated in the laboratory by a healthcare practitioner.
* at0026::Specimen - Identification of the specimen used for the analyte result.
* at0027::Analyte result sequence - The intended position of this analyte result within the overall sequence of analyte results.
* at0028::Test method - Description about the method used to perform the test on this analyte only.

## laboratory\_test\_panel

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.laboratory\_test\_panel.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record laboratory test results in a panel/battery/profile structure common to clinical pathology testing for example biochemistry, haematology and immunology.

\*\*Use:\*\* To record laboratory test results in a panel/battery structure common to clinical pathology testing biochemistry, haematology and immunology. Normally used in conjunction with a parent OBSERVATION.laboratory\_test\_result. Where other more complex result patterns are required it may be helpful to specialise this archetype or substitute another.

\*\*Misuse:\*\* Not to be used to record Anatomical pathology macroscopic/microscopic findings.

\*\*Keywords:\*\* laboratory, pathology, panel, battery, profile

\*\*Concepts:\*\*

* at0000::Laboratory test panel - Laboratory test result as a panel/battery/profile structure common to clinical pathology testing.
* at0013::Panel detail - Further details including the individual analytes, specimen for the panel or a further nested panel.

## laboratory\_test\_serology

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.laboratory\_test\_serology.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record findings observed examining laboratory specimens under a microscope.

\*\*Misuse:\*\* Not to be used to record findings observed from culture of a specimen - use the CLUSTER.laboratory\_test\_culture for this purpose.

\*\*Keywords:\*\* microscopy, micro

\*\*Concepts:\*\*

* at0000::Laboratory serological finding - Findings observed examining laboratory specimens under a microscope.
* at0001::Description - Narrative description about the findings observed on inspection of a specimen using a microscope.
* at0022::Comment - None
* at0033::Specimen - Identification of the specimen examined.
* at0049::Test name - Antigen or antibody test name
* at0050::Finding - None
* at0051::Detected - None
* at0052::Not detected - None

## lab\_antibody

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.lab\_antibody.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the qualitative and quantitative findings for a specific antibody test.

\*\*Use:\*\* Use to record the qualitative and quantitative findings for a specific antigen test for microbial and non-microbial antibodies.

\*\*Misuse:\*\* Not to be used to record findings observed from microbial culture of a specimen - use the CLUSTER.laboratory\_test\_culture archetype for this purpose. Not to be used to record findings from antigen testing of a specimen - use the CLUSTER.laboratory\_test\_antigen archetype for this purpose. Not to be used to record findings from molecular testing of a specimen - use the CLUSTER.laboratory\_test\_molecular archetype for this purpose.

\*\*Concepts:\*\*

* at0000::Antibody test finding - The result of a laboratory test designed to detect and quantify the presence of specific antibodies produced by the immune system in response to a microorganism, tissue, allergen, or physiological process, within a clinical specimen.
* at0022::Comment - Additional narrative about the test finding not captured in other fields.
* at0033::Specimen - Identification of the specimen examined.
* at0049::Test name - Name of the antibody test.
* at0050::Presence - Statement about detection of the identified antibody in the specimen.
* at0051::Detected - None
* at0052::Not detected - None
* at0054::Quantitative result - Quantitative assessment of the amount of the identified antibody in the specimen.
* at0055::Test method - Method used for the antibody test.
* at0056::Indeterminate - None
* at0057::Antibody target - The specific antigenic structure or component that the test is designed to detect.
* at0059::Microbial target - The name of the microorganism associated with the antibody target, if relevant.

## lab\_antigen

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.lab\_antigen.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the qualitative and quantitative findings for a specific antigen test.

\*\*Use:\*\* Use to record the qualitative and quantitative findings for a specific antigen test for microbial and non-microbial antigens.

\*\*Misuse:\*\* Not to be used to record findings observed from microbial culture of a specimen - use the CLUSTER.laboratory\_test\_culture archetype for this purpose. Not to be used to record findings from antibody testing of a specimen - use the CLUSTER.laboratory\_test\_antibody archetype for this purpose. Not to be used to record findings from molecular testing of a specimen - use the CLUSTER.laboratory\_test\_molecular archetype for this purpose.

\*\*Concepts:\*\*

* at0000::Antigen test finding - The result of a laboratory test designed to directly identify and measure the presence of a specific antigen, typically associated with a microorganism, tissue, or physiological process, within a clinical specimen.
* at0022::Comment - Additional narrative about the test finding not captured in other fields.
* at0033::Specimen - Identification of the specimen examined.
* at0049::Test name - Name of the antigen test.
* at0050::Presence - Statement about detection of the identified antigen in the specimen.
* at0051::Detected - None
* at0052::Not detected - None
* at0054::Quantitative result - Quantitative assessment of the amount of the identified antigen in the specimen.
* at0055::Test method - Method used for the antigen test.
* at0056::Indeterminate - None
* at0057::Antigen target - The specific antigenic or protein structure or component that the test is designed to detect.
* at0059::Microbial target - The name of the microorganism associated with the antigen, if relevant.

## lab\_blood\_cell\_count

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.lab\_blood\_cell\_count.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record relative and absolute amounts of blood cells identified within an identified specimen, by manual or automatic detection.

\*\*Use:\*\* Use to record relative and absolute amounts of blood cells identified within an identified specimen, by manual or automatic detection.

\*\*Keywords:\*\* FBC, full blood picture, FBP, complete blood count, CBC, full blood examination, FBE, CBE, differential

\*\*Concepts:\*\*

* at0000::Blood cell count and differential finding - Relative and absolute amounts of blood cells identified within an identified specimen.
* at0001::Red cell count (RCC) - Total number of erythrocytes per volume unit of the specimen.
* at0002::White cell count (WCC) - Total number of leucocytes per volume unit of the specimen.
* at0004::Lymphocyte count - Number of lymphocytes per volume unit of the specimen.
* at0006::Neutrophil count - Number of neutrophils per volume unit of the specimen.
* at0007::Eosinophil count - Number of eosinophils per volume unit of the specimen.
* at0008::Basophil count - Number of basophils per volume unit of the specimen.
* at0009::Monocyte count - Number of monocytes per volume unit of the specimen.
* at0010::Platelet count - Number of platelets per volume unit of the specimen.
* at0011::Blast count - Number of blast cells per volume unit of the specimen.
* at0012::Specimen - Identification of the specimen examined.
* at0014::Comment - Additional narrative about the blood cell count, not captured in other fields.
* at0016::Neutrophil % - The proportion of neutrophils compared to the total white blood cell count.
* at0017::Lymphocyte % - The proportion of lymphocytes compared to the total white blood cell count.
* at0018::Monocyte % - The proportion of monocytes compared to the total white blood cell count.
* at0019::Eosinophil % - The proportion of eosinophils compared to the white blood cell count.
* at0020::Basophil % - The proportion of basophils observed compared to the total white blood cell count.
* at0021::Blast % - The proportion of blast cells compared to the total white blood cell count.

## lab\_microscopy\_culture

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.lab\_microscopy\_culture.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record findings observed from culturing a specimen to detect and identify microorganisms.

\*\*Use:\*\* Use to record findings observed from culturing a specimen to detect and identify microorganisms, including bacteria, viruses and fungi.

\*\*Concepts:\*\*

* at0000::Microbiology culture findings - Findings observed from culturing a specimen to detect and identify the growth of microorganisms.
* at0001::Findings - Narrative description of the findings on microbiological culture.
* at0002::Per microorganism - Details about specific culture findings for each identified organism.
* at0003::Microorganism name - Name of the microorganism cultured.
* at0004::Qualitative result - Qualitative assessment of the amount of the identified microorganism grown on culture.
* at0005::No growth - None
* at0006::Light growth - None
* at0007::Moderate growth - None
* at0008::Heavy growth - None
* at0009::Susceptibility test - Details about the ability of the microorganism to grow in the presence of an antimicrobial agent.
* at0010::Antimicrobial agent - The name of the antimicrobial substance being tested.
* at0011::Minimum inhibitory concentration (MIC) - The lowest concentration of an antimicrobial agent required to inhibit visible growth.
* at0012::Interpretation - Interpretation of the MIC value as a category.
* at0013::Sensitive (S) - None
* at0014::Intermediate (I) - None
* at0015::Resistant (R) - None
* at0016::Comment - Additional narrative about the culture findings for the identified microorganism, not captured in other fields.
* at0017::Overall comment - Additional narrative about the overall culture findings, not captured in other fields.
* at0018::Overall growth - Statement about the presence or absence of any microbial growth on culture.
* at0019::Growth - None
* at0020::No growth - None
* at0021::Growth - Observation about the presence or absence of growth of the identified organism on culture.
* at0022::Detected - None
* at0023::Not detected - None
* at0024::Indeterminate - None
* at0025::Quantitative result - Quantitative assessment of the amount of the identified microorganism grown on culture.
* at0030::- - None
* at0031::+ - None
* at0032::++ - None
* at0033::+++ - None

## lab\_microscopy\_parasitology

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.lab\_microscopy\_parasitology.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record findings about parasites or their developmental forms in a specimen, using microscopy.

\*\*Use:\*\* Use to record findings about parasites or their developmental forms, such as eggs, larvae, cysts, trophozoites in a specimen, using microscopy.

\*\*Misuse:\*\* Not to be used to record findings related to parasites that use molecular, antigen or antibody testing. Use CLUSTER.laboratory\_test\_molecular\_microbial, CLUSTER.laboratory\_test\_antigen or CLUSTER.laboratory\_test\_antibody for this purpose.

\*\*Concepts:\*\*

* at0000::Microbiology parasitology findings - A laboratory test to directly detect, identify and quantify parasites or their developmental forms in a specimen, using microscopy.
* at0001::Clinical description - Narrative description about all parasitology-related findings on microscopy.
* at0002::Specimen - None
* at0003::Per parasite - Per targeted parasite and developmental form.
* at0004::Parasite name - Name of the parasite.
* at0005::Presence - Statement about detection of the identified parasite in the specimen.
* at0006::Detected - None
* at0007::Not detected - None
* at0008::Indeteminate - None
* at0009::Comment - Additional narrative about the overall parasitology findings, not captured in other fields.
* at0010::Developmental form - Name of the developmental stage or lifecycle of the parasite.
* at0011::Qualitative result - Qualitative assessment of the amount of identified parasite in the specimen.
* at0012::Absent - None
* at0013::Scant - None
* at0014::Low - None
* at0015::Moderate - None
* at0016::High - None
* at0017::Quantitative result - Quantitative assessment of the amount of identified parasite in the specimen.
* at0018::Comment - Additional narrative about the findings for the identified parasite, not captured in other fields.

## lab\_microscopy\_stain

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.lab\_microscopy\_stain.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record findings observed on microscopic examination of specimens.

\*\*Use:\*\* Use to record findings observed on microscopic examination of specimens.

\*\*Concepts:\*\*

* at0000::Microscopy stain findings - Findings observed during microscopic examination of tissue treated with specialised stains, intended to enhance the visualisation of specimen, including microorganisms, tissue structures and cellular details.
* at0004::Staining method - Name of the technique used to stain the specimen.
* at0005::Gram stain - None
* at0006::India ink stain - None
* at0007::Ziehl-Neelsen stain - None
* at0009::Presence - Statement about detection of the staining target in the specimen.
* at0010::Detected - None
* at0011::Not detected - None
* at0012::Comment - Additional narrative about the overall microscopy findings using the identified stain, not captured in other fields.
* at0014::Specimen - None
* at0015::Staining agent - A chemical dye or compound that interacts with biological specimens to produce a colour change, improving their visibility and differentiation under a microscope.
* at0016::Per target finding - Details about a specific microorganism, tissue structure, or cell structure observed during the microscopic examination of a stained specimen.
* at0017::Staining target - Identification of the target organism, cell or structure.
* at0018::Qualitative result - Qualitative assessment of the amount of the target organism, cell, or structure observed using the stain.
* at0019::Scant - None
* at0020::Low - None
* at0021::Moderate - None
* at0022::High - None
* at0023::Morphology - Narrative description about the physical characteristics of the staining target.
* at0024::Clinical findings - Narrative description about the findings observed using the identified stain.
* at0025::Absent - None
* at0026::Indeterminate - None
* at0027::Comment - Additional narrative about the target findings using the identified stain, not captured in other fields.

## lab\_molecular\_microbial

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.lab\_molecular\_microbial.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the qualitative and quantitative findings for a specific microbial molecular genetic test.

\*\*Use:\*\* Use to record the qualitative and quantitative findings for a specific microbial molecular genetic test.

\*\*Misuse:\*\* Not to be used to record findings observed from microbial culture of a specimen - use the CLUSTER.laboratory\_test\_culture archetype for this purpose. Not to be used to record findings from antigen or antibody testing of a specimen - use the CLUSTER.laboratory\_test\_antibody or CLUSTER.laboratory\_test\_antigen archetypes for this purpose.

\*\*Keywords:\*\* nucleic,probe,DNA,RNA,microbial,molecular,genetic,gene

\*\*Concepts:\*\*

* at0000::Molecular microbial test findings - The result of a laboratory test for the detection and identification of specific micro-organism DNA or RNA in a specimen, using nucleic acid probes.
* at0022::Comment - Additional narrative about the test finding not captured in other fields.
* at0033::Specimen - Identification of the specimen examined.
* at0049::Test name - Name of the molecular test carried out.
* at0050::Presence - Statement about detection of the identified microorganism in the specimen.
* at0051::Detected - None
* at0052::Not detected - None
* at0054::Quantitative result - Quantitative assessment of the amount of the identified microorganism in the specimen.
* at0055::Test method - Method used for the molecular test.
* at0056::Indeterminate - None
* at0057::Molecular target - The specific genetic material within the microorganism that is being detected.
* at0059::Microbial target - The name of the microorganism being detected.

## language

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.language.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, pt-pt, fi, nb, en, zh-cn

\*\*Purpose:\*\* To record details about a spoken, written or symbolic system of communication.

\*\*Use:\*\* Use to record details about a spoken, written or symbolic system of communication. The context of the language details is provided by the parent archetypes within which this archetype is nested. For example: - to record a patient's primary or preferred language, use this archetype within the context of CLUSTER.communication; - to record the preferred or required language as part of a request for an interpreter, use CLUSTER.interpreter\_requirements; - to record the language used by an interpreter within the context of a clinical consultation, use this archetype within ACTION.interpretation. Use a separate instance of this archetype to record each language in the situation where multiple languages need to be recorded, for example Norwegian and Swahili.

\*\*Misuse:\*\* Not to be used to record capability and means for exchanging information with an individual - use CLUSTER.communication for this purpose. Not to be used to record details about a request for interpreter services - use CLUSTER.Interpreter\_requirements with a suitable INSTRUCTION archetype, for example INSTRUCTION.service\_request. Not to be used to record details about an interpretation that was performed - use the proposed ACTION.interpretation.

\*\*Keywords:\*\* signing, sign language, tongue, sign, speaker, spoken, written, proficiency, speech, translate, interpret

\*\*Concepts:\*\*

* at0000::Language - A collection of words, their pronunciation and methods for combining them, understood by a specific community and used as a form of communication.
* at0001::Language name - The name of the language.
* at0002::Variant - The name of the dialect or sociolect, if appropriate.
* at0004::Comment - Additional narrative about the language not captured in other fields.
* at0006::Mode - The method of communication for the specified language.
* at0007::Speaking - The voice is used.
* at0008::Signing - Physical actions or gestures are used. This value is redundant if identification of the mode is a component of the 'Language name', such as 'Norwegian sign language'.
* at0009::Reading - Written or printed letters, words, pictures or symbols is used.
* at0010::Writing - A composition of letters, words, pictures or symbols is used.
* at0012::Tactile reading - Interpretation of written material using touch is used.

## level\_of\_certainty\_bc

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.level\_of\_certainty\_bc.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the level of diagnostic certainty according to the Brighton Collaboration criteria.

\*\*Use:\*\* Use to record the level of diagnostic certainty according to the Brighton Collaboration criteria.

\*\*Concepts:\*\*

* at0000::Level of certainty (Brighton Collaboration) - Determination of the level of certainty for a diagnosis made following a vaccine-related adverse event, based on standardised criteria established by the Brighton Collaboration.
* at0001::Index disease - None
* at0002::Level of certainty - None
* at0003::Level 1 - Highest level of specificity; least sensitive.
* at0004::Level 2 - Intermediate level of specificity; lower sensitivity.
* at0005::Level 3 - Lower level of specificity; highly sensitive.
* at0006::Level 4 - Insufficient information available to meet any level of case definition.
* at0007::Level 5 - Not a case.

## level\_of\_exertion

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.level\_of\_exertion.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en, ar-sy

\*\*Purpose:\*\* Record information about the amount of energy expenditure that has been, or is being, experienced by the patient.

\*\*Use:\*\* Record information about phase and levels of exertion - to provide state/context information within OBSERVATIONS such as Blood Pressure.

\*\*Misuse:\*\* Not to be used to record actual exercise activities and measurements which should be recorded as OBSERVATIONS in their own right.

\*\*Keywords:\*\* exercise, work, exertion, activity, energy

\*\*Concepts:\*\*

* at0000::Level of exertion - Record information about level of exertion.
* at0005::Measured - The measured level of exertion.
* at0006::At rest - The person is at rest, prior to undertaking exercise.
* at0007::During exertion - The person is exerting themselves at the time.
* at0008::Post-exertion - Measurement is taken after exertion has ceased.
* at0009::Phase - The phase or context of exercise.
* at0010::Exercise intensity - Amount of work being done during exercise.
* at0011::Intensity - Semiquantitative description of the intensity of exercise undertaken.
* at0012::Low Intensity - Up to 80% Maximal Heart Rate.
* at0013::Medium Intensity - 80-85% of Maximal Heart Rate.
* at0014::High Intensity - 85-90% Maximal Heart Rate.
* at0015::Flat Out - 90-100% Maximal Heart Rate.
* at0016::Description - Description of the exertion.

## lymph\_node\_metastases

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.lymph\_node\_metastases.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, ar-sy, en

\*\*Purpose:\*\* To record detailed findings of lymph node metastases as part of microscopic histopathological examination of tissue.

\*\*Use:\*\* To record detailed findings about lymph node metastases as part of microscopic examination of tissue. Use as a component archetype in the context of a suite of archetypes that make up a histopathology report ie OBSERVATION.lab\_test.histopathology.

\*\*Misuse:\*\* Not designed to be used within any other archetype other than OBSERVATION.lab\_test.histopathology.

\*\*Keywords:\*\* tumour, lymph node, metastases, pathology, histopathology, cancer, malignancy

\*\*Concepts:\*\*

* at0000::Lymph node metastases - To record findings of tumour metastases in lymph nodes.
* at0001::Number of nodes examined - Number of nodes examined.
* at0002::Number of nodes with tumour - Number of nodes which show tumour involvement.
* at0009::Extent of tumour - Extent of tumour expressed as a maximum length. Applies only to an individual node.
* at0010::Lymph node site location - The anatomical location of the lymph node or site being reported.
* at0011::Nature of involvement - Nature or grade of the tumour, if present.
* at0012::Focal - The tumour is of a focal nature.
* at0013::Diffuse - The tumour is of a diffuse nature.
* at0014::Extent of extranodal tumour - Extent of extranodal tumour expressed as a maximum length.
* at0024::Complete - The node is completely invaded by tumour.
* at0025::Tumour involvement - Findings of lymph node involvement with tumour.
* at0029::Absent - Tumour is absent from the lymph node site.
* at0030::Equivocal - Lymph node involvement by tumour is equivocal.
* at0031::Indeterminate - Lymph node involvement by tumour has not been determined.
* at0033::Indeterminate - The nature of tumour has not been determnined.
* at0034::Extra-capsular extension - Findings of extension of tumour beyond a node capsule.
* at0035::Present - Extra-capsular involvement by tumour is present.
* at0036::Absent - Extra-capsular involvement by tumour is absent.
* at0037::Equivocal - Extra-capsular involvement by tumour is equivocal.
* at0038::Indeterminate - Extra-capsular involvement by tumour has not been determined.
* at0039::Extra-nodal extension - Findings related to extension of tumour external to the nodal capsule.
* at0040::Description - A text description of lymph node involvement by tumour.
* at0041::Lymph node site name - The name for the lymph node site being reported.
* at0042::Present - Lymph node involvement with tumour is present.
* at0044::Tissue available - Has the appropriate lymph node tissue been made available for examination?
* at0045::Lymph node details - Further details of lymph node metastasis at this site e.g individual nodes or further levels.
* at0046::Route of involvement - The route by which the tumour became involved in lymph node tissue.
* at0047::Direct spread - The tumour involved the lymph node by direct spread.
* at0048::Metastasis - The tumour involved the lymph node by metastasis.
* at0049::Present - Lymph node tissue is present.
* at0050::Absent - Lymph node tissue is absent.
* at0051::Marker dye uptake - Findings of whether marker dye has been taken up by the lymph node or lymph node group.
* at0052::Radioactivity count - Radioactivity count measured after use of radiocolloid.

## macronutrients

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.macronutrients.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about the nutrients that are consumed in the largest quantities.

\*\*Use:\*\* Use to record details about the nutrients that are consumed in the largest quantities. This archetype has been designed to be used within the 'Details' SLOT in the OBSERVATION.dietary\_nutrients archetype.

\*\*Keywords:\*\* nutrients, diet, lipids, carbohydrates, protein

\*\*Concepts:\*\*

* at0000::Macronutrients - The nutrients that are consumed in the largest quantities and used for energy, growth and body functions by living organisms.
* at0006::Proteins - Assessment of protein of an individual.
* at0009::Carbohydrates - Assessment of carbohydrates of an individual.
* at0012::Conditionally essential amino acids - Assessment of conditionally essential amino acids are these sinthetized in human organism (not essential), but they are used more faster then produced.
* at0013::Essential amino acids - Assessment of essential amino acids of an individual.
* at0014::Non-essential amino acids - Assessment of not essential amino acids of an individual.
* at0015::Alanine - Assessment of alanine amino acid.
* at0016::Aspartic acid - Assessment of aspartic acid amino acid.
* at0017::Aspargine - Assessment of aspargineis amino acid.
* at0018::Glutamic acid - Assessment of glutamic amino acid.
* at0019::Serine - Assessment of serine amino acid.
* at0020::Histidine - Histidine is a type of essential amino acids.
* at0021::Isoleucine - Isoleucine is a type of essential amino acids.
* at0022::Leucine - Assessment of Leucine is a type of essential amino acids.
* at0023::Lysine - Assessment of lysine amino acid.
* at0024::Methionine - Assessment of methionine amino acid.
* at0025::Phenylalanine - Assessment of phenylalanine amino acid.
* at0026::Threonine - Assessment of threonine amino acids.
* at0027::Tryptophan - Assessment of tryptophan amino acid.
* at0028::Valine - Assessment of valine amino acid.
* at0029::Arginine - Assessment of argine amino acids.
* at0030::Cysteine - Assessment of cysteine amino acid.
* at0031::Glutamine - Assessment of glutamine amino acids.
* at0032::Glycine - Assessment of glycine amino acids.
* at0033::Proline - Assessment of proline amino acids.
* at0034::Tyrosine - Assessment of tyrosine amino acids.
* at0037::Fatty acids - Assessment of dietary fatty acids of an individual.
* at0038::Saturated - Assessment of dietary saturated fatty acids of an individual.
* at0040::Caprylic acid - Assessment of dietary caprylic acid.
* at0041::Caproic acid - Assessment of caproic acid.
* at0042::Lauric acid - Assessment of lauric acid.
* at0043::Myristic acid - Assessment of myristic acid.
* at0044::Palmitic acid - Assessment of palmitic acid.
* at0045::Stearic acid - Assessment of stearic acid.
* at0046::Mounsaturated - Assessment of dietary monounsaturated fatty acids (n-9) of an individual.
* at0048::Myristoleic acid - Assessment of myristoleic acid.
* at0049::Palmitoleic acid - Assessment of palmitoleic acid.
* at0050::Oleic acid - Assessment of oleic acid.
* at0051::Cis-vaccenic acid - Assessment of cis-vaccenic acid is a type of monousaturated fatty acids.
* at0052::Eicosenoic acid - Assessment of eicosenoic acid.
* at0053::Docosapentaenoic acid - Assessment of docosapentaenoic acid.
* at0054::Polyunsaturated - Assessment of polyunsaturated acids which include the n-6 fatty acids and n-3 fatty acids.
* at0056::(n-3) - Measurement of n-3 fatty acids of an individual.
* at0057::(n-6) - Assessment of linoleic acid of an individual.
* at0058::Alpha linolenic acid (n-3) - Assessment of a-linolenic acid.
* at0059::Eicosapentaenoic acid - Assessment of eicosapentaenoic acid.
* at0060::Docosahexaenoic acid - Assessment of docosahexaenoic acid.
* at0061::Docosapentaenoic acid - Assessment of docosapentaenoic acid.
* at0062::Linoleic acid (n-6) - Assessment of linoleic acid.
* at0063::Gama-linoleic acid - Assessment of gama-linoleic acid.
* at0064::Dihomo-gama-linoleic acid - Assessment of dihomo-gama-linoleic acid.
* at0065::Arachidonic acid - Assessment of arachidonic acid.
* at0066::Adrenic acid - Assessment of adrenic acid.
* at0067::Docosapentaenoic acid - Assessment of docosapentaenoic acid.
* at0068::Trans fatty acid - Assessment of dietary trans fatty acids.
* at0115::Sugars - Assessment of sugars (1-2 degree of polymerization) of an individual.
* at0116::Oligosaccharides - Assessment of oligosaccharides (They have 3-9 degree of polymerization of an individual).
* at0117::Polysaccharides - Assessment of polysaccharides (They have more than 9 degree of polymerization).
* at0118::Monosaccharides - Assessment of monosaccharides (simple carbohydrate) of an individual.
* at0119::Disaccharides - Assessment of disaccharides (carbohydrate constitued by two units of monossacharides).
* at0120::Polyols - Assessment of polyol.
* at0121::Glucose - Assessment of glucose.
* at0123::Galactose - Assessment of galactose.
* at0124::Fructose - Assessment of fructose.
* at0125::Sucrose - Assessment of sucrose.
* at0126::Lactose - Assessment of lactose.
* at0127::Tetralose - Assessment of tetralose.
* at0128::Sorbitol - Assessment of sorbitol.
* at0129::Mannitol - Assessment of mannitol.
* at0133::Maltodextrins - Assessment of maltodextrina is a type of sugar of an individual.
* at0134::Rafinose - Assessment of rafinose.
* at0135::Staccose - Assessment of staccose.
* at0136::Fruit-oligosaccharides - Assessment of fruit-oligosaccharides (FOS) is a type of sugar.
* at0137::Starch - Measurement of starch, which is a complex carbohydrate and main energy reserve in plants, is present in grains, legumes, tubers, fruits, and root vegetables.
* at0138::Non-starch - Assessment of non-starch polysaccharides which are also known as dietary fiber.
* at0139::Amylose - Assessment of amylose.
* at0140::Amylopectin - Assessment of amylopectin.
* at0141::Starch-resistant - Assessment of starch-resistant is a type of sugar.
* at0142::Cellulose - Assessment of cellulose.
* at0143::Hemicellulose - Assessment of hemicellulose.
* at0144::Pectins - Assessment of pectins.
* at0145::Hydrocolloids - Assessment of hydrocolloids is a type of sugar.

## macroscopy\_colorectal\_carcinoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.macroscopy\_colorectal\_carcinoma.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en, ar-sy

\*\*Purpose:\*\* To record detailed findings about colorectal cancer found on macroscopic histopathological examination.

\*\*Use:\*\* To record detailed findings about macroscopic examination of tissue related to colo-rectal cancer. Use as a component archetype in the context of a suite of archetypes that make up a histopathology report ie OBSERVATION.lab\_test.histopathology and CLUSTER.microscopy\_colorectal\_carcinoma.

\*\*Misuse:\*\* Not designed to be used within any other archetype other than OBSERVATION.lab\_test.histopathology.

\*\*Keywords:\*\* histopathology, cancer, laboratory, lab, malignancy, pathology, colonic, rectal, anal, GI, gastrointestinal, bowel

\*\*Concepts:\*\*

* at0000::Macroscopic findings - Colorectal cancer - Macroscopic anatomical pathology findings related to colorectal cancer.
* at0330::Maximum extramuscular extension - The maximum extramuscular extension of the tumour.
* at0331::Distance of tumour to nearest cut-end - The distance of the tumour to the nearest cut-end (i.e. proximal or distal margin). It is the measurement from the nearest cut end of the specimen and not the non-peritonealised (i.e. circumferential or radial) margin.
* at0332::Distance of tumour to circumferential margin - The distance of the tumour to the circumferential or radial margin. It is the measurement to the non-peritonealised margin and not to the nearest cut-end (i.e. proximal,distal).
* at0333::Anastomotic doughnuts submitted - Have anastomotic doughnuts been submitted for analysis?
* at0334::Tumour perforation - Finding of tumour perforation.
* at0335::For rectal tumours - Findings related solely to rectal tumours.
* at0336::Relationship to anterior peritoneal reflection - The relationship of rectal tumour to the anterior peritoneal reflection.
* at0337::Intactness of the mesorectum - An assessment of the intactness of the mesorectum.
* at0338::Incomplete - The mesorectum is incompletely intact.
* at0339::Nearly complete - The mesorectum is nearly completely intact.
* at0340::Complete - The mesorectum is completely intact.
* at0341::Entirely above - The tumour is entirely above the level of the peritoneal reflection anteriorly.
* at0342::Astride - The tumour is astride (or at) the level of the peritoneal reflection anteriorly.
* at0343::Entirely below - The tumour is entirely below the level of the peritoneal reflection anteriorly.
* at0344::Present - Tumour perforation is present.
* at0345::Absent - Tumour perforation is absent.
* at0346::Indeterminate - Presence of tumour perforation has not been determined.
* at0347::Tumour dimensions - Details of maximum dimensions of the tumour.
* at0348::Indeterminate - Intactness of the mesorectum has not been determined.
* at0349::Tumour perforation - Findings related to tumour perforation.
* at0350::Perforation location - The location of a perforation, if present.
* at0351::Serosal - The perforation is serosal.
* at0352::Retro/infra peritoneal - The perforation is retro/infra peritoneal.
* at0353::Distance of tumour from dentate line - For abdominoperineal resection specimens, distance of tumour from the dentate line.
* at0354::Comment - Furrher text comment on the perforation.

## macroscopy\_lung\_carcinoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.macroscopy\_lung\_carcinoma.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record detailed findings about lung cancer found on macroscopic histopathological examination.

\*\*Use:\*\* To record detailed findings about macroscopic examination of tissue related to lung cancer. This archetype has been designed to be used within the 'Structured findings' SLOT in the CLUSTER.histopathology\_findings archetype.

\*\*Keywords:\*\* histopathology, cancer, laboratory, lab, malignancy, pathology, lung, bronchial

\*\*Concepts:\*\*

* at0000::Macroscopic findings - Lung cancer - Macroscopic anatomical pathology findings related to lung cancer.
* at0001::Tumour dimensions - Details of maximum dimensions of the tumour.
* at0002::Number of tumours - The overall number of tumours.
* at0003::Tumour site - The site of the tumour.
* at0004::Direct spread of tumour - Details of direct spread of the tumour.
* at0005::Tumour resection margin - Details of medial or bronchial resection margins.
* at0006::Lymph node involvement - Details of lymph node involvement by tumour.
* at0007::Non-neoplastic lung findings - Findings of non-neoplastic lung pathology.

## maximal\_blood\_pressure

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.maximal\_blood\_pressure.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the systemic arterial blood pressure of an individual.

\*\*Use:\*\* Use to record all representations of systemic arterial blood pressure measurement, no matter which method or body location is used to record it. This archetype is specific for CCTA template as to record the maximal blood pressure that a patient can recall.

\*\*Misuse:\*\* Not to be used to record the measurement of arterial blood pressure which is NOT a surrogate for arterial pressure in the systemic circulation eg specific measurement of right pulmonary artery pressure. Use OBSERVATION.intravascular\_pressure in this situation. Not to be used to record measurements of intravenous pressure. Use the appropriate specialisations of OBSERVATION.intravascular\_pressure in this situation. Not to be used to record the blood pressure measurements in all clinical scenarios. Use OBSERVATION.blood\_pressure in this situation.

\*\*Concepts:\*\*

* at0000::CCTA specific - The local measurement of arterial blood pressure which is a surrogate for arterial pressure in the systemic circulation.
* at0001::Systolic - Peak systemic arterial blood pressure - measured in systolic or contraction phase of the heart cycle.
* at0002::Diastolic - Minimum systemic arterial blood pressure - measured in the diastolic or relaxation phase of the heart cycle.

## media\_file

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.media\_file.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, pt-pt, sv, nb, sk, en, nl

\*\*Purpose:\*\* To record a media file that is acquired or used as part of the healthcare process, and details about associated metadata.

\*\*Use:\*\* Use to record a media file that is acquired or used as part of the healthcare process, and details about associated metadata. The intent of this archetype is only to hold the media file and the metadata describing its capture. This archetype will be nested within another archetype, usually an OBSERVATION or ACTION that will hold the context and circumstances related to the capture of the media file. For example, details about the modality, view or aspect of a radiographic image and DICOM details will be captured within the OBSERVATION.imaging\_exam\_result archetype. Examples include, but are not limited to: - A photo of an injury; - A diagram of the location of a specific clinical finding; - A radiological image; - An audio or video recording of an interview; - Scanned pathology slide; - Data output from a clinical device, such as an ECG machine; or - A scanned image of paper documentation or hand-written clinical notes. The 'Content' data element allows for the media file to be captured and stored within the health record using the Multimedia data type. The Multimedia data type has many RM attributes such as the size of file and URI to an external source. See https://specifications.openehr.org/releases/RM/latest/data\_types.html#\_dv\_multimedia\_class. If more than one media file has been captured, such as 'before' and 'after' images of a wound, use a separate instance of this archetype to represent each media file. If a series of media files is represented as a single item, such as a CT scan, one instance of this archetype can be used to represent a URI path to the group.

\*\*Misuse:\*\* Not to be used to represent information, instructional or educational material supplied to an individual, or their carer, for example patient education leaflets. Use the CLUSTER.information\_resource for this purpose. Not to be used to record a reference to a knowledge base - use CLUSTER.knowledge\_base\_reference for this purpose.

\*\*Keywords:\*\* image, audio, text, video, application, file, multimedia, audio, DICOM, digital, document, photo, voice

\*\*Concepts:\*\*

* at0000::Media file - A media file that is acquired or used as part of the healthcare process, and associated metadata.
* at0001::Content - Digital representation of the media file.
* at0002::Content name - Descriptive name or title for the media file.
* at0004::Created - The date/time, partial date or period when the media file was generated or authored.
* at0005::Description - Narrative description about the media file.
* at0007::Comment - Additional narrative about the media file not captured in other fields.
* at0010::Identifier - Unique ID for the media file.
* at0011::Source device - Details about the device used to generate or author the media file.
* at0012::Creator - Details about the individual or organisation who generated or authored the media file.
* at0013::Additional details - Additional structured details about the media file.

## medication

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.medication.v2

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, pt, nb, en, nl

\*\*Purpose:\*\* To record details about a medication or component of a medication, including strength, form and details of any specific constituents.

\*\*Use:\*\* Use to record details about a medication or component of a medication, including strength, form and details of any specific constituents. This archetype is intended to be used to record details of a medication or component of a medication where the form and detailed ingredients of the medication need to be specified in more detail, for example, infusions and ad hoc mixtures, or where there is no medication terminology available. In the context of an order for administration or dispensing of a medication, nest this archetype within the 'Medication details' SLOT within the INSTRUCTION.medication\_order archetype. In the context of recording the actual administration or dispensing or a medication, nest this archetype within the 'Medication details' SLOT within the ACTION.medication archetype. This archetype may be redundant in situations where ordering a medication via prescription uses a terminology to identify the medication item. In that case the brand or product name may identify the form and strength of the substance.

\*\*Misuse:\*\* Not to be used for pharmacy stock-control or within medication catalogues. Not to be used to record the intended or administered dose of a medication. Use either the INSTRUCTION.medication\_order or the CLUSTER.dosage archetypes for this purpose. Not to be used by itself to populate a medication list. Use a relevant medication-related ENTRY archetype such as INSTRUCTION.medication\_order or ACTION.medication for this purpose.

\*\*Keywords:\*\* medication, order, prescribe, therapy, substance, drug, therapeutic, therapeutic good, ad-hoc, adhoc, ad hoc, extemporaneous, formulation, medicine

\*\*Concepts:\*\*

* at0000::Medication details - Details about a medication or component of a medication, including strength, form and details of any specific constituents.
* at0001::Combination product - The medication or medication component consists of a number of separate products which are pre-packaged by the manufacturer, for example Canesten Combi.
* at0003::Expiry - The expiry date and/or time of the medication or medication component, as given by the manufacturer or individual preparing the mixture.
* at0071::Form - The formulation or presentation of the medication or medication component.
* at0080::Therapeutic - Constituent that alone or in combination with one or more other ingredients is considered to fulfil the intended activity of a medicinal product.
* at0083::Adjuvant - Constituent whose primary function is to modify the activity of an active constituent. An adjuvant constituent itself may or may not be therapeutically active.
* at0084::Excipient - Constituent that is inert in relation to the intended activity of the medicinal product.
* at0115::Strength (concentration) - The strength of the medication or medication component, as a concentration.
* at0127::Role - The role of the medication or medication component within a mixture.
* at0132::Name - The name of the medication or medication component.
* at0133::Description - Narrative description of the medication or medication component where it is not possible to describe this fully using structured elements.
* at0138::Constituent - Details of an ingredient or product used to make up a mixed pack, preparation or infusion.
* at0139::Amount - The amount of medication or medication component.
* at0141::Structured details - Additional details about the medication or medication component.
* at0142::Category - The category of the medication or medication component, with regard to manufacturing or preparation, and the number of ingredients.
* at0143::Ad-hoc mixture - The medication or medication component is composed of a mixture of ingredients specified within the order. These are typically prepared by pharmacy or ward personnel to suit individual patients.
* at0144::Multi-ingredient product - The medication or medication component consists of a number of active ingredients which are pre-combined into a single form such as a tablet, cream or powder by the manufacturer, for example Paracetamol/codeine.
* at0145::Single-ingredient product - The medication or medication component is a manufactured product containing a single active ingredient.
* at0146::Ingredient - The medication or medication component is an individual ingredient of the medication. This term is used when the archetype is nested within a parent instance of itself, to describe the individual ingredients of a medication.
* at0148::Alternate amount - An equivalent representation of the amount of the medication or medication component.
* at0150::Batch ID - The identifier assigned to the production batch by the manufacturer during production.
* at0151::Manufacturer - The manufacturer of the medication or medication component.
* at0152::Strength (presentation) - The strength of the medication or medication component, expressed as a ratio.
* at0153::Strength numerator - The numerator of the strength fraction.
* at0157::Strength denominator - The denominator of the strength fraction.

## medication\_authorisation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.medication\_authorisation.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* To record details of authorisation of a medication, which may be of the original prescription, or of re-authorisation of a repeat refill.

\*\*Use:\*\* Use in the content of a medication order INSTRUCTION to specify the original authorisation, or in the context of a Medication action ACTION to record details of a re-authorisation or authorisation of a re-issue. This archetype covers the common, universal requirements for authorisation of medication but other local archetypes may be required to cover national or regional variants e.g special contractual arrangements or requirements for further attestation by a secondary clinician.

\*\*Keywords:\*\* medication, order, prescribe, therapy, substance, drug, therapeutic, otc, therapeutic good, repeat

\*\*Concepts:\*\*

* at0000::Medication authorisation - Details of the authorisation of a medicine, vaccine or other therapeutic good.
* at0025::Maximum number of refills - The number of times the expressed quantity of medicine, vaccine or other therapeutic good may be refilled or redispensed without a new prescription.
* at0046::Minimum interval between refills - The minimum time between repeat supply of the medicine, vaccine or therapeutic good. Note: This is specified by the ordering clinician for a specific reason such as safety or best practice.
* at0072::Authorisation expiry date - The repeat supply authorisation has expired after this date.
* at0073::Authorisation type - Whether the medication is only issued once or may re-issued and dispensed 're-filled' after authorisation by the prescriber.
* at0074::No repeat supply - Repeat supply has not been authorised.
* at0075::Repeat prescribing - Multiple refills of the prescription may be obtained from the prescriber.
* at0076::Repeat dispensing - Multiple refills of the prescription may be obtained from the dispenser.
* at0078::Number of refills issued - The number of refills which have been issued or dispensed for this period of authorisation.
* at0079::Number of refills remaining - The number of re-fills or re-issues that remain valid for this authorisation period.
* at0080::Prescriber endorsement - An endorsement by the prescriber that the medication may be supplied under a specific contractual arrangement.

## medication\_order\_summary

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.medication\_order\_summary.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, pt-br, en

\*\*Purpose:\*\* To provide an overall summary of the status and key dates, related to a medication order.

\*\*Use:\*\* Use within the context of a medication order instruction where a summary of the overall order is required. This will normally be where the order is is being used within the context of a medicaton summary list, and not in the context of an orderable prescription record, where medication ctions will normally carry the primary record of the status of the order and key date information.

\*\*Concepts:\*\*

* at0000::Medication order summary - Overall summary of the medication order.
* at0001::Order status - The overall status of this order.
* at0002::Key order dates - Key medication event dates.
* at0003::Date ordered/recommended - The data at which the medication course was first ordered or recommended.
* at0004::Date first prescription issued - The date at which the medication was first issued. 'Issued' refers to the prescription 'token' electronic or paper which authorises supply of a medication.
* at0005::Date last prescription issued - The date at which the medication prescription was last issued. This refers to the prescription 'token' electronic or paper which authorises supply of a medication.
* at0006::Date first authorised - The date at which the medication was first authorised.For a repeat prescription, authorisation refers to the creation of the repeat prescription 'master' which is followed by the production of one or more prescription issues.
* at0007::Date last authorised - The data at which the medication was last authorised. For a repeat prescription, authorisation refers to the creation of the repeat prescription 'master' which is followed by the production of one or more prescription issues. Authorisation is generally only given for a limited period or limited number of issues, after which re-authorisation is required.
* at0008::Date first dispensed - The date at which the medicaton was first physically dispensed.
* at0009::Date last dispensed - The date at which the medication was last dispensed.
* at0010::Date first administered - The date at which the medication was first administered to the patient.
* at0011::Date last administered - The date at which the medication was last administered.
* at0012::Date discontinued - The date at which the medication was discontinued.
* at0013::Date authorised - The date at which the medication was authorised or re-authorised.
* at0014::Date prescription issued - The date at which a medication prescription was issued i.e the physical or electronic prescription token was created.
* at0015::Date dispensed - The date at which a medication was dispensed.
* at0016::Date administered - The date at which a medication was administered.
* at0017::Date administration withheld - The data at which administration of a medication was withheld or suspended.
* at0018::Date reviewed - The date at which the medication order was reviewed.
* at0019::Date last reviewed - The date at which the medication order was last reviewed.
* at0020::Date changed - The date at which the medication instruction was modified.
* at0021::Active - This is an active medication.
* at0022::Stopped - This is a medication that has previously been issued, dispensed or administered but has now been discontinued.
* at0023::Never active - A medication which was ordered or authorised but has been cancelled prior to being issued, dispensed or adiminstered.
* at0024::Completed - The medication order has been completed.
* at0025::Obsolete - This medication order has been superseded by another.
* at0026::Suspended - Actions resulting from the order are to be temporarily halted, but are expected to continue later. May also be called 'on-hold'.
* at0027::Draft - The medication order has been made but further processes e.g. sign-off or verification are required before it becomes actionable.
* at0028::Date reported - The date at which this medication summary was reported to be correct.

## medication\_supply\_amount

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.medication\_supply\_amount.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, pt-br, en

\*\*Purpose:\*\* To record the amount of a medication, vaccine or other therapeutic item to be supplied or supplied to the patient, as part of authorisation, dispensing or administration, both in the context of the original medication order and in a subsequent action.

\*\*Use:\*\* Use to record the amount of a medication, vaccine or other therapeutic item to be supplied or supplied to the patient, as part of authorisation, dispensing or administration, both in the context of the original medication order and in a subsequent action.

\*\*Misuse:\*\* This archetype should not be used to record the original dose amount as part of a dose direction or the strength of a preparation. These are recorded as part of the Medication Order INSTRUCTION, or Medication Substance CLUSTER.

\*\*Concepts:\*\*

* at0000::Medication supply amount - Details related to the amount of a medication, vaccine or other therapeutic item to be supplied or supplied to the patient, as part of authorisation, dispensing or administration.
* at0131::Amount - The amount of medication, vaccine or therapeutic good intended to be supplied or actually supplied.
* at0142::Duration of supply - The period of time for which the medication should be dispensed or for which a suppy was dispensed.
* at0158::Number of packs - The number of packs specified by the prescriber or dispensed by the dispenser.
* at0159::Pack size - The pack size specifed by the prescriber or dispensed by the dispenser.
* at0161::Amount description - A narrative representation of the amount The amount of medication, vaccine or therapeutic good intended to be supplied or actually supplied.

## microbiology\_culture

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.microbiology\_culture.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Microbiology culture findings - Findings observed from culturing a specimen to detect and identify microorganisms.
* at0001::Description - None
* at0002::Per organism findings - None
* at0003::Organism name - None
* at0004::Growth - Amount of organisms observed, reported as either qualitative or quantitative measurements.
* at0005::None - None
* at0006::Light - None
* at0007::Moderate - None
* at0008::Heavy - None
* at0009::Susceptibility test - None
* at0010::Antimicrobial - None
* at0011::Minimum inhibitory concentration (MIC) - None
* at0012::Interpretation - None
* at0013::Sensitive - None
* at0014::Intermediate - None
* at0015::Resistant - None
* at0016::Organism comment - None
* at0017::Comment - None

## microbiology\_parasitology

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.microbiology\_parasitology.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Microbiology parasitology findings - Parasitology
* at0001::Description - None
* at0002::Specimen - None
* at0003::Interpretation - None
* at0004::Parasite name - None
* at0005::Detected? - None
* at0006::Detected - None
* at0007::Not detected - None
* at0008::Indeteminate - None
* at0009::Comment - None

## micronutrients

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.micronutrients.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the nutrients that are required in trace amounts.

\*\*Use:\*\* Use to record the nutrients that are required in trace amounts. This archetype has been designed to be used within the 'Details' SLOT in the OBSERVATION.dietary\_nutrients archetype.

\*\*Misuse:\*\* No to be used to record measurements of vitamins and minerals in blood analyses - use the OBSERVATION.laboratory\_test for this purpose. Not to be used to record the the ordering or administration of dietary supplements - use Medication-related archetypes for this purpose.

\*\*Keywords:\*\* nutrients, diet, vitamins, minerals

\*\*Concepts:\*\*

* at0000::Micronutrients - The nutrients that are required in trace amounts for the normal growth and development of living organisms.
* at0076::Vitamins - Assessment of vitamins of an individual.
* at0077::Minerals - Assessment of minerals of an individual.
* at0079::Vitamin A - Assessment of vitamin A.
* at0080::Vitamin B6 - Assessment of vitamin B6 (pyridoxine and related compounds).
* at0081::Vitamin B12 - Assessment of v itamin B12 (cobalamin).
* at0082::Biotin - Assessment of biotin.
* at0083::Vitamin C - Assessment of vitamin C (ascorbic acid).
* at0084::Carotenoids - Assessment of carotenoids.
* at0085::Choline - Assessment of choline.
* at0086::Vitamin D - Assessment of vitamina D.
* at0087::Vitamin E - Assessment of Vitamin E which is a fat-soluble nutrient that functions as a chain-breaking  
    
  antioxidant in the body by preventing the spread of free-radical reactions.
* at0088::Folate - Assessment of Folate which is a B vitamin that functions as a coenzyme in the metabolism of  
    
  nucleic and amino acids.
* at0089::Vitamin K - Assessment of vitamin K which presents functions such as a coenzyme for biological reactions involved in  
    
  blood coagulation and bone metabolism.
* at0090::Niacin - Assessment of niacin which is involved in many biological  
    
  reactions, including intracellular respiration and fatty acid synthesis.
* at0091::Pantothenic acid - Assessment of pantothenic acid functions which is a component of coenzyme A (CoA), which is involved in fatty acid metabolism.
* at0092::Riboflavin - Assessment of riboflavin (vitamin B2) which presents functions as a coenzyme for numerous oxidation–reduction reactions in several metabolic pathways and in energy production.
* at0093::Thiamin - Assessment of thiamin, which is also known as vitamin B1 and aneurin, functions as a coenzyme in the metabolism of carbohydrates and branched-chain amino acids.
* at0094::Calcium - Assessment of calcium which plays a key role in bone health. In fact, more than 99 percent of total body calcium is found in the bones and teeth. Calcium is also involved in vascular, neuromuscular, and glandular functions in the body.
* at0095::Chromium - Assessment of chromium which presents potentiates the action of insulin and may improve glucose  
    
  tolerance.
* at0096::Copper - Assessement of copper functions as a component of several metalloenzymes, which act  
    
  as oxidases in the reduction of molecular oxygen.
* at0097::Fluoride - Assessment of fluoride, which is vital for the health of teeth and bones. About 99 percent of body fluoride is found in calcified tissues, where it protects against dental caries and can stimulate new bone formation.
* at0098::Iodine - Assessment of Iodine which is an essential component of thyroid hormones that are involved in the regulation of various enzymes and metabolic processes.
* at0099::Iron - Assessment of iron which is a critical component of several proteins, including enzymes, cytochromes, myoglobin, and hemoglobin, the latter of which transports oxygen throughout the body.
* at0100::Magnesium - Assessment of magnesium which is involved in more than 300 enzymatic processes in the  
    
  body, as well as in bone health and in the maintenance of intracellular  
    
  levels of potassium and calcium.
* at0101::Manganese - Assessment of manganese which is involved in the formation of bone and in specific reactions related to amino acid, cholesterol, and carbohydrate metabolism.
* at0102::Molybdenum - Assessment of molybdenum which presents functions as a cofactor for several enzymes, including  
    
  sulfite oxidase, xanthine oxidase, and aldehyde oxidase.
* at0103::Phosphorus - Assessment of phosphorus is found in nature (e.g., foods, water, and living  
    
  tissues) primarily as phosphate (PO4).
* at0104::Potassium - Assessment of the potassium which is the main intracellular cation in the body and is  
    
  required for normal cellular function.
* at0105::Selenium - Assessment of selenium, which is an antioxidant nutrient involved in the defense against oxidative stress.
* at0106::Sodium - Assessment of sodium which is necessary to maintain extracellular fluid volume  
    
  and plasma osmolality.
* at0107::Chloride - Assessment of chloride which is necessary to maintain extracellular fluid volume  
    
  and plasma osmolality.
* at0108::Zinc - Assessment of zinc which is crucial for growth and development. It facilitates several enzymatic processes related to the metabolism of protein, carbohydrates, and fats.
* at0109::Arsenic - Assessment of arsenic, that play a beneficial role in some physiological processes of certain animal species.
* at0110::Boron - Assessment of the boron which play a beneficial role in some physiological processes of certain  
    
  animal species.
* at0111::Nickel - Assessment of the nickel that play a beneficial role in some physiological processes of certain  
    
  animal species.
* at0112::Silicon - Assessment of the silicon, which play a beneficial role in some physiological processes of certain.animal species.
* at0113::Vanadium - Assessment of the   
    
  vanadium that play a beneficial role in some physiological processes of certain.  
    
  animal species.

## microscopy\_breast\_carcinoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.microscopy\_breast\_carcinoma.v1

\*\*Lifecycle State:\*\* Initial

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record detailed findings about breast cancer found on microscopic examination.

\*\*Use:\*\* To record detailed findings about microscopic examination of tissue related to breast cancer. Use as a component archetype in the context of a suite of archetypes that make up a histopathology report ie OBSERVATION.lab\_test.histopathology.

\*\*Misuse:\*\* Not designed to be used within any other archetype other than OBSERVATION.lab\_test.histopathology.

\*\*Keywords:\*\* breast, histopathology, cancer, laboratory, lab, pathology, histology, malignancy

\*\*Concepts:\*\*

* at0000::Microscopic findings - Breast cancer - Microscopic anatomic pathology findings related to breast cancer.
* at0014::Mitosis count - Mitotic frequency is calculated from the number of mitoses per 10 high-power fields.
* at0015::Histologic grading - Histologic grading of breast cancer.
* at0016::Nuclear score - Nuclear score.
* at0017::Tubular formation score - Tubular formation score, representing the extent of tubular formation within invasive carcinoma cells.
* at0018::Histologic grade - Bloom and Richardson Grade of breast cancer, derived from the total score of its components: Mitotic frequency score, Nuclear score and Tubular formation score.
* at0020::Bloom and Richardson Grade - Bloom and Richardson Histology Grade ( with modification by Elston and Ellis) is composed of three components which are combined to produce a calculated Histology Grade.
* at0021::Resection margins - Findings of the relation of tumour to surgical resection margins.
* at0023::Non-neoplastic cellular change - Finding of non-neoplastic cellular change.
* at0024::Microcalcification - Findings related to microcalcification.
* at0025::Microcalcification - Findings of microcalcification.
* at0026::Associated pathology - A text description of pathology associated with microcalcification.
* at0030::Lymph node involvement - Findings related to the involvement of tumour in lymph nodes.
* at0033::Tumour size and extent - Assessments of tumour size.
* at0036::Invasive tumour extent - The size of the invasive aspect of the breast cancer.
* at0037::Total lesion extent - The extent of total breast cancer lesion.
* at0043::Confounding issues - A text description of any assessment issues which may confound the accuracy of the Bloom and Richardson histologic grade.
* at0044::Tubular formation score 1 - Less than 75% of invasive carcinoma forming tubular or glandular structures.
* at0045::Tubular formation score 2 - 10-75% of invasive carcinoma forming tubular or glandular structures.
* at0046::Tubular formation score 3 - Less than 10% of invasive carcinoma forming tubular or glandular structures.
* at0047::Grade 1 - Total score of 3-5.
* at0048::Grade 2 - Total score of 6 or 7.
* at0049::Grade 3 - Total score of 8 or 9.
* at0050::Score 1 - Size equivalent to 1.5–2 red blood cell diameters or normal duct epithelial nuclei; Diffuse chromatin; Inconspicuous nucleoli.
* at0051::Score 2 - Size equivalent to 2–2.5 red blood cell diameters; Coarse chromatin; Infrequent nucleoli and mitoses.
* at0052::Score 3 - Size > 2.5 red blood cell diameters; Pleomorphic vesicular nuclei; One or more prominent nucleoli; Frequent mitotic figures commonly present.
* at0054::Non-neoplastic cellular changes - Findings of non-neoplastic cellular changes.
* at0055::Atypical lobular hyperplasia - Finding of atypical lobular hyperplasia.
* at0056::Description - A text description of finding of lobular neoplasia.
* at0058::Lobular carcinoma-in-situ - Finding of lobular carcinoma-in-situ.
* at0060::Lobular neoplasia - Findings of lobular neoplasia and variants.
* at0061::Lobular neoplasia - Finding of lobular neoplasia.
* at0062::Paget's disease of nipple - Findings related to Paget's disease of the nipple.
* at0063::Paget's disease of nipple - Finding of Paget's disease of the nipple.
* at0064::DCIS features - Findings related to Ductal carcinoma-in-situ (DCIS).
* at0070::Nuclear score - Nuclear score, using the Elston and Ellis modification of the Bloom and  
    
   Richardson system for grading invasive carcinoma.
* at0071::Score 1 - Size equivalent to 1.5–2 red blood cell diameters or normal duct epithelial nuclei; Diffuse chromatin; Inconspicuous nucleoli.
* at0072::Score 2 - Size equivalent to 2–2.5 red blood cell diameters; Coarse chromatin; Infrequent nucleoli and mitoses.
* at0073::Score 3 - Size > 2.5 red blood cell diameters; Pleomorphic vesicular nuclei; One or more prominent nucleoli; Frequent mitotic figures commonly present.
* at0075::Necrosis - Findings of tumour necrosis.
* at0076::Present (non-comedo type) - Non-comedo type of tumour necrosis is present.
* at0077::Absent or minimal - Tumour necrosis is absent or minimal.
* at0078::Present (Comedo type) - Comedo type of tumour necrosis is present.
* at0080::Van Nuys Prognostic Index - The Van Nuys Prognostic Index (VNPI).
* at0081::Van Nuys Group 1 - Nuclear grade 1 or 2 and no necrosis.
* at0082::Van Nuys Group 2 - Nuclear grade 1 or 2 and necrosis.
* at0083::Van Nuys Group 3 - Nuclear grade 3 with or without necrosis.
* at0084::Invasive carcinoma at margin - Details of invasive carcinoma at surgical resection margins.
* at0087::Sentinel nodes - Details of the involvement of tumour in sentinel lymph nodes.
* at0088::Axillary nodes - Details of the involvement of tumour in axillary lymph nodes.
* at0094::Hormone Receptor assays - Immunohistochemical assays of oestrogen receptor (ER) and progesterone receptor (PR).
* at0095::Oestrogen receptor assay (ER) - Oestrogen Receptor assay (ER).
* at0096::ER result - Oestrogen Receptor assay result.
* at0097::Positive - Oestrogen Receptor assay result is positive.
* at0098::Negative - Oestrogen Receptor assay result is negative.
* at0099::Equivocal - Oestrogen Receptor assay result is equivocal.
* at0100::Proportion of nuclei stained - An estimate of the percentage of nuclei stained.
* at0101::Predominant staining intensity - Predominant intensity of staining.
* at0102::Progesterone receptor assay (PR) - Progesterone Receptor (PR) assay.
* at0103::Human Oestrogen receptor 2 assay (HER2) - Human Oestrogen receptor 2 (HER2) assay.
* at0104::Low - Predominant intensity of staining is low.
* at0105::Intermediate - Predominant intensity of staining is intermediate.
* at0106::High - Predominant intensity of staining is high.
* at0107::Immunohistochemistry score - HER2 immunohistochemistry score.
* at0108::ISH result - HER2 In situ hybridisation (ISH) result.
* at0109::Present - classical - Classical atypical lobular neoplasia is present.
* at0110::Present - pleomorphic - Pleomorphic atypical lobular neoplasia is present.
* at0113::DCIS at margin - Details of DCIS (Ductal carcinoma-in-situ) at surgical resection margins.
* at0115::LCIS at margin - Details of LCIS (Local carcinoma-in-situ) at surgical resection margins.
* at0119::Present - Paget's disease of the nipple is present.
* at0120::Absent - Paget's disease of the nipple is absent.
* at0121::Indeterminate - Presence of Paget's disease of the nipple has not been determined.
* at0122::Present - Microcalcification is present.
* at0123::Present - no evidence of necrosis - Microcalcification is present with no evidence of necrosis.
* at0124::Present - with evidence of necrosis - Microcalcification is present with evidence of necrosis.
* at0125::Histologic grade - Histologic grading of DCIS.
* at0126::Absent - Microcalcification is absent.
* at0127::Indeterminate - Presence of microcalcification has not been determined.
* at0128::DCIS Architecture - Findings related to architecture of the ductal carcinoma-in-situ.
* at0130::Dominant pattern - Findingof the dominant DCIS architectural pattern.
* at0131::Description - A text description of the architectural pattern.
* at0132::Solid - Solid pattern of ductal carcinoma-in-situ.
* at0133::Cribriform - Cribriform pattern of ductal carcinoma-in-situ.
* at0134::Micropapillary - Micropapillary pattern of ductal carcinoma-in-situ.
* at0135::Apocrine - Apocrine pattern of ductal carcinoma-in-situ.
* at0136::Papillary - Papillary pattern of ductal carcinoma-in-situ.
* at0137::Indeterminate - The dominant pattern of ductal carcinoma-in-situ has not been determined.
* at0138::PR result - Progesterone Receptor assay result.
* at0139::Positive - Progesterone Receptor assay result is positive.
* at0140::Negative - Progesterone Receptor assay result is negative.
* at0141::Equivocal - Progesterone Receptor assay result is equivocal.
* at0142::Immunohistochemistry result - HER2 Immunohistochemistry result.
* at0143::Immunohistochemistry - HER2 Immunohistochemistry result.
* at0144::In situ hybridisation (ISH) - HER2 In situ hybridisation (ISH).
* at0145::Comment - A text comment on HER2 In situ hybridisation (ISH) result.
* at0146::Positive - The HER2 Immunohistochemistry result is positive.
* at0147::Negative - The HER2 Immunohistochemistry result is negative.
* at0148::Equivocal - The HER2 Immunohistochemistry result is equivocal.
* at0149::Positive - The HER2 In situ hybridisation (ISH) result is positive.
* at0150::Negative - The HER2 In situ hybridisation (ISH) result is negative.
* at0151::Equivocal - The HER2 In situ hybridisation (ISH) result is equivocal.
* at0152::Absent - Atypical lobular neoplasia is absent.
* at0153::Indeterminate - The presence of atypical lobular neoplasia has not been determined.
* at0154::Calcification - Finding of calcification in DCIS tissue.
* at0155::Present with necrosis - Calcification with necrosis is present in DCIS tissue.
* at0156::Present without necrosis - Calcification without necrosis is present in DCIS tissue.
* at0157::Absent - Calcification is absent from DCIS tissue.
* at0158::Indeterminate - Presence of calcification in DCIS tissue has not been determined.
* at0159::Lymphovascular invasion - Details of local invasion into lymphovascular tissue.
* at0160::Skin / muscle invasion - Details of local invasion into skin or muscle tissue.
* at0161::Local tumour invasion - Findings of local tumour invasion.
* at0162::Proportion of nuclei stained - An estimate of the percentage of nuclei stained.
* at0163::Predominant staining intensity - Predominant intensity of staining.
* at0164::Low - Predominant intensity of staining is low.
* at0165::Intermediate - Predominant intensity of staining is intermediate.
* at0166::High - Predominant intensity of staining is high.
* at0167::Present - classical - Classical lobular neoplasia is present.
* at0168::Present - pleomorphic - Pleomorphic lobular neoplasia is present.
* at0169::Absent - Lobular neoplasia is absent.
* at0170::Indeterminate - The presence of lobular hyperplasia has not been determined.
* at0171::Present - classical - Classical lobular carcinoma-in-situ is present.
* at0172::Present - pleomorphic - Pleomorphic lobular carcinoma-in-situ is present.
* at0173::Absent - Lobular carcinoma-in-situ is absent.
* at0174::Indeterminate - The presence of lobular carcinoma-in-situ has not been determined.
* at0175::Mitotic frequency score - Mitotic frequency score calculated from the mitosis count and the microscopy field diameter via a lookup table.
* at0176::Score 1 - Low mitotic frequency.
* at0177::Score 2 - Intermediate mitotic frequency.
* at0178::Score 3 - High mitotic frequency.
* at0179::Comment - Comment on estimation of the histologic grade.
* at0180::Non-neoplastic changes - Findings of non-neoplastic change.
* at0181::Non-neoplastic change - Finding of non-neoplastic change.
* at0182::Columnar cell changes - Columnar cell changes are present.
* at0183::Intraductal papilloma - Intraductal papilloma is present.
* at0184::Radial scars - Radial scars are present.
* at0185::Atypical ductal hyperplasia (ADH) - Atypical ductal hyperplasia (ADH) is present.
* at0186::Absent - Non-neoplastic change is absent.
* at0187::Indeterminate - Presence of non-neoplastic changes has not been determined.

## microscopy\_colorectal\_carcinoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.microscopy\_colorectal\_carcinoma.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en, ar-sy

\*\*Purpose:\*\* To record detailed findings about colorectal cancer found on microscopic histopathological examination.

\*\*Use:\*\* To record detailed findings about microscopic examination of tissue related to colorecal cancer. Use as a component archetype in the context of a suite of archetypes that make up a histopathology report i.e. OBSERVATION.lab\_test.histopathology and CLUSTER.macroscopy.colorectal\_carcinoma.

\*\*Misuse:\*\* Not designed to be used within any other archetype other than OBSERVATION.lab\_test.histopathology.

\*\*Keywords:\*\* histopathology, cancer, laboratory, lab, malignancy, pathology, colonic, rectal, anal, GI, gastrointestinal, bowel

\*\*Concepts:\*\*

* at0000::Microscopic findings - Colorectal cancer - Microscopic anatomical pathology findings related to colorectal cancer.
* at0030::Lymph node findings - Findings related to the involvement of tumour in lymph nodes.
* at0087::Lymph node detail - Findings related to the involvement of tumour in lymph nodes.
* at0179::Additional findings - Additional histopathological findings.
* at0220::Description - A text description of additional findings.
* at0236::Local invasion - Direct invasion of local tissue by tumour.
* at0244::Surgical resection margins - Findings related to surgical resection margins.
* at0246::Surgical resection margin - Details of a single surgical resection margin.
* at0250::Additional finding - A single additional histopathological finding.
* at0251::In-situ carcinoma - Findings of in-situ carcinoma.
* at0252::In-situ carcinoma findings - Findings related to in-situ carcinoma.
* at0253::Present - In-situ carcinoma is present.
* at0254::Absent - In-situ carcinoma is absent.
* at0255::Indeterminate - Presence of in-situ carcinoma has not been determined.
* at0256::Description - A text description of in-situ carcinoma.
* at0262::Residual tumour status - Estimate of the completeness of surgical resection.
* at0263::Distant metastasis findings - Findings related to distant metastasis.
* at0264::Distant metastasis - Findings of distant metastasis.
* at0265::Description - A text description of distant metastases.
* at0269::Histological grading - Histological grading.
* at0270::Grade - Histological grade of the tumour.
* at0271::Comment - A text comment on histological grading.
* at0272::Well differentiated - Tumour is well differentiated.
* at0273::Moderately differentiated - Tumour is moderately differentiated.
* at0276::Distance from margin - Distance of nearest involved node to the circumferential margin.
* at0277::Venous (large vessel) invasion - Details of venous (large vessel) invasion by tumour.
* at0278::Local tissue invasion - Findings related to local tissue invasion by tumour.
* at0279::Lymphatic (small vessel) invasion - Details of lymphatic (small vessel) invasion by tumour.
* at0280::Discontinuous extramural deposit findings - Findings related to discontinuous extramural tumour deposits.
* at0281::Discontinuous extramural tumour deposits - Findings of discontinuous extramural tumour deposits.
* at0282::Present - Discontinuous extramural tumour deposits are present.
* at0283::Absent - Discontinuous extramural tumour deposits are absent.
* at0284::Indeterminate - Presence of discontinuous extramural tumour deposits has not been determined.
* at0285::Distance from margin - Distance from circumferential margin to extramural deposits.
* at0286::Perineural invasion - Details of perineural invasion by tumour.
* at0287::Sites - Details of sites of proven distant metastases.
* at0293::Synchronous carcinoma - Synchronous carcinoma is present.
* at0294::Ulcerative colitis - Ulcerative colitis is present.
* at0295::Ulcerative colitis with dysplasia - Ulcerative colitis with dysplasia is present.
* at0296::Crohn's disease - Crohn's disease is present.
* at0297::Crohn's disease with dysplasia - Crohn's disease with dysplasia is present.
* at0298::R0 - No residual tumour - as per AJCC TNM classification 7th Edition.
* at0299::R1 - R1 - as per AJCC TNM classification 7th Edition.
* at0300::R2 - R2 - as per AJCC TNM classification 7th Edition.
* at0301::RX - Residual tumour cannot be assessed - as per AJCC TNM classification 7th Edition.
* at0302::Grade (AJCC) - An estimate of the response to neoadjuvant therapy. (AJCC score).
* at0308::Response to neoadjuvant therapy - Details of the response to neoadjuvant therapy.
* at0309::Comment - A text comment on the response to neoadjuvant therapy.
* at0310::Local invasion classification - Local invasion of tumour. Scored using the pT element of the TNM classification.
* at0311::pT0 - No evidence of primary tumour.
* at0312::pT1 - Tumour invades submucosa.
* at0313::pT2 - Tumour invades muscularis propria.
* at0314::pT3 - Tumour invades through muscularis propria into subserosa, or into non-peritonealised pericolic or perirectal tissues.
* at0315::pT4a - Tumour directly invades other organs or structures.
* at0316::pT4b - Tumour perforates visceral peritoneum.
* at0317::pTX - Primary tumour cannot be assessed.
* at0318::Depth of invasion - The subdivision of pT3 that applies to the tumour.
* at0319::pT3a - Minimal invasion: <1 mm beyond the border of the muscularis propria.
* at0320::pT3b - Slight invasion: 1-5 mm beyond the border of the muscularis propria.
* at0321::pT3c - Moderate invasion: >5 mm and <= 15mm beyond the border of the muscularis propria.
* at0322::pT3d - Extensive invasion: > 15 mm beyond the border of the muscularis propria.
* at0323::Distance of invasion - Distance of tumour invasion beyond the muscularis propria.
* at0324::Nodal involvement classification - An estimate of nodal involvement using the pN element of TNM classification.
* at0325::pN0 - No regional lymph node metastasis.
* at0326::pN1 - Metastasis in 1-3 regional lymph nodes.
* at0327::pN2 - Metastasis in 4 or more regional lymph nodes.
* at0329::Grade (CAP) - An estimate of the response to neoadjuvant therapy. (CAP) College of American Pathologists.
* at0330::Neoadjuvant therapy given - Has neoadjuvant therapy been given?
* at0331::Yes - Neoadjuvant therapy has been given.
* at0332::No - Neoadjuvant therapy has not been given.
* at0333::Not known - It is not known if neoadjuvant therapy has been given.
* at0334::Grade (RCP) - An estimate of the response to neoadjuvant therapy. (RCP) Royal College of Pathologists (UK).
* at0335::No residual tumour cells or mucous lakes only - No residual tumour cells or mucous lakes only.
* at0336::Minimal residual tumour - Minimal residual tumour is present.
* at0337::No marked regression - Marked regression is absent.
* at0338::Number of polyps - Number of adenomatous polyps.
* at0340::Diverticulosis - Diverticulosis is present.
* at0341::Poorly differentiated - Tumour is poorly differentiated.
* at0342::Undifferentiated - Tumour is undifferentiated.
* at0343::pTis - Carcinoma in-situ: intraepithelial or invasion of lamina propria.
* at0344::pNx - Regional lymph nodes cannot be assessed.
* at0346::Discontinuous extramural deposits - Details of discontinuous extramural tumour deposits.
* at0347::Grade of response - Alternative assessment grades of response to neoadjuvant therapy.
* at0348::Comment - An additional text comment on lymph node findings.
* at0349::Grade 0 - complete response - Complete response to neoadjuvant therapy.
* at0350::Grade 1 - moderate response - Moderate response to neoadjuvant therapy.
* at0351::Grade 2 - minimal response - Minimal response to neoadjuvant therapy.
* at0352::Grade 3 - poor response - Poor response to neoadjuvant therapy.
* at0354::No residual tumour - Complete response to treatment; Grade 0.
* at0355::Marked response - Minimal residual cancer persists; Grade 1.
* at0356::Moderate response - Grade 2.
* at0357::No definite response - Poor or no response; Grade 3.
* at0358::Response not known - Response to treatment is unknown.
* at0359::Type of polyp - Type of adenomatous polyp
* at0360::Low-grade - Well or moderately differentiated
* at0361::High grade - Poorly differentiated or undifferentiated
* at0362::Present - Evidence of distant metastasis.
* at0363::Absent - No evidence of distant metastasis.
* at0364::Indeterminate - Evidence of metastasis has not been determined.
* at0365::Status of apical lymph node - Status of the apical lymph node.
* at0366::Adenomatous polyps - Findings of adenoatous polyps.
* at0367::Polyposis syndrome - Evidence of polyposis syndrome.
* at0368::Present - There is evidence of polyposis syndrome.
* at0369::Absent - There is no evidence of polyposis syndrome.
* at0370::Indeterminate - Evidence of polyposis syndrome has not been determined.
* at0371::Comment - Comment concerning adenomatous polyps.

## microscopy\_lymphoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.microscopy\_lymphoma.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en, ar-sy

\*\*Purpose:\*\* To record detailed findings about lymphoma and other haematopoietic tumours, excluding leukaemias, found on microscopic examination.

\*\*Use:\*\* To record detailed findings about microscopic examination of tissue related to lymphoma or other hameatopietic tumour, excluding leukaemias Use as a component archetype in the context of a suite of archetypes that make up a histopathology report ie OBSERVATION.lab\_test.histopathology.

\*\*Misuse:\*\* Not designed to be used within any other archetype other than OBSERVATION.lab\_test.histopathology. Not designed to be used to record microscopic findings for leukaemias.

\*\*Keywords:\*\* lab, pathology, laboratory, lymphoma, haematopoietic, malignancy, haematology, hodgkin, histopathology, cancer, non-hodgkin

\*\*Concepts:\*\*

* at0000::Microscopic findings - Lymphoma - Microscopic anatomical pathology findings related to lymphoma and other haematopoietic tumours, excluding leukaemias.
* at0075::Host cell/tissue reactions - Findings of host cell reactions to tumour.
* at0076::Host cell reaction - Finding of a host cell reaction to tumour.
* at0077::Host tissue reaction - Finding of host tissue reactions to tumour.
* at0078::Infiltration pattern - Findings of pattern of abnormal cell infiltration.
* at0079::Tumour cell size - Estimates of tumour cell size.
* at0080::Abnormal cytomorphology - Findings of abnormal cell morphology.
* at0081::Generic features - Finding of generic cytomorphology features.
* at0082::Specific features - Finding of specific cytomorphology features.
* at0084::Necrotic - Necrotic host tissue reaction is present.
* at0085::Sclerotic - Sclerotic host tissue reaction is present.
* at0086::Granulomatous - Granulomatous host tissue reaction is present.
* at0087::Suppurative - Suppurative host tissue reaction to tumour is present.
* at0088::High Endothelial Venule (HEV) hyperplasia - High Endothelial Venule (HEV) hyperplasia is present.
* at0089::Starry sky pattern - Starry sky pattern is present.
* at0090::Amyloid - Amyloid host tissue reaction is present.
* at0091::Increased reticulin - Increased reticulin is present.
* at0092::T-cell rich - T-cell rich host cell reaction is present.
* at0093::Eosinophil-rich - Eosinophil-rich host cell reaction is present.
* at0094::Histiocyte-rich - Histiocyte-rich host cell reaction is present.
* at0095::Neutrophil-rich - Neutrophil-rich host cell reaction is present.
* at0096::Plasma cell-rich - Plasma cell-rich host cell reaction is present.
* at0097::Erythrophagocytic - Erythrophagocytic host cell reaction is present.
* at0098::Small - Small or intermediate tumour cell size (smaller than a histiocyte nucleus).
* at0099::Medium - Medium tumour cell size (equal to a histiocyte nucleus).
* at0100::Large - Large tumour cell size (larger than a histiocyte nucleus).
* at0101::Indeterminate - The tumour cell size has not been determined.
* at0102::Pleomorphic - Pleomorphic features are present.
* at0103::Hyperbolate - Hyperbolate features are present.
* at0104::Anaplastic - Anaplastic features are present.
* at0105::Clear cell - Clear cell features are present.
* at0106::Giant cell - Giant cell features are present.
* at0107::Spindle cell - Spindle cell features are present.
* at0108::Signet ring cell - Signet ring cell features are present.
* at0109::Blastic - Blastic features are present.
* at0110::Indeterminate - Generic abnormal cell features have not been determined.
* at0111::Centroblastic - Centroblastic features are present.
* at0112::Centrocytic - Centrocytic features are present.
* at0113::Immunoblastic - Immunoblastic features are present.
* at0114::Plasmacytic - Plasmacytic features are present.
* at0115::Lymphoplasmacytic - Lymphoplasmacytic features are present.
* at0116::Lymphoplasmacytoid - Lymphoplasmacytoid features are present.
* at0117::Prolymphocytic - Prolymphocytic features are present.
* at0118::Paraimmunoblastic - Paraimmunoblastic features are present.
* at0119::Plasmablastic - Plasmablastic features are present.
* at0120::Monocytoid - Monocytoid features are present.
* at0121::Centrocyte-like - Centrocyte-like features are present.
* at0122::Popcorn cell - Popcorn cell features are present.
* at0123::Reed-Sternberg cell-like - Reed-Sternberg cell-like cytomorphology features are present.
* at0125::Proliferative indicators - Proilerative indicators of abnormal cells.
* at0131::Cytomorphology findings - Findings of generic cytomorphology.
* at0133::Indeterminate - Specific cytomorphology features have not been determined.
* at0134::Indeterminate - Presence of a host cell reaction has not been determined.
* at0135::Indeterminate - Presence of a host tissue reaction has not been determined.
* at0136::Mixed - Mixed tumour cell size.
* at0137::Grade (follicular lymphoma) - Histological grade - follicular lymphoma only.
* at0138::Grade 1 - Follicular lymphoma Grade 1.
* at0139::Grade 2 - Follicular lymphoma Grade 2.
* at0140::Grade 3 - Follicular lymphoma Grade 3.
* at0141::Grade 3a - Follicular lymphoma Grade 3a.
* at0142::Grade 3b - Follicular lymphoma Grade 3b.

## microscopy\_melanoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.microscopy\_melanoma.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en, ar-sy

\*\*Purpose:\*\* To record detailed findings about melanoma of skin found on microscopic examination.

\*\*Use:\*\* To record detailed findings about microscopic examination of tissue. Use as a component archetype in the context of a suite of archetypes that make up a histopathology report ie OBSERVATION.lab\_test.histopathology.

\*\*Misuse:\*\* Not designed to be used within any other archetype other than OBSERVATION.lab\_test.histopathology.

\*\*Keywords:\*\* melanoma, lab, malignancy, skin, dermatology, histology, histopathology, pathology, cancer, dermatopathology, laboratory

\*\*Concepts:\*\*

* at0000::Microscopic findings - Melanoma of skin - Microscopic anatomic pathology findings related to melanoma of skin.
* at0001::Depth of invasion - Depth of tumour invasion. Commonly expressed as the Breslow thickness.
* at0002::Breslow thickness - Depth of tumour invasion. Measured to the nearest 0.1mm.
* at0003::Comment on invasion measurement - Comment on invasion measurement issues or difficulties.
* at0007::Clark Level - Grading of invasion of the melanoma.
* at0008::Level I - Melanoma cells are confined to the epidermis (melanoma in situ).
* at0009::Level II - Melanoma cells invade into but do not fill or expand the papillary (superficial) dermis.
* at0010::Level III - Melanoma cells fill and expand the papillary dermis with extension of tumour to the papillary-reticular dermal interface.
* at0011::Level IV - Melanoma cells infiltrate into the reticular dermis.
* at0012::Level V - Melanoma cells infiltrate into the subcutaneous fat.
* at0013::Mitotic rate per mm2 - Mitotic rate is a measure of the proliferation status of a cell population, expressed as the number of mitoses per square millimetre.
* at0015::Absent - Tumour regression is absent.
* at0020::Ulceration - Findings related to tumour-associated ulceration.
* at0022::Ulceration - Finding of tumour-associated ulceration.
* at0023::Extent of ulceration - Maximum diameter of tumour-ulceration visible.
* at0026::Microsatellites - Findings related to microsatellites.
* at0027::Microsatellites - Finding of microsatellites.
* at0028::In-transit microsatellites - Finding of in-transit microsatellites.
* at0032::Distribution - Distribution pattern of tumour infiltrating lymphocytes.
* at0034::Regression - Findings related to melanoma regression.
* at0037::Desmoplasia - Findings related to desmoplasia.
* at0038::Desmoplasia - Finding of desmoplasia.
* at0039::Extent of desmoplasia - Extent of desmoplasia, expressed as a percentage of invasive component.
* at0044::Associated benign melanocytic lesion - Finding of an associated benign melanocytic lesion.
* at0045::Intraepidermal growth pattern - Description of the melanoma growth pattern.
* at0047::Tumour infiltrating lymphocytes - Findings related to tumour infiltrating lymphocytes.
* at0049::Present - Brisk / Diffuse - Tumour infilitrating lyphocytes are present, with infiltration of the entire base of the tumour, or of diffuse permeation of the invasive melanoma.
* at0050::Present - Nonbrisk / Focal - There are focal areas of tumour infiltrating lymphocytes.
* at0051::Intermediate/late regression - Finding of tumour regression.
* at0052::Present involving less than 75% - Tumour regression is present, involving less than 75% of the tumour.
* at0053::Present involving 75% or more - Tumour regression is present, involving 75% or more of the tumour.
* at0067::Surgical margins - Details of in-situ tumour at the peripheral surgical margins.
* at0072::Present - Tumour-associated ulceration is present.
* at0073::Absent - Tumour associated ulceration is absent.
* at0074::Indeterminate - Presence of tumour-associated ulceration has not been determined.
* at0078::Present - Microsatellites are present.
* at0079::Absent - Microsatellites are present.
* at0080::Indeterminate - Presence of microsatellites has not been determined.
* at0081::Absent - Tumour infiltrating lymphocytes are absent.
* at0082::Indeterminate - Presence of tumour infiltrating lymphocytes has not been determined.
* at0083::Density - Density of tumour infiltrating lymphocytes.
* at0084::Sparse - Sparse infiltration by lymphocytes.
* at0085::Dense - Dense infiltration by lymphocytes.
* at0086::Indeterminate - The density of tumour infiltration has not been determined.
* at0090::Growth phase - Description of the melanoma growth phase.
* at0091::Growth pattern/phase - Findings related to growth pattern and growth phase.
* at0092::Associated benign melanocytic lesion(s) - Findings of any associated benign melanocytic lesions.
* at0094::Present - In-transit microsatellites are present.
* at0095::Absent - In-transit microsatellites are absent.
* at0096::Indeterminate - Findings of in-transit microsatellites has not been determined.
* at0100::Solar elastosis - Findings related to solar elastosis.
* at0101::Solar elastosis - Finding of solar elastosis.
* at0102::Present - Solar elastosis is present.
* at0103::Absent - Solar elastosis is absent.
* at0104::Indeterminate - Presence of solar elastosis has not been determined.
* at0105::Severity of solar elastosis - Severity of solar elastosis.
* at0106::Predominant cell type(s) - Findings of predominant cell types.
* at0107::Predominant cell type - Finding of a single predominant tumour cell type.
* at0108::Spindle cells - Spindle cells represent a predominant cell type.
* at0109::Epithelioid cells - Epithelioid cells represent a predominant cell type.
* at0110::Indeterminate - A predominant type of cell has not been determined.
* at0111::Present (percentage not determined) - Tumour regression is present. Extent, as a percentage, has not been determined.
* at0112::Extent of regression - Details of extent of regression.
* at0113::Marginal clearance of regression - Maximum distance of regression from the surgical margin.
* at0114::Pagetoid - Pagetoid intraepidermal growth pattern.
* at0115::Lentiginous - Lentiginous intraepidermal growth pattern.
* at0116::Mixed - Mixed intraepidermal growth pattern.
* at0117::Indeterminate - The growth pattern has not been determined.
* at0118::Indeterminate - Presence of tumour regression has not been determined.
* at0119::Present - Desmoplasia is present.
* at0120::Absent - Desmoplasia is absent.
* at0121::Indeterminate - Presence of desmoplasia has not been determined.
* at0125::Lymphovascular invasion - Details of lymphovascular invasion.
* at0127::Neurotropism - Details of neurotropism or perineural invasion.
* at0128::Present - Tumour infiltrating lymphocytes are present.

## microscopy\_prostate\_carcinoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.microscopy\_prostate\_carcinoma.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en, ar-sy

\*\*Purpose:\*\* To record detailed findings about prostate cancer found on microscopic examination.

\*\*Use:\*\* To record detailed findings about microscopic examination of prostate cancer as part of an anatomical pathology result. Use as a component archetype in the context of a suite of archetypes that make up a histopathology report ie OBSERVATION.lab\_test.histopathology.

\*\*Misuse:\*\* Not designed to be used within any other archetype other than OBSERVATION.lab\_test.histopathology.

\*\*Keywords:\*\* histopathology, cancer, laboratory, prostate, histology, malignancy, lab, pathology

\*\*Concepts:\*\*

* at0000::Microscopic findings - Prostate cancer - Microscopic anatomical pathology findings related to prostate cancer.
* at0015::Gleason Score - Gleason Score (ISUP2005 version) - a prostate cancer grading score ratified by the International Society of Urological Pathologists (ISUP).
* at0021::Surgical resection margins - Findings related to tumour at multiple surgical resection margins.
* at0030::Lymph node findings - Findings related to the involvement of tumour in lymph nodes.
* at0036::Dominant tumour node dimensions - Dimensions of the dominant tumour node.
* at0084::Resection margin detail - Details of tumour at an individual surgical resection margin.
* at0087::Lymph node detail - Details of tumour at a single lymph node.
* at0156::3D volume estimation - Estimate of 3D volume of the primary prostate tumour.
* at0158::Qualitative estimation - Qualitative estimate of the amount of primary prostate tumour.
* at0160::Tumour quantification - Estimate of the amount of primary prostate tumour.
* at0161::Proportion of tumour involvement - Proportion of prostate tissue involved by tumour.
* at0162::Tumour found incidentally at histopathology - Where tumour has been found incidentally on histopathological examination, the extent of tumour found. This is used as part of the cTNM classification of prostate cancer.
* at0163::Tumour incidental histologic finding in no more than 5% of tissue resected - Prostate tumour is an incidental histologic finding in no more than 5% of tissue resected.
* at0164::Tumour incidental histologic finding in more than 5% of tissue resected - Prostate tumour is an incidental histological finding in more than 5% of tissue resected.
* at0165::Proportion of positive cores - Proportion of tumour positive prostate cores out of the total number of prostate cores.
* at0166::Primary Gleason grade - The primary Gleason score.
* at0172::Seminal vesicle involvement - Findings of tumour involvement in seminal vesicles.
* at0173::Present - bilateral - Tumour is present in both seminal vesicles.
* at0174::Present - left - Tumour is present in only the left seminal vesicle.
* at0175::Present - right - Tumour is present in only the right seminal vesicle.
* at0176::Absent - Tumour is absent from both seminal vesicle.
* at0177::Indeterminate - Presence of tumour in seminal vesicles has not been determined.
* at0178::Addtional finding - Additional histological finding related to prostate cancer.
* at0179::Additional findings - Additional histological findings related to prostate cancer.
* at0181::Seminal vesicle - Findings related to tumour involvement in seminal vesicles.
* at0182::Secondary Gleason grade - The secondary Gleason score.
* at0183::Tertiary Gleason grade - The tertiary Gleason score.
* at0184::Gleason score at involved margin - The Gleason score at a surgical margin involved with tumour.
* at0185::Estimation methodology - A description of the methodology used to estimate tumour volume.
* at0194::Inflammation - Tissue inflammation is present.
* at0195::High grade prostatic intraepithelial neoplasia (PIN) - High grade prostatic intraepithelial neoplasia (PIN) is present.
* at0196::Atypical adenomatous hyperplasia - Atypical adenomatous hyperplasia is present.
* at0197::Total Gleason score - The sum of the primary, secondary and tertiary Gleason scores.
* at0198::Ratio of linear distance of carcinoma to length of cores - Ratio of the linear distance of prostatic carcinoma to the length of prostatic cores.
* at0199::Other quantification - A description of the method and result of other type of quantification.
* at0214::Minimal tumour - Minimal tumour is present.
* at0215::Unifocal tumour - Unifocal tumour is present.
* at0216::Multifocal or extensive tumour - Multifocal or extensive tumour is present.
* at0217::Indeterminate - A qualitative estimate of tumour volume has not been determined.
* at0218::Nodular prostatic hyperplasia - Nodular prostatic hyperplasia is present.
* at0219::Absent - Additional pathological findings are absent.
* at0220::Description - A text description of additional pathological findings.
* at0221::Fine needle aspiration biopsy (FNAB) specimen - Quantification results from specimens obtained by fine needle aspiration biopsy (FNAB).
* at0222::Transurethral resection(TUR) specimen - Quantification results from a specimen obtained by transurethral resection (TUR).
* at0224::Proportion of positive chips - Proportion of tumour positive prostatic chips out of the total number of prostatic chips.
* at0234::Surgical resection specimen - Quantification results from specimens obtained from open surgical resection.
* at0237::Surgical resection margin - Findings related to a single surgical resection margin.
* at0238::Relation to prostatic capsule - Findings of the relation of the resection margin to the prostatic capsule.
* at0239::Intraprostatic - The surgical margin has been developed within the prostatic capsule. Sometimes termed 'capsular incision' (CI).
* at0240::Extraprostatic - The surgical margin has been developed external to the prostatic capsule.
* at0241::Indeterminate - The relation of the surgical margin to the prostatic capsule has not been determined.
* at0245::Tumour invasion - Details of tumour invasion to local tissues.
* at0246::Indeterminate - The extent of tumour incidental histologic finding has not been determined.
* at0247::Description - A text description of seminal vesicle involvement by tumour.
* at0248::Present - Tumour is present in seminal vesicles..
* at0249::Benign glands - Finding of benign glands at the surgical margin
* at0250::Grade 1 - The cancerous prostate closely resembles normal prostate tissue. The glands are small, well-formed, and closely packed.
* at0251::Grade 2 - The tissue still has well-formed glands, but they are larger and have more tissue between them.
* at0252::Grade 3 - The tissue still has recognizable glands, but the cells are darker. At high magnification, some of these cells have left the glands and are beginning to invade the surrounding tissue.
* at0253::Grade 4 - The tissue has few recognizable glands. Many cells are invading the surrounding tissue.
* at0254::Grade 5 - The tissue does not have recognizable glands. There are often just sheets of cells throughout the surrounding tissue.
* at0255::Grade 1 - The cancerous prostate closely resembles normal prostate tissue. The glands are small, well-formed, and closely packed.
* at0256::Grade 2 - The tissue still has well-formed glands, but they are larger and have more tissue between them.
* at0257::Grade 3 - The tissue still has recognizable glands, but the cells are darker. At high magnification, some of these cells have left the glands and are beginning to invade the surrounding tissue.
* at0258::Grade 4 - The tissue has few recognizable glands. Many cells are invading the surrounding tissue.
* at0259::Grade 5 - The tissue does not have recognizable glands. There are often just sheets of cells throughout the surrounding tissue.
* at0260::Grade 1 - The cancerous prostate closely resembles normal prostate tissue. The glands are small, well-formed, and closely packed.
* at0261::Grade 2 - The tissue still has well-formed glands, but they are larger and have more tissue between them.
* at0262::Grade 3 - The tissue still has recognizable glands, but the cells are darker. At high magnification, some of these cells have left the glands and are beginning to invade the surrounding tissue.
* at0263::Grade 4 - The tissue has few recognizable glands. Many cells are invading the surrounding tissue.
* at0264::Grade 5 - The tissue does not have recognizable glands. There are often just sheets of cells throughout the surrounding tissue.
* at0265::Present - Benign glands are present at the surgical margin.
* at0266::Absent - Benign glands are absent from the surgical margin
* at0267::Indeterminate - Presence of benign glands at the surgical margin has not been determined.
* at0269::Bladder neck involvement - Finding of involvement by tumour of the bladder neck.
* at0270::Present - Blaader neck involvement by tumour is present.
* at0271::Absent - Bladder neck involvement by tumour is absent.
* at0272::Indeterminate - Bladder neck involvement by tumour has not been determined.
* at0273::Tumour zones - Findings of tumour zone.
* at0274::Tumour zone - Finding of zone(s) involved by tumour.
* at0275::Peripheral - Peripheral zone is involved by tumour.
* at0276::Central - Central zone is involved by tumour.
* at0277::Transition - Transition zone is involved by tumour.

## microscopy\_renal\_biopsy\_non\_neoplastic

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.microscopy\_renal\_biopsy\_non\_neoplastic.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record detailed findings about a non-neoplastic renal biopsy

\*\*Use:\*\* To record detailed findings about microscopic examination of tissue related to glomerular, tubulointerstitial and vascular renal diseases. Use as a component archetype in the context of a suite of archetypes that make up a histopathology report i.e. OBSERVATION.lab\_test.histopathology

\*\*Misuse:\*\* Not designed to be used within any other archetype other than OBSERVATION.lab\_test.histopathology.

\*\*Keywords:\*\* histopathology, pathology, renal, laboratory

\*\*Concepts:\*\*

* at0000::Microscopy renal biopsy non neoplastic - Microscopic findings related to a non-neoplastic renal biopsy
* at0001::Renal biopsy overall description - Describes tissue types in the renal biopsy specimen.
* at0003::Cortex - Cortical tissue present, alternatively core length with cortical tissue, alternatively proportion of cortical tissue in relation to the core with renal tissue.
* at0004::Present - Cortical tissue present.
* at0005::Absent - Cortical tissue absent.
* at0006::Indeterminate - Presence of cortical tissue has not been determined.
* at0007::Medulla - Medullary tissue present, alternatively core length with medullary tissue, alternatively proportion of medullary tissue in relation to the core with renal tissue.
* at0008::Present - Medullary tissue present.
* at0009::Absent - Medullary tissue absent.
* at0010::Indeterminate - Presence of medullary tissue has not been determined.
* at0011::Renale capsule - A statement whether the renal capsule is present.
* at0012::Other tissue elements - Description of other tissue elements, e.g. muscle tissue.
* at0013::Sceletal muscle and/or fat tissue and/or connective tissue - Sceletal muscle and/or fat tissue and/or connective tissue present.
* at0014::Renal pelvis mucosa - Renal pelvis mucosa present.
* at0015::Glomeruli - Description of glomerular changes.
* at0016::Glomeruli - The maximum number of glomeruli irrespective of size present in one section; structures consisting of Bowman's capsule with empty Bowman's space are excluded.
* at0017::Scorable glomeruli - The number of glomeruli judged as adequate for scoring by the reporting pathologist.
* at0019::Glomeruli solely with necrosis - The number of glomeruli showing fibrinoid necrosis without crescent formation.
* at0020::Glomeruli with crescents - The number of glomeruli showing cellular or fibrocellular crescents.
* at0021::Glomeruli with ischemic changes - The number of glomeruli showing some degree of tuft retraction and wrinkling of capillary walls. Chronic ischemic changes might show fibrosis of Bowman's capsule.
* at0022::Glomeruli with segmental sclerosis - The number of glomeruli showing obliteration of capillary lumen by extracellular matrix in a portion of the tuft area with or without adhesions to the Bowman capsule, hyaline lesions, foam cells.
* at0023::Glomeruli with global sclerosis - The number of glomeruli showing scarring with obliteration of capillary lumen by extracellular matrix in the entire or nearly entire glomerular tuft.
* at0024::Normal glomeruli - The number of glomeruli which appear normal without major changes.
* at0026::Description of glomeruli - A narrative description of glomerular findings, e.g. mesangial and endocapillary cellularity, capillary wall changes, podocytes, Bowman's space.  
    
   For structured description of specific renal diseases use appropriate cluster (IgA nephropathy, lupus nephritis).
* at0028::Details of specific glomerular changes - Slot for detailed description of specific glomerular changes.  
    
  Include:  
    
  openEHR-EHR-CLUSTER.glomerulus\_segmental\_glomerulosclerosis\_classification.v1.
* at0029::Tubules - Description of tubular changes.
* at0030::Tubular casts - Structured report of kind of tubular casts present.
* at0031::Myeloma casts - Characteristic myeloma casts, often surrounded by reactive tubular epithelial cells. or multinucleated cells, present in tubular lumen.
* at0032::Tamm Horsfall protein - Presence of intratubular Tamm Horsfall protein.
* at0033::Hyaline casts - Presence of hyalin casts in tubular lumen.
* at0034::Granular casts - Presence of granular casts in tubular lumen.
* at0035::Detached cells - Detached cells, commonly epithelial cells, present in the tubular lumen.
* at0036::Red blood cells - Collections of red blood cells or red blood cell casts present in tubular lumen.
* at0037::Granulocytes - Presence of neutrophil granulocytes in tubular lumen.
* at0038::Crystals - Crystals present in tubular lumen.
* at0041::Tubular atrophy - Semiquantitative or quantitative assessment of tubular atrophy.
* at0042::Tubular atrophy semiquantitative - Semiquantitative visual assessment of tubular atrophy.
* at0043::Absent - Tubular atrophy is not present or minimal (few transsections).
* at0044::Slight - Tubular atrophy in up to 25 % of the area of cortical tubules.
* at0045::Moderate - Tubular atrophy involving 25 - 50% of the area of cortical tubules.
* at0046::Severe - Tubular atrophy present in more than 50% of the area of cortical tubules.
* at0047::Indeterminate - Tubular atrophy could not be assessed, e.g. due to bad sections.
* at0048::Tubules description - Desription of tubular changes, e.g. hyalin droplet change, acute epithelial damage, cytoplasmic vacuolation, sloughing of cells, loss of brush border.
* at0049::Interstitium - Interstitial changes, especially semiquantitative or quantitative assessment of interstitial fibrosis.
* at0050::Quantification of interstitial fibrosis - Quantification of interstitial fibrosis by image analysis methods.
* at0051::Image analysis details - To record details of the image analysis, e.g. software, algorithm.
* at0052::Technique - Technique used to quantify fibrosis.
* at0053::Sirius red unpolarized - Sirius red stain unpolarized used for fibrosis quantification by image analysis
* at0054::Sirius red polarized - Sirius red stain polarized used for fibrosis quantification by image analysis
* at0055::Collagen III immunohistochemistry - Collagen III immunohistochemical stain used for fibrosis quantification by image analysis
* at0056::Percentage interstitial fibrosis - Percentage of the renal cortical tissue involved by fibrosis.
* at0057::Cortical area with fibrosis estimated - Visual quantification of interstitial fibrosis; The fibrosis percentage is the percentage of abnormal cortical tissue with fibrosis.
* at0058::Fibrous tissue estimated - Visual quantification of interstitial fibrosis; The fibrosis percentage is the percentage of all cortical tissue (excluding tubules and glomeruli) occupied by fibrous tissue.
* at0059::Interstitium description - Description of interstitial changes, e.g. edema, inflammatory cells, deposits.
* at0060::Vasculature - Changes affecting arteries, arterioles, venes and peritubular capillaries.
* at0061::Number of arteries - Number of arteries in a renal biopsy.
* at0062::Arteriosclerosis - Amount of arteriosclerosis in the most affected vessel.
* at0063::Not present/minimal - There is no intimal sclerosis or intimal sclerosis is minimal.
* at0064::Mild - There is < 25% lumen narrowing by intimal fibrosis.
* at0065::Moderate - There is 25% - 50% lumen narrowing by intimal fibrosis.
* at0066::Severe - There is > 50% lumen narrowing by intimal fibrosis.
* at0067::Arteriolosclerosis - Amount of arteriolosclerosis in the most affected vessel.
* at0068::Absent - Arteriolosclerosis not present.
* at0069::Present - nodular - Nodular arteriolosclerosis is present.
* at0070::Present - circumferential - Circumferential arteriolosclerosis is present.
* at0071::Vasculature description - Description of vascular changes, e.g. vasculitis, venulitis. For description of severity of arteriosclerosis and arteriolosclerosis use coded text.
* at0072::Amyloid - Findings related to amyloid deposition.
* at0076::Details of amyloid deposition - Slot for detailed description of specific glomerular changes.  
    
  Include:  
    
  openEHR-EHR-CLUSTER.amyloid\_deposition.v1
* at0077::Specific clinical situations - Detailed structured description for specific clinical situations, e.g. biopsy of renal transplant, lupus nephritis, IgA nephropathy.
* at0078::Multimedia representation - Images from lesions could be attached here.
* at0079::Multimedia representation of image analysis - Images, graphs and tables from automatic image analysis of interstitial fibrosis.
* at0080::Casts in tubules - Choose the type of casts present in tubuli. Multiple choices possible.
* at0081::Mixed casts - Casts consisting of more than one component.
* at0082::Pigmented casts - Discolorated casts e.g. due to hemoglobin, myoglobin, drug pigments, bilirubin, melanin.
* at0088::Podocytes - Description of podocyte changes.
* at0089::Hypertrophy - Enlarged podocytes often with amphophil cytoplasm.
* at0091::Absent - Podocyte size is normal.
* at0092::Slight - Podocytes are slightly enlarged.
* at0093::Moderate - Podocytes are moderately enlarged.
* at0094::Severe - Podocytes are severely enlarged.
* at0096::Bi- or multinucleated podocytes - Podocytes with 2 or more nuclei.
* at0097::Absent - Bi- or multinucleated podocytes are not seen.
* at0098::Present - Bi- or multinucleated podocytes are seen.
* at0099::Indeterminate - Presence of bi- or mulitnucleated podocytes has not been determined.
* at0100::Equivocal - Presence of bi- or mulitnucleated podocytes is equivocal.
* at0101::Resorption droplets - Podocytes with PAS positive resorption droplets.
* at0102::Absent - Podocytes with resorption droplets are not present.
* at0103::Singular cells - One or few podocytes with resorption droplets are present.
* at0104::Numerous cells - Numerous podocytes with resorption droplets are present.
* at0105::Indeterminate - Presence of podocytes with resorption droplets could not be assessed, e.g. due tof bad morphology.
* at0106::Equivocal - It is uncertain whether podocytes with resorption droplets are present or not.
* at0107::Pseudocysts - Podocytes with pseudocysts.
* at0108::Absent - Podocytes with resorption droplets are not present.
* at0109::Singular - One of few podocytes with resorption droplets are present.
* at0110::Numerous - Numerous podocytes with resorption droplets are present.
* at0111::Equivocal - It is uncertain whether podocytes with resorption droplets are present or not.
* at0112::Indeterminate - Presence of podocytes with resorption droplets could not be assessed, e.g. due to bad morphology.
* at0113::Equivocal - It is uncertain whether podocyte size is normal or enlarged.
* at0114::Indeterminate - Podocyte size could not be assessed, e.g. due to bad morphology.
* at0115::Mesangium - Description of mesangial changes.
* at0116::No abnormality detected - Statement that no abnormality was detected on examination of the mesangial areas.
* at0117::No abnormality detected - Statement that no abnormality was detected on examination of podocytes.
* at0118::Details of the mesangium - A narrative description of mesangial changes.
* at0119::Mesangial matrix increase - Visual assessment of the amount of mesangial matrix.
* at0120::Absent - Mesangial matrix is not increased.
* at0121::Slight - Mesangial matrix is slightly increased.
* at0122::Moderate - Mesangial matrix is moderately increased.
* at0123::Severe - Mesangial matrix is severely increased.
* at0124::Equivocal - It is uncertain, whether mesangial matrix is increased.
* at0125::Details of podocytes - A narrative description of podocyte changes.
* at0126::Indeterminate - Mesangial matrix increase could not be assessed. e.g. due to bad morphology.
* at0128::Mesangial hypercellularity - A visual assessment of the cellularity of the mesangium. Normally there are 1 - 3 cells per mesangial area. The score is based on the most cellular mesangial area. Mesangial areas adjacent to the vascular stalk should not be scored.
* at0129::Absent - There is no increase in mesangial cells.
* at0130::Slight - There is a slight increase in mesangial cellularity, usually 4-5 cells per mesangial area.
* at0131::Moderate - There is a moderate increase in mesangial cellularity, usually 6-7 cells per mesangial area.
* at0132::Severe - There is a severe increase in mesangial cellularity, usually 8 or more cells per mesangial area.
* at0133::Equivocal - It is uncertain whether there is an increase in mesangial cellularity or not.
* at0134::Indeterminate - Mesangial cellularity could not be assessed, e.g. due to bad morphology or thick sections.
* at0138::Capillaries - Description of glomerular capillary changes.
* at0139::No abnormality detected - Statement that no abnormality was detected on examination of the glomerular capillaries.
* at0140::Capillary wall thickening - A visual assessment of the capillary wall thickness.
* at0142::Details of glomerular capillaries - A narrative description of glomerular capillary changes.
* at0143::Absent - Glomerular capillary walls are not thickened.
* at0144::Focal - Glomerular capillary walls are focally thickened.
* at0145::Diffuse - Glomerular capillary walls are diffusely thickened.
* at0146::Segmental - Glomerular capillary walls are segmentally thickened.
* at0147::Global - Glomerular capillary walls are globally thickened.
* at0148::Equivocal - It is uncertain whether glomerular capillary walls are thickened.
* at0149::Indeterminate - Glomerular capillary wall thickness could not be assessed, e.g. due to section thickness.
* at0150::Capillary wall duplication - A visual assessment of the presence of capillary wall duplication.
* at0151::Absent - Capillary wall duplication is not present.
* at0152::Focal - Capillary wall duplication is focally present.
* at0153::Diffuse - Capillary wall duplication is diffusely present.
* at0154::Segmental - Capillary wall duplication is segmentally present.
* at0155::Global - Capillary wall duplication is globally present.
* at0156::Equivocal - It is unceratin whether capillary wall duplication is present.
* at0157::Indeterminate - Capillary wall thickening could not be assessed, e.g. due to bad morphology.
* at0159::Capillary lumen - Description of changes in the capillary lumens.
* at0160::Endocapillary hypercellularity - Visual assessment of endocapillary hypercellularity.
* at0161::Absent - Endocapillary hypercellularity is not present.
* at0162::Focal - Endocapillary hypercellularity is focally present.
* at0163::Diffuse - Endocapillary hypercellularity is diffusely present.
* at0164::Segmental - Endocapillary hypercellularity is segmentally present.
* at0165::Global - Endocapillary hypercellularity is globally present.
* at0166::Equivocal - It is uncertain whether there is endocapillary hypercellularity.
* at0167::Indeterminate - Endocapillary cellularity could not be assessed, e.g. due to bad morphology.
* at0168::Thrombi - Visual assessment of intracapillary thrombi.
* at0169::Absent - Intracapillary thrombi are absent.
* at0170::Endocapillary hypercellularity - Findings related to endocapillary cellularity.
* at0171::Cell type - Composition of intracapillary cells.
* at0172::Endothelial cells - Endothelial cells are part of the intracapillary infiltrate.
* at0173::Macrophages - Macrophages are part of the intracapillary infiltrate.
* at0174::Neutrophil granulocytes - Neutrophil granulocytes are part of the intracapillary infiltrate.
* at0175::Lymphocytes - Lymphocytes are part of the intracapillary infiltrate.
* at0176::Atypical cells - Atypical cells are part of the intracapillary infiltrate.
* at0178::Focal - Intracapillary thrombi are present in less than half of the glomeruli.
* at0179::Diffuse - Intracapillary thrombi are present in more than half of the glomeruli.
* at0180::Segmental - Intracapillary thrombi are present only in a part of the glomerular tuft.
* at0181::Global - Intracapillary thrombi are present in the whole glomerular tuft.
* at0182::Equivocal - It is uncertain whether intracapillary thrombi are present or not.
* at0183::Indeterminate - Presence of intracapillary thrombi could not be assessed, e.g. because of bad sections.
* at0184::Thrombi - Findings related to intracapillary thrombi.
* at0185::Thrombus type - Type of intracapillary thrombi.
* at0186::Hyalin - The intracapillary thrombi are mainly hyalinous.
* at0187::Fibrin - The intracapillary thrombi consist mainly of fibrin.
* at0188::Mesangial cell interposition - A visual assesment of the presence of interposed cells in the capillary periphery.
* at0189::Present - Mesangial interposition is present.
* at0190::Absent - Mesangial interposition is absent.
* at0191::Equivocal - It is uncertain whether mesangial interposition is present.
* at0192::Indeterminate - Mesangial interposition could not be assessed, e.g. because of bad sections.
* at0193::Mesangial nodularity - A visual assessment of the presence of acellular PAS positive mesangial nodules.
* at0194::Absent - Mesangial nodules are absent.
* at0195::Present - Mesangial nodules are present.
* at0196::Equivocal - It is uncertain whether mesangial nodules are present.
* at0197::Indeterminate - Presence of mesangial nodules could not be assessed, e.g. because of bad sections.
* at0202::Tubular epithelial cell changes - Description of tubular epithelial cell changes. Multiple choices possible.
* at0203::Hyaline droplet change - PAS positive absorption droplets in the epithelium of proximal tubules, usually indicating glomerular proteinuria.
* at0204::Fine vacuolization - Fine, even vacuolization of the proximal tubular epithelium. Hydropic change is a synonym. If related to infusion of hypertonic solutions, the change is also described as osmotic nephrosis. If related to cyclosporin therapy, the change is called isometric vacuolization.
* at0205::Coarse vacuolization - Irregular and coarse vacuolization of the tubular epithelium. The change might be associated with hypokaliemia or tubulotoxicity.
* at0206::Fatty change - Fine vacuoles containing lipid, often at the base of the tubular epithelial cells. Fat can be demonstrated by lipid stains on frozen sections.
* at0207::Giant mitochondria - Enlarged mitochondria visuable as eosinophilic bodies in tubular epithelial cells.
* at0208::Glomeruli with adhesions - The number of glomeruli showing coneective tissue connections between the tuft and Bowman's capsule without overt sclerosis.
* at0209::No abnormality detected - A statement that no abnormality was detected in renal tubules.
* at0210::No abnormality detected - A statement that no abnormality was detected in the renal interstitium.
* at0211::No abnormality detected - A statement that no abnormality was detected in the renal vasculature.
* at0212::Amyloid not detected - A statement that no amyloid deposition was detected.

## multimedia\_source

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.multimedia\_source.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, pt-br, en

\*\*Purpose:\*\* To record details about text, audio, images, animations, video and interactive content generated or acquired during the provision of healthcare.

\*\*Use:\*\* Use to record details about text, audio, images, animations, video and interactive content generated or acquired during the provision of healthcare. Examples include but are not limited to: - A photo of an injury; - A diagram of the location of a specific clinical finding; - A digital Xray or CT scan result; - An audio or video recording of an interview; - Data output from a clinical device, such as an ECG machine; or - A scanned image of hand-written clinical notes. The 'Content' data element allows for the multimedia content to be captured and stored within the health record using the Multimedia data type, or to be referenced elsewhere using the URI data type. If more than one resource is acquired or used as part of a single activity, use one instance of this archetype to represent each resource. The context of each resource should be contained within the parent archetype. For example: details about the modality, view or aspect of a radiographic image will be captured within the OBSERVATION.imaging\_test\_result archetype.

\*\*Misuse:\*\* Not to be used to represent multimedia content that is supplied to an individual or carer during the provision of healthcare - use CLUSTER.multimedia\_supply for this purpose.

\*\*Keywords:\*\* image, audio, text, video, application, file

\*\*Concepts:\*\*

* at0000::Multimedia source - A multimedia resource that is generated or acquired during the provision of healthcare.
* at0001::Content - Digital representation of the resource.
* at0002::Resource name - Name or title of the multimedia resource.
* at0004::Created - The time, date, partial date or period when the resource was generated or authored.
* at0005::Description - Narrative description about the resource.
* at0007::Comment - Additional narrative about the multimedia source not captured in other fields.
* at0010::Identifier - Identifier for the resource.
* at0011::Source device - Details about the device used to generate or author the resource.
* at0012::Creator - Details about the individual or organisation who generated or authored the resource.
* at0013::Additional details - Further details about the multimedia source.

## muscle\_power

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.muscle\_power.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the findings observed during the physical examination of power in a muscle group or a limb.

\*\*Use:\*\* Use to record the observed findings during the physical examination of power in a muscle group or a limb. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the CLUSTER.exam-nervous\_system archetype. It can also be nested within any other relevant OBSERVATION or Physical examination-related family of CLUSTER archetypes, where clinically appropriate. In clinical scenarios requiring the documentation of more than one strength response, use a separate instance of this archetype for each muscle group or limb.

\*\*Concepts:\*\*

* at0000::Muscle power finding - Findings observed during the physical examination of power in a muscle group or a limb.
* at0014::Comment - Additional narrative about the muscle tone findings, not captured in other fields.
* at0001::Body site - Identification of the limb or muscle group tested.
* at0007::Strength - Observed level of power in the identified limb or muscle group.
* at0003::Left arm - None
* at0002::Right arm - None
* at0005::Left leg - None
* at0004::Right leg - None
* at0008::No visible muscle contraction - None
* at0009::Visible muscle contraction with no or trace movement - None
* at0010::Limb movement, but not against gravity - None
* at0011::Movement against gravity but not resistance - None
* at0012::Movement against at least some resistance supplied by the examiner - None
* at0013::Full strength - None
* at0006::Clinical description - Narrative description about the observed muscle power at the identified body site.

## muscle\_tone

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.muscle\_tone.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the findings observed during the physical examination of tone in a limb.

\*\*Use:\*\* Use to record the observed findings during the physical examination of tone in a limb. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the CLUSTER.exam-nervous\_system archetype. It can also be nested within any other relevant OBSERVATION or Physical examination-related family of CLUSTER archetypes, where clinically appropriate. In clinical scenarios requiring the documentation of more than one deep tendon reflex response, use a separate instance of this archetype for each reflex and body side.

\*\*Concepts:\*\*

* at0000::Muscle tone finding - Findings observed during the physical examination of tone in a limb.
* at0014::Comment - Additional narrative about the muscle tone findings, not captured in other fields.
* at0001::Body site - Identification of the body site examined.
* at0007::Relative tone - The muscle tone observed, relative to 'normal' tone.
* at0008::Normal - The muscle tone is normal.
* at0009::Increased - The muscle tone is increased, compared to normal.
* at0010::Decreased - The muscle tone is decreased, compared to normal.
* at0011::Type of increased tone - The type of increased muscle tone observed.
* at0003::Left arm - None
* at0002::Right arm - None
* at0005::Left leg - None
* at0004::Right leg - None
* at0012::Clasp-knife response - Increased resistance followed by relaxation.
* at0013::Lead-pipe rigidity - Uniform rigidity throughout the range of motion, with or without cogwheeling.
* at0006::Clinical description - Narrative description about the tone observed at the identified body site.

## mydriasis\_application

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.mydriasis\_application.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* Register the characteristics of pupil's dilation if mydriasis is applied.

\*\*Use:\*\* It is used to provide details about the use of midriatic agents, whenever it could affect the outcome of a more complex procedure. For example, 'Imaging examination' when used for ophthalmic purposes, it can suggest the requirement of mydriasis through this archetype.

\*\*Keywords:\*\* Mydriasis

\*\*Concepts:\*\*

* at0000::Mydriasis application - Defines the characteristics of mydriasis procedure when carried out on a patient.
* at0001::Mydriatic agent - Chemical name of the compound used to apply midriasis.
* at0002::Dose - The quantity of drug used during the mydriasis.
* at0003::Mydriatic delivery method - The method of delivery if this should be specified (e.g. via a nebuliser or drops).
* at0004::Comments - Other comments of interest about mydriasis procedure.
* at0008::Pupil dilated - Whether or not the patient’s pupils were pharmacologically dilated for the current acquisition.
* at0014::Degree of dilation - The degree of the dilation in mm.

## myringoplasty

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.myringoplasty.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about the myringplasty performed.

\*\*Use:\*\* Use to record details about the myringplasty performed.

\*\*Keywords:\*\* myringoplasty, procedure, operation

\*\*Concepts:\*\*

* at0000::Myringoplasty Procedure - Surgical procedure in which a performation of the pars tensa of the tympanic membrane is closed.
* at0001::Revision? - Is this operation a revision of a previous myringoplasty?
* at0002::Approach - The operative approach to the tympanic membrane.
* at0003::Transcanal - Approach through the ear canal, without incision.
* at0004::Endaural - Approach through the ear canal.
* at0005::Postaural - Approach via an incision behind the ear.
* at0006::Graft Material - Material used to repair the perforation.
* at0007::Temporal Fascia - Fascial tissue covering the temporalis muscle was used.
* at0008::Cartilage - Cartilage was used.
* at0009::Cartilage/Perichondrium - Cartilage and perichondrial tissue was used.
* at0010::Fat - Fat tissue was used.
* at0011::Other - Other tissue was used.
* at0012::Technique - The technique used to perform the repair of the perforation.
* at0013::Underlay - An underlay technique was used.
* at0014::Inlay - An inlay technique was used.
* at0015::Onlay - An onlay technique was used.
* at0016::Butterfly - A butterfly technique was used.
* at0017::Patch - A patch technique was used.

## myringotomy

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.myringotomy.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about the myringotomy performed.

\*\*Use:\*\* Use to record details about the myringotomy performed.

\*\*Keywords:\*\* operation, myringotomy

\*\*Concepts:\*\*

* at0000::Myringotomy - Surgical procedure in which an incision is made in the tympanic membrane to relieve pressure and/or drain fluid. This is often accompanied by insertion of a ventilation tube to keep the middle ear aerated and prevent reaccumulation of fluid.
* at0001::Fluid - Description of the fluid observed in the middle ear.
* at0002::None - No fluid was present.
* at0003::Serous - Serous fluid was present.
* at0004::Mucoid - Pus was present.
* at0005::Ventilation Tube Inserted - Was a ventilation tube inserted?
* at0006::Ventilation Tube - Details of the ventilation tubes inserted.

## notifiable\_condition

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.notifiable\_condition.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en, ar-sy

\*\*Purpose:\*\* To record details of a notifiable condition as part of a microbiology result.

\*\*Keywords:\*\* microbiology, public health

\*\*Concepts:\*\*

* at0000::Notifiable condition - To record details of a notifiable condition as part of a microbiology result.
* at0001::Specimen surce - Identifies the specimen source of the condition – patient, food, soil,...
* at0002::Status - A status of completed means the patient has been associated with the given notifiable condition.  
    
  A status of aborted means the patient was associated with the notifiable condition in error.
* at0003::Completed - Patient correctly associated with notifiable condition.
* at0004::Aborted - Patient associated with notifiable condition in error.
* at0005::Date of notification - The data and time that the notification was made.
* at0006::Notifiable condition - A description or coded entry for the notifiable condition.
* at0007::Record of notifiable condition - A link to the original record identifying the notifiable condition.

## occupation\_record

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.occupation\_record.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt, pt-br, en, it, fr, es

\*\*Purpose:\*\* To record details about a single job or role carried out by an individual during a specified period of time.

\*\*Use:\*\* Use to record details about a single job or role carried out by an individual during a specified period of time. The scope of this archetype is inclusive of all occupations or activities undertaken by an individual. For example: a paid job or employment; unpaid work of any type such as a volunteer position; or roles such as being retired or a student. Multiple instances of this archetype captured over time will result in the aggregation of a history of past and present jobs and/or roles. An active, or current occupation may be implied from a 'Date commenced' but no 'Date ceased'. An individual may carry out many simultaneous occupations, each of which may be paid or unpaid. Each occupation should be recorded in a separate instance of this archetype. If occupation attributes change significantly, such as a change of role/title or number of hours, then this should be recorded as a separate instance of this archetype. This archetype has been specifically designed to be used in the 'Occupation episode' SLOT within the EVALUATION.occupation\_summary archetype, but can also be used within any other ENTRY or CLUSTER archetypes, where clinically appropriate. There may be some apparent or real overlap between the data elements in this archetype and occupation/employment details that may be stored as demographic details in clinical or administrative systems. These data elements have been designed specifically to support clinical purposes including generation of a medical certificate to a current employer.

\*\*Misuse:\*\* Not to be used to record temporary changes or episodes within a single occupation record, such as being on leave. This is out of scope for this archetype and should be part of an employer's human relations system. Not to be used for detailed descriptions of health risks or exposure to hazardous substances in the workplace. Use the archetypes EVALUATION.health\_risk or EVALUATION.exposure for this purpose. Not to be used to record information about sources of income or income details for the individual. Use the EVALUATION.income\_summary archetype for this purpose. Not to be used to record information about the occupation of an individual at a specific point in time (for example, on June 16, 2014) or during a relative interval of time (for example 'in the past 30 days'. Use an appropriate OBSERVATION archetype for this purpose.

\*\*Keywords:\*\* employment, employer, job, occupation, work, profession, unemployed, employee, unemployment, studying, employed, student, sector, profession, volunteer, vocation, trade, worker, volunteer, position

\*\*Concepts:\*\*

* at0000::Occupation record - A single job or role carried out by an individual during a specified period of time.
* at0001::Paid employment status - The status of a worker in terms of being paid or unpaid.
* at0002::Industry category - The type of industry in which the individual works.
* at0004::Organisation details - Details about the employer or institution.
* at0005::Job title/role - The main job title or the role of the individual.
* at0006::Job category - The type of job undertaken by the individual.
* at0007::Date commenced - The date when an individual commenced the job or role.
* at0008::Date ceased - The date when an individual ceased working in a job or role.
* at0013::Full time equivalent - The time spent in this job or role relative to full-time.
* at0014::Comment - Additional narrative about the occupation record not captured in other fields.
* at0016::Description - Narrative description about the job or role carried out by the individual.
* at0018::Additional details - Further detail about an occupation record.
* at0019::Time allocated - The amount of time an individual is allocated to carry out the job or role per specified period of this occupation record.
* at0020::Full-time - The individual carries out this occupation for equal to or more than the amount of time that is officially regarded as 'full-time' for the occupation.
* at0021::Part-time - The individual carries out this occupation for less than the amount of time that is officially regarded as 'full-time' for the occupation.

## oedema

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.oedema.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a narrative description and clinical interpretation of the findings observed during the physical examination of an area of oedema at an identified body site.

\*\*Use:\*\* Use to record a narrative description and clinical interpretation of the findings observed during the physical examination of an area of oedema at an identified body site. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.limb or CLUSTER.back archetypes which provide the context for the structure or system that is being examined. This archetype can also be used within other ENTRY or CLUSTER archetypes that provide relevant system or structure context, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000::Oedema - An excess of watery fluid collecting in the cavities or tissues of the body.
* at0003::Clinical description - Narrative description of the oedema findings observed during the physical examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the physical examination findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0011::Structured body site - A structured description of the area of the body under examination.
* at0012::Body site - Identification of the area of the body under examination.
* at0013::Severity - Estimation of the severity of oedema.
* at0014::None - No oedema is present.
* at0015::Mild (+) - The oedema is mild.
* at0016::Moderate (++) - The oedema is moderate.
* at0017::Severe (+++) - The oedema is severe.
* at0018::Character - The nature of the oedema.
* at0019::Pitting - Pitting of the skin on finger pressure.
* at0020::Non-pitting - No pitting of the skin on finger pressure.
* at0021::Extent - Description of the extent of the oedema.

## oocyte\_specimen

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.oocyte\_specimen.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To document more detailed information about one or more harvested oocytes.

\*\*Use:\*\* Use to document more detailed information about one or more harvested oocytes. This archetype has been designed to document more specific details about a harvested oocytes in assisted reproduction treatment and can be nested within the "Additional details slot" in the CLUSTER.specimen archetype.

\*\*Keywords:\*\* meiosis, metaphase, germinal vesicle, GV, ivf, artificial insemination, art

\*\*Concepts:\*\*

* at0000::Oocyte specimen - To document detailed information about one or more harvested oocytes.
* at0018::Oocyte maturation stage - Nuclear maturity of oocyte after removal of the cumulus-corona cell mass.
* at0019::Metaphase 2 - Oocyte in the metaphase 2 (M2) of the meiotic cell division.
* at0020::Meiosis 1 - Oocyte in meiosis 1.
* at0021::Germinal vesicle - Oocyte still displaying an intact nucleus, the germinal vesicle (GV), in prophase 1 of meiosis.

## operative\_procedure

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.operative\_procedure.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about the operative aspects of a procedure.

\*\*Use:\*\* Use to record details about the operative aspects of any surgical procedure. This archetype is designed to be nested within the 'Procedure detail' SLOT within the ACTION.procedure archetype or similar, which will identifiy the name of the procedure and information that is common to all types of procedures. Other CLUSTER archetypes can be inserted into the SLOTs to extend this generic archetype to capture further details for the identified operation - for example: CLUSTER.surgical\_preparation; CLUSTER.myringoplasty and CLUSTER.closure.

\*\*Keywords:\*\* procedure, surgery, incision, resection, intervention, surgical, trauma, repair

\*\*Concepts:\*\*

* at0000::Operative procedure - Details about the operative aspects of a procedure.
* at0001::Episode - Sequence order of the procedure.
* at0002::Primary - The first time the procedure has been performed on this body site.
* at0003::Revision - Subsequent times the procedure is performed.
* at0005::Pre-operative assessment - Structured details about pre-procedure activities.
* at0006::Approach - Description about the surgical technique.
* at0007::Operation details - Specific details about the operation.
* at0009::Closure - Narrative description about the closure of the wound.
* at0010::Closure details - Specific details about the closure of the wound.
* at0011::Operative diagnosis - Single word, phrase or brief description representing the clinical findings from the operation.
* at0012::Comment - Additional narrative about the operative procedure, not captured in other fields.
* at0013::Outcomes - Narrative description of the result or consequences of the operation or procedure.

## ophthalmic\_laser\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.ophthalmic\_laser\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* Registering specific details about laser-based therapeutic procedures aimed at treat a specific ophthalmic disease.

\*\*Use:\*\* To provide details about planning or conducting an ophthalmic intervention involving laser techniques.

\*\*Keywords:\*\* Photocoagulation

\*\*Concepts:\*\*

* at0000::Ophthalmic laser procedure details - Specific details concerning ophthalmic therapies involving the use of laser.
* at0001::Laterality - Eyes in which the laser-based treatment is applied.
* at0002::Left eye - Left eye observation.
* at0003::Right eye - Right eye observation.
* at0004::Both eyes - Treatment performed on both eyes of the patient.
* at0008::Laser device - Identifies the type of laser device needed to perform the treatment.
* at0012::Laser procedure - Details of the laser procedure.
* at0013::Laser technique - Method chosen for the laser treatment.
* at0014::Laser type - How laser burns are distributed along eye surface.
* at0016::Focal laser - Focal laser.
* at0017::Grid photocoagulation - Grid photocoagulation.
* at0018::Sector PRP - Panretinal laser photocoagulation focused on a specific sector of posterior pole.
* at0019::Circle of laser - Photocoagulation delimits a ring around a specific eye structure.
* at0020::Laser demarcation - Laser demarcation.
* at0021::PRP - Panretinal laser photocoagulation.
* at0022::Focal macular - Focal macular laser therapy.
* at0023::Grid macular - Grid macular laser therapy.
* at0024::Other - Another type of laser therapy.

## ophthalmic\_surgery\_details\_for\_posterior\_segment\_of\_eye

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.ophthalmic\_surgery\_details\_for\_posterior\_segment\_of\_eye.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* Registering specific details about surgical procedures aimed to treat the posterior segment of eye.

\*\*Keywords:\*\* surgery, posterior segment of eye

\*\*Concepts:\*\*

* at0000::Ophthalmic surgery details for posterior segment of eye - Defines specific details concerning any operative procedure assigned to the posterior segment of the eye.
* at0001::Laterality - Eyes in which the surgery is carried out.
* at0002::Left eye - Left eye observation.
* at0003::Right eye - Right eye observation.
* at0004::Both eyes - Treatment performed on both eyes of the patient.
* at0005::Operative procedure - Defines the type of operative procedure to perform.
* at0007::Comments - Comments directed to surgeons describing specific characteristics concerning the intervention.

## ophthalmic\_thickness\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.ophthalmic\_thickness\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* Register details about a study involving thickness measurement for specific ophthalmic structures.

\*\*Use:\*\* To specify the strategy to schedule a ophthalmic thickness study, but also to record the procedure as well as clinical findings obtained once the study has been completed.

\*\*Keywords:\*\* thickness

\*\*Concepts:\*\*

* at0000::Ophthalmic thickness details - Record of clinical findings related to measurement of thickness upon ophthalmic structures.
* at0002::Device type - Identifies the type of acquisition device chosen to provide the thickness measurements.
* at0003::Method - The acquisition method used to obtain the ophthalmic thickness map.
* at0004::Value type - Specifies the meaning of the pixel values provided.
* at0005::Normative data source - Identifies the normative data set used (if any) to contrast the absolute ophthalmic thickness measurements obtained in the study.
* at0006::Thickness definition - Specifies which layers of the retina are included in the thickness measurement.
* at0007::Optic disc parameters - Parameters resulting from thickness measurements carried out upon the optic disk.
* at0008::Disc area (DA) - Area of the optic disk in mm2.
* at0009::Excavation area (CA) - Cup area inside the optic disc in mm2.
* at0010::Ring area (RA) - Measurement of the neural rim area inside the optic disc in mm2.
* at0011::Excavation volume (CV) - Cup volume measured inside the optic disc in mm3.
* at0012::Ring volume (RV) - Neural rim volume measured inside the optic disc in mm3.
* at0013::Cup-to-disc ratio (CDR) - Ratio obtained from cup and disc area values.
* at0014::Lineal Cup-to-disc ratio (LCDR) - average of the cup/disc diameter ratios (square root of cup/disc area ratio). The linear cup/disc ratio should be similar to the clinician’s assessment of cup/disc ratio, as it is an average of all cup/disc ratio measures along all the meridians.
* at0015::Vertical disc diameter (VDD) - Diameter of the optic disk in the axis perpendicular to macula.
* at0016::Horizontal disc diameter (HDD) - Diameter of the optic disk in the axis paralel to macula.
* at0017::Macular parameters - Parameters resulting from thickness measurements carried out upon the macula.
* at0019::Average thickness of retina - Average value of thickness for every value measured on the current thickness map.
* at0020::Average thickness change on retina - Average value of thickness for every value measured on a comparative thickness map, obtained measuring thickness changes during a follow-up study.
* at0023::Thickness map - Object that encloses the image of an ophthalmic thickness map.
* at0025::Macula index (thickness) - Is the thickness ratio obtained from the total inner ring to the total outer ring on a ETDRS grid (centered over the macula).
* at0026::Macula index (volume) - Is the volume ratio obtained from the total inner ring to the total outer ring on a ETDRS grid (centered over the macula).
* at0032::Time domain - Identifies the use of physical signals with respect to time to capture information (DICOM Code value 111920).
* at0033::Spectral domain - Identifies the use of physical signals with respect to multiple frequencies to capture information (DICOM Code value 111921).
* at0034::No corneal compensation - No compensation algorithm for corneal birefringence (DICOM Code value 111922).
* at0035::Corneal birefringence compensation - Algorithm to compensate for variability in corneal birefringence (DICOM Code value 111923).
* at0036::Retinal topography - Measurement of the retinal surface contour relative to an assigned datum plane (DICOM Code value 111924).
* at0037::Absolute ophthalmic thickness - Thickness of a component of the posterior segment of the eye. For example, thickness of retina, choroid, etc. Corresponds to DICOM Code value 111930.
* at0038::Thickness deviation category from normative data - Ophthalmic thickness map based upon statistical significance category (such as percentile) from a normative data set. Corresponds to DICOM Code value 111931.
* at0039::Thickness deviation from normative data - Ophthalmic thickness map based upon deviation (such as microns) from a normative data set. Corresponds to DICOM Code value 111932.
* at0040::RNFL (Retinal nerve fiber layer thickness) - Measurement approximating the distance related to the structure between the internal limiting membrane (ILM) and the outer boarder of the retinal nerve fiber layer (RNFL). Corresponds to DICOM Code value 111925.
* at0041::GCC (Ganglion cell complex) - Measurement approximating the distance related to the structure between the ILM and the outer border of the inner plexiform layer (IPL), called the ganglion cell complex (GCC). Corresponds to DICOM Code value 111926.
* at0042::Total retinal thickness (ILM to IS-OS) - Measurement approximating the distance related to the structure between the ILM and the inner-outer segment junction (IS-OS). Corresponds to DICOM Code value 111927.
* at0043::Total retinal thickness (ILM to RPE) - Measurement approximating the distance related to the structure between the ILM and the retinal pigment epithelium (RPE). Corresponds to DICOM Code value 111928.
* at0045::Optical Coherence Tomography Scanner - Corresponds to DICOM Code value A-00FBE.
* at0046::Retinal Thickness Analyzer - Corresponds to DICOM Code value R-FAB5A.
* at0047::Confocal Scanning Laser Ophthalmoscope - Corresponds to DICOM Code value A-00E8B.
* at0048::Scheimpflug Camera - A slit reflected light microscope, which has the ability to form an image of the back scattered light from the eye in a sagittal plane. Scheimpflug cameras are able to achieve a wide depth of focus by employing the “Sheimpflug principle” where the lens and image planes are not parallel with each other. Rotating Sheimplug cameras are able to generate three-dimensional images and calculate measurements of the anterior chamber of the eye. Corresponds to DICOM Code value 111626.
* at0049::Scanning Laser Polarimeter - Corresponds to DICOM Code value A-00E8C.
* at0050::Elevation-based corneal tomographer - A device that measures corneal anterior surface shape using elevation-based methods (stereographic and light slit-based). Rasterstereography images a grid pattern illuminating the fluorescein dyed tear film with 2 cameras to produce 3D. Slit-based devices scan the cornea, usually by rotation about the instrument axis centered on the cornea vertex. Corresponds to DICOM Code value 111945.
* at0051::Reflection-based corneal topographer - A reflection-based device that projects a pattern of light onto the cornea and an image of the reflection of that pattern from the tear film is recorded in one video frame. Light patterns include the circular mire pattern (Placido disc) and spot matrix patterns. Sequential scanning of light spots reflected from the corneal surface is also used requiring multiple video frames for recording. Corresponds to DICOM Code value 111946.
* at0052::Interferometry-based corneal tomographer - An Interference-based device that projects a beam of light onto and through the cornea. Light reflected from within the cornea is combined with a reference beam giving rise to an interference pattern. Appropriately scanned, this imaging is used to construct 3-dimensional images of the cornea from anterior to posterior surfaces. E.g., swept source OCT. Corresponds to DICOM Code value 111947.
* at0053::Total retinal thickness (ILM to BM) - Measurement approximating the distance related to the structure between the ILM and the Bruch's membrane (BM). Corresponds to DICOM Code value 111929.
* at0054::Laterality - Eye/s included in the study.
* at0055::Left eye - Left eye observation.
* at0056::Right eye - Right eye observation.
* at0057::Both eyes - Test acquired on both eyes of the patient.
* at0058::Test Parameters - Overall settings chosen to conduct the test.
* at0059::Findings - Findings and results from the thickness measurement study.

## organisation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.organisation.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, en

\*\*Purpose:\*\* To record details about an organisation as they are known or understood in the course of clinical documentation.

\*\*Use:\*\* Use to record details of an organisation as they are known or understood in the course of clinical documentation, often ad hoc or when it is not appropriate or possible to use a formal demographic register or index. Examples include: - the copyholder of an advanced care record, using the 'Copyholder' SLOT within the EVALUATION.advance\_care\_directive archetype; or - the name and contact details of an organisation providing home care to an individual. This archetype has been designed to carry details of formally recognised entities, such as a registered business, a hospital and its recognised 'sub-organisations', such as an operationally separate or specialised satellite clinic or home care service. It may also be used to carry contact information about more informal networks or groups, such as a local community support group. This archetype could also be used as a proxy for formal demographic data when reviewing a template with domain experts - for example, an assessment where reviewers would expect to see an organisations' details on an assessment form.

\*\*Misuse:\*\* Not to be used to represent, replace or maintain an official register or index. Use a formal Health Provider Index for this purpose, or archetypes based on the openEHR Demographic Information Model. Not to be used to represent the location of care and similar data elements that should be represented formally in the health record using the Reference Model attributes.

\*\*Keywords:\*\* organisation, organization, provider, carer, network, group

\*\*Concepts:\*\*

* at0000::Organisation - An entity comprising one or more people and having a particular purpose.
* at0001::Name - The unstructured name or label for the organisation.
* at0002::Contact person - Details about one or more people within the organisation.
* at0003::Identifier - Identifier associated with the organisation.
* at0004::Role - The relationship or role of the organisation to the individual or subject of care.
* at0005::Address - Details about an address for the organisation.
* at0017::Additional details - Additional details about the organisation.
* at0019::Comment - Additional narrative about the organisation not captured in other fields.
* at0021::Parent organisation - A larger organisation of which this organisation is a child or subsidiary.
* at0022::Electronic communication - Details about one or more types of electronic communication for the organisation.

## organisation\_cc

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.organisation\_cc.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* fi, en, it

\*\*Purpose:\*\* For the recording of organisation details aligned with corresponding FHIR resource.

\*\*Use:\*\* Use to record organisation details aligned with the corresponding FHIR resources. The slots for telecoms, address and contact should be filled with the appropriate FHIR resource-aligned clusters. This cluster archetype is intended to be used inside FHIR resource aligned archetypes such as CLUSTER.fhir\_contact.v0 and CLUSTER.fhir\_practitioner.v0.

\*\*Concepts:\*\*

* at0000::Organisation - Organisation details aligned with FHIR resource.
* at0010::Active - Whether the organization's record is still in active use.
* at0011::Type - The kind(s) of organization that this is.
* at0012::Name - Name associated with the organisation.
* at0013::Alias - A list of alternate names that the organisation is known as, or was known as in the past.
* at0014::Telecom - Contact detail for the organisation.
* at0015::Address - Address detail for the organisation.
* at0016::Contact - Contact for the organisation for a certain purpose.
* at0017::Part of - The organization of which this organization forms a part.
* at0018::Identifier - The organisation identifier(s).

## other\_significant\_conditions

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.other\_significant\_conditions.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record conditions that may been of significance with regards to the patients healthstatus, in addition to indirect causes and main cause of death.

\*\*Use:\*\* Use to record conditions that may be of significance in addition to indirect causes and main cause of death. This archetype is specifically designed to be used within the context of EVALUATION.cause\_of\_death archetype. Coding with ICD-10 or similar terminology is highly recommended.

\*\*Misuse:\*\* Not to be used to record indirect causes or main cause of death, use EVALUATION.cause\_of\_death instead.

\*\*Keywords:\*\* comorbidity, secondary conditions

\*\*Concepts:\*\*

* at0000::Other significant conditions - Conditions that may have been of significance with regards to the patients healthstatus, in addition to indirect causes and main cause of death.
* at0001::Significant condition - Other significant conditions contributing to death.

## outbreak\_exposure

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.outbreak\_exposure.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Use:\*\* To record details of potential exposure to a potentially harmful agent, relating to a specific location, typically an outbreak of infectious disease.

\*\*Keywords:\*\* location, outbreak, infection,

\*\*Concepts:\*\*

* at0000::Location-based exposure - Details of potential exposure to a potentially harmful agent, relating to a specific location, typically an outbreak of infectious disease.
* at0007::Outbreak location - \*
* at0021::Location identifier - \*
* at0022::Date entered location - \*
* at0023::Date left location - \*
* at0024::Risk category - \*
* at0025::Sub-location - \*
* at0026::City - The name of the city visited.
* at0027::Region - The name of a region or district visited.
* at0028::Country - The name of the country visited.

## outbreak\_identification

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.outbreak\_identification.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en, ar-sy

\*\*Purpose:\*\* To record Outbreak identification details for public health purposes.

\*\*Concepts:\*\*

* at0000::Outbreak identification - To record Outbreak identification details for public health purposes.
* at0001::Outbreak identifier - \*
* at0002::Date outbreak identified - The date that the outbreak was identified.
* at0003::Status - The status of the outbreak association with the subject. A status of completed means the patient has been associated with the outbreak.   
    
  A status of aborted means the patient was associated with the outbreak in error.
* at0004::Completed - The case has been associated with the given case identifier.
* at0005::Aborted - The subject was associated with the case identifier in error.
* at0006::Outbreak - Text or coded description of the outbreak identified e.g. Salmonella.

## person

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.person.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, pt-pt, sv, nb, en, zh, es

\*\*Purpose:\*\* To record details about a person as they are known or understood in the course of clinical documentation.

\*\*Use:\*\* Use to record details of a person as they are known or understood in the course of clinical documentation, often ad hoc or when it is not appropriate or possible to use a formal demographic register or index. Examples include: - the copyholder of an advanced care record, using the 'Copyholder' SLOT within the EVALUATION.advance\_care\_directive archetype; - the role and contact details of a named contact person within an organisation, using the 'Contact person' SLOT within the CLUSTER.organisation archetype; - details about a relative in a family history record, using the 'Family member details' SLOT within the openEHR-EHR-EVALUATION.family\_history archetype; - the name of the person who collected a laboratory specimen from a patient, using the 'Specimen collector details' within the CLUSTER.specimen archetype; or - a witness to a fall or accident, using the 'Witness' SLOT within the CLUSTER.health\_event archetype. In most simple clinical recording use cases, the unstructured 'Name' element within the CLUSTER.person archetype will be sufficient to record the name of a person as part of a health record. However, in circumstances where a structured name is necessary or desirable for clinical recording purposes, nest this archetype within the 'Structured name' SLOT in CLUSTER.person archetype. If the CLUSTER.structured\_name archetype is nested within the 'Structured name' SLOT, any or all of the data elements can be combined together as a text string and represented in the 'Name' element, as long as they are consistent. This archetype could also be used as a proxy for formal demographic data when reviewing a template with domain experts - for example, an assessment where reviewers would expect to see a person's details at the top of the assessment form.

\*\*Misuse:\*\* Not to be used to represent or replace formal identification management or for the purposes of maintaining an official demographic register or index. Use a formal Master Patient Index or Health Provider Index for this purpose, or archetypes based on the openEHR Demographic Information Model. Not to be used to represent the subject of care, participants or author of the record and similar data elements that should be represented formally in the health record using the Reference Model attributes. Not to be used to record the date of birth of an individual - use the 'Date of birth' data element within the EVALUATION.birth\_summary for this purpose Not to be used to record biometric detail or biomarkers about an individual - use a specific ENTRY archetype for this purpose.

\*\*Keywords:\*\* provider, carer, staff, healthcare professional, relative, next-of-kin, practitioner, witness, friend, neighbour, child, family, sibling, parent, individual

\*\*Concepts:\*\*

* at0000::Person - An individual human being.
* at0001::Name - The unstructured name for the individual.
* at0002::Structured name - Alternative representation of an individual's complete name by separation into discrete, structured components.
* at0003::Identifier - Identifier associated with the individual.
* at0004::Role - The relationship or role of the individual to the subject of the health record.
* at0005::Address - Details about an address for the individual.
* at0008::Additional details - Additional details about the individual.
* at0010::Comment - Additional narrative about the individual not captured in other fields.
* at0007::Organisation - Details about the organisational context for the individual.
* at0006::Electronic communication - Details about one or more types of electronic communication for the individual.
* at0009::Photo - Photograph of the individual.
* at0011::Label - A label for the individual.

## person\_anonymised\_parent

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.person\_anonymised\_parent.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, fi, en, it, fr

\*\*Purpose:\*\* To record anonymised personal details.

\*\*Concepts:\*\*

* at0000::Anonymised person (PARENT) - Anonymised details of a person.
* at0001::Administrative Gender - Ther current administrative gender of the person.
* at0002::Birth Sex - The sex of the person at birth.
* at0003::Vital Status - Whether the patient is alive or dead.
* at0004::Alive - The patient is alive.
* at0005::Dead - The patient has died
* at0008::Age - The age of the person. This may be calculated.
* at0009::Male - The sex / gender is male.
* at0010::Female - The sex / gnder is female.
* at0011::Undetermined - The sex/ gender is indeterminate.
* at0012::Not known - The sex/ gender is unknown.
* at0013::Anonymised current location - The patient's current location anonymised.

## person\_identifiable\_parent

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.person\_identifiable\_parent.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Identifiable details of a person compliant with European ISA standard.

\*\*Concepts:\*\*

* at0000::Identifiable Person (PARENT) - Identifiable details of a person compliant with European ISA standard.
* at0001::Person Identifier - A unique personal identifier.
* at0002::Person Name - The person's name.
* at0003::Current Residence - The person's address.
* at0004::Birth Address - Details of the person's birth.
* at0006::Contact Details - Contact details for the person e.g telephone numbers, email etc.
* at0007::Language needs / preferences - Persons language needs and preferences.
* at0008::Date of Birth - The person's date of birth.
* at0009::Other details - Other personal details.

## person\_identifier\_slovenia\_parent

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.person\_identifier\_slovenia\_parent.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Identifiers of a person.

\*\*Concepts:\*\*

* at0000::Person identifier slovenia (PARENT) - Identifiers of a person compliant with Slovenia requirements.
* at0002::KZZ - Health Insurance Number.
* at0003::EMŠO - Unique Master Citizen Number.
* at0006::MI - Hospital's Internal Patient identifier.

## person\_name\_isa

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.person\_name\_isa.v1

\*\*Lifecycle State:\*\* 0

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Person name (ISA) - Personal name compliant with European ISA standard.
* at0001::Family Name - A family name is usually shared by members of a family. This attribute also carries prefixes or suffixes which are part of the Family Name, e.g. “de Boer”, “van de Putte”, “von und zu Orlow”.
* at0002::Given Name - A given name, or multiple given names, are the denominator(s) that identify an individual within a family. These are given to a person by his or her parents at birth or may be legally recognised as 'given names' through a formal process.
* at0003::Birth Name - Name given to the person at birth.
* at0004::Full Name - The full name (fullName) property contains the complete name of a person as one string. In addition to the content of given name, family name and, in some systems, patronymic name, this can carry additional parts of a person’s name such as titles, middle names or suffixes like “the third” or names which are neither a given nor a family name.
* at0005::Patronymic Name - Patronymic names are important in some countries. Iceland does not have a concept of 'family name' in the way that many other European countries do, for example. Erik Magnusson and Erika Magnusdottir are siblings, both offspring of Mangnus, irrespective of his patronymic name. In Bulgaria and Russia, patronymic names are in every day usage, for example, the Sergeyevich in 'Mikhail Sergeyevich Gorbachev.'
* at0006::Alternative Name - Any name by which an individual is known other than their full name.

## pews\_original

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pews\_original.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the score for each component parameter of the original PEWS.

\*\*Use:\*\* Use to record the score for each component parameter of the original PEWS.

\*\*Concepts:\*\*

* at0000::PEWS - original variables - Component parameters for the original Paediatric Early Warning Score described by Monaghan in 2005.
* at0001::Behaviour - None
* at0002::Playing/appropriate - None
* at0003::Sleeping - None
* at0004::Irritable - None
* at0005::Lethargic/confused or reduced response to pain - None
* at0006::Cardiovascular - None
* at0007::Pink OR capillary refill 1–2 seconds - None
* at0008::Pale OR capillary refill 3 seconds - None
* at0009::Gray OR capillary refill 4 seconds OR tachycardia of 20 bpm above normal - None
* at0010::Gray and mottled OR capillary refill ≥5 seconds OR tachycardia of 30 bpm above normal OR bradycardia - None
* at0011::Respiratory - None
* at0012::Within normal parameters, no retractions - None
* at0013::>10 above normal parameters using accessory muscles OR 30+ %FiO2 or 3+ L/min - None
* at0014::>20 above normal parameters and retractions OR 40+ %FiO2 or 6+ L/min - None
* at0015::Five below normal parameters with retractions and grunting OR 50% FiO2 or 8+ L/min - None
* at0016::Quarter hourly nebulizers - None
* at0017::No - None
* at0018::Yes - None
* at0019::Persistent vomiting following surgery - None
* at0020::No - None
* at0021::Yes - None

## pharmacogenetic\_test\_result

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pharmacogenetic\_test\_result.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record findings from pharmacogenetic testing of a single gene, used to predict how an individual may respond to specific medications.

\*\*Use:\*\* Use to record findings from pharmacogenetic testing of a single gene, used to predict how an individual may respond to specific medications. This archetype has been designed so that one or more instances of this archetype may be nested within the 'Analyte result detail' SLOT in the CLUSTER.laboratory\_test\_analyte archetype, carried inside the 'Test result' SLOT in the OBSERVATION.laboratory\_test\_result archetype, to be consistent with the existing approach to laboratory modelling.

\*\*Misuse:\*\* Not to be used to record information about specific genomic variants. Use one or more of the Genomics variant family of archetypes for this purpose. Not to be used to record therapeutic recommendations that are the conclusions or interpretations based on each Pharmacogenetic test result.

\*\*Keywords:\*\* pharmacogenetics, laboratory, enzyme, medication, pgx, CPIC, genomics, pharmacogenomics, genotype

\*\*Concepts:\*\*

* at0000::Pharmacogenetic test result - Findings from pharmacogenetic testing of a single gene, used to predict how an individual may respond to specific medications.
* at0003::Gene symbol - The official gene symbol approved by the HGNC, which is a short abbreviated form of the gene name.
* at0004::Diplotype - A representation of the diplotype as a coded term or text string, commonly including the gene symbol, gene change descriptors or star allele diplotypes.
* at0052::Phenotype - The estimated pharmacological impact of the identified genotype.
* at0080::Overall activity score - The overall activity score for this test result, derived from the total of each allele activity value.
* at0084::Individual activity value - A list of enzyme activity values each associated with a specific allele, which are used to derive the Overall activity score.
* at0085::Activity value - An associated, derived activity value, based on known association with specific genotypes, which is required to assess metaboliser status for some phenotypes.
* at0086::Allele haplotype - The allele haplotype descriptor associated with the activity value.
* at0096::Variant finding detail - Details of a single variant finding.
* at0097::Genomic region studied - A list of the genomic region(s) studied by this pharmacogenetic test. Typically, this would be a list of SNP rsNumbers but other variant or genomic region identifiers can be used.
* at0102::Genomic region - An identifier or descriptor of a genomic region studied, typically an allele, but also a variant or other genomic region.
* at0103::Additional details - Structured details or questions about the pharmacogenetic test result.
* at0105::Allele covered - The haplotype description of an allele covered by the test.

## photocoagulation\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.photocoagulation\_details.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* Registering specific details about photocoagulation procedure when used to treat a specific ophthalmic disease.

\*\*Keywords:\*\* Photocoagulation

\*\*Concepts:\*\*

* at0000::Photocoagulation details - Specific details concerning ophthalmic treatments using photocoagulation.
* at0001::Laterality - Eyes in which the treatment by photocoagulation is applied.
* at0002::Left eye - Left eye observation.
* at0003::Right eye - Right eye observation.
* at0004::Both eyes - Treatment performed on both eyes of the patient.
* at0005::Photocoagulation method - Method chosen to perform the treatment by photocoagulation within the retina.
* at0006::Panretinal photocoagulation - \*
* at0007::Macular laser - Photocoagulation of macular drusen.
* at0008::Type of laser - Identifies the type of laser device needed to perform the treatment.
* at0009::Dye laser device - \*
* at0010::Gas laser device - \*
* at0011::Diode pumped laser device - \*

## physical\_activity\_calculation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.physical\_activity\_calculation.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* sv, en

\*\*Purpose:\*\* To record a weighted score of the individual's physical activity information within a single week. Primarily intended for use cases where storage or transfer of the calculated value is explicitly requested, e.g. by local or national reporting requirements.

\*\*Use:\*\* Use to record the calculated score of an individual's physical activity information within a single week, for example as part of a lifestyle factors evaluation. The calculation of the weighted score is: the number of minutes of vigorous exercice multiplied by two, plus the number of minutes of moderate exercice.

\*\*Misuse:\*\* Not to be used in systems or use-cases where the calculation can be automated upon request instead of being pre-calculated and explicitly stored. Not to be used to record results of other physical activity calculations.

\*\*Keywords:\*\* physical, activity, lifestyle

\*\*Concepts:\*\*

* at0000::Physical activity calculation - Weighted score for weekly physical activity
* at0001::Weighted total physical activity minutes per week - Minutes of vigorous exercice x 2 + minutes of moderate exercice

## physical\_properties

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.physical\_properties.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the measurements that represent the physical properties of an anatomical structure or object that is part of, found in or originates from an individual.

\*\*Use:\*\* Use to record measurements representing the physical properties of a whole anatomical structure or object, whether located inside the body, on the body surface, or removed as a specimen. Examples include but are not limited to a whole internal organ, a tumour, a wound, a swallowed foreign body, or an excised biopsy specimen. This archetype is designed to be nested within a SLOT in CLUSTER.specimen, CLUSTER.imaging\_exam, CLUSTER.imaging\_exam\_anomaly, and CLUSTER.exam, or other clinically relevant archetypes. For example: - An 8.0 × 10.2 × 6.5 mm tumor specimen from the intestine; - A 4 mm diameter, 4 mm thick skin biopsy; - 7 ml of blood in a vacuum tube. In specific use cases, only a subset of the available elements may be required. The size of a an anatomical structure/object may be recorded using two or more linear measurements (dimensions), such as length, width, and depth (height). If the orientation of the anatomical structure/object cannot be determined, each dimension may be recorded using the 'Length' or 'Diameter' data element multiple times.

\*\*Misuse:\*\* Not to be used to record a measurement of a specific part of an anatomical structure or object, such as the thickness of the interventricular wall of the heart. Use a specific archetype from the Imaging examination family of archetypes for this purpose, such as CLUSTER.imaging\_exam-heart. Not to be used to record measurements for body segments. Use the body segment family of archetypes for this purpose. Not to be used to record relative measurements such as the measurement of circumference at two points - the first being at the broadest point of a 'watermelon-shaped' object and another 5 cm from the apex of the object. Use a an archetype for relative dimensions for this purpose.

\*\*Keywords:\*\* specimen, laboratory, sample, pathology, size, area, weight, mass, volume, dimension, length, width, diameter, thickness, foreign object

\*\*Concepts:\*\*

* at0000::Physical properties - The measurements of an anatomical structure or object that is part of, found in or originates from an individual.
* at0020::Weight - The measured value of the mass of a structure/object.
* at0046::Volume - The measured or calculated space enclosed by a boundary (liquid) or occupied by a structure/object (solid tissue).
* at0049::Length - The measured length of the longest aspect of a structure/object (e.g. longest edge of a rectangular specimen) or the measured length of a structure/object along its longitudinal axis (e.g. 2cm of bowel, measured along the axis of the bowel, and even if the measured length is shorter than the diameter of the bowel itself).
* at0050::Width - The measured length of widest aspect of a structure/object, usually perpendicular to the length or the measured length of the second side of two sides.
* at0052::Diameter - The measured length of a structure/object from edge to edge, usually of an approximately round or oval structure/object, passing through its centre.
* at0053::Depth - The measured distance of the horizontal aspect of a structure/object, from the top to the bottom.
* at0054::Height - The measured distance of the vertical aspect of a structure/object, from the base to the top.
* at0055::Perimeter - The total length of all external surfaces of a square, rectangular or irregularly shaped structure/object.
* at0080::Radius - The measured length of a structure/object in a straight line from the centre to the circumference.
* at0081::Area - The calculated space of a structure/object in two dimensions.
* at0082::Thickness - The measured distance from one surface to the opposite surface of a structure/object.
* at0083::Circumference - The total length of the boundary around a round or elliptical structure/object.

## physiological\_monitoring

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.physiological\_monitoring.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details of the monitoring applied in the provision of healthcare.

\*\*Use:\*\* Use to record details of monitoring applied during the provision of healthcare. This archetype is intended for use as a component of an INSTRUCTION or ACTION, for example procedure archetype.

\*\*Misuse:\*\* Do not use to record the results of the monitoring, use OBSERVATION.monitoring for this purpose.

\*\*Keywords:\*\* telemetry, facial nerve, electrocardiography, haemodynamic, intercranial pressure, electroencephalography

\*\*Concepts:\*\*

* at0000::Physiological monitoring - Details of the monitoring applied in the provision of healthcare.
* at0001::Monitoring type - Narrative description of the category or kind of monitoring.
* at0002::Body site - Identification of a single physical site either on, or within the human body.
* at0003::Structured body site - Additional detail using specific region or a point on , or within the identified body site.
* at0004::Additional details - Structured additional information about the monitoring.
* at0005::Medical device - To record the details of a medical device to capture physiological monitoring.
* at0006::Comment - Additional narrative about physiological monitoring not captured in other fields.
* at0007::Monitoring not done - Details to record that the physiological monitoring was not performed.

## pi\_rads\_2\_1

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pi\_rads\_2\_1.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the PI-RADS v2.1 classification.

\*\*Use:\*\* Use to record the PI-RADS v2.1 classification. This archetype is designed to be nested within a relevant CLUSTER archetype, using one instance of this archetype to record the PI-RADS classification for each abnormal area identified in the prostate.

\*\*Misuse:\*\* Not to be used to record any version of the PI-RADS classification other than version 2.1. For these purposes, use archetypes designed for each specific version of PI-RADS.

\*\*Keywords:\*\* PI-RADS, prostate cancer, imaging-reporting, mpMRI, standarized, assessment categories, lesions, clinically significant, radiologists, urologists, MR prostate

\*\*Concepts:\*\*

* at0000::PI-RADS v2.1 - A classification of an abnormal area identified on mpMRI (multi-parametric magnetic resonance imaging) examination of the prostate.
* at0001::PI-RADS - None
* at0002::Very low - Clinically significant cancer is highly unlikely to be present.
* at0003::Low - Clinically significant cancer is unlikely to be present.
* at0004::Intermediate - The presence of clinically significant cancer is equivocal.
* at0005::High - Clinically significant cancer is likely to be present.
* at0006::Very high - Clinically significant cancer is highly likely to be present.

## pp\_biosample

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_biosample.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket biosample - biosample
* at0002::id - Arbitrary identifier.
* at0003::individual id - Arbitrary identifier.
* at0004::description - Arbitrary text
* at0006::sampled\_tissue - Tissue from which the sample was taken.
* at0007::phenotypic\_features - List of phenotypic abnormalities of the sample.
* at0008::taxonomy - Species of the sampled individual.
* at0010::individual\_age\_at\_collection - Age, or age range, of the proband at the time the sample was taken
* at0011::histological diagnosis - Disease diagnosis that was inferred from the histological examination.
* at0012::tumor\_progression - Indicates primary, metastatic, recurrent.
* at0013::tumor\_grade - List of terms representing the tumor grade or stage.
* at0014::diagnostic\_markers - Clinically relevant biomarkers.
* at0015::procedure - The procedure used to extract the biosample.
* at0016::hts\_files - list of high-throughput sequencing files derived from the biosample
* at0017::variants - List of variants determined to be present in the biosample.
* at0018::is\_control\_sample - Whether the sample is being used as a normal control.

## pp\_diagnosis

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_diagnosis.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket diagnosis - Phenopacket diagnosis
* at0002::disease - \*
* at0003::genomic\_interpretations - \*

## pp\_disease

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_disease.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket disease - Phenopacket disease
* at0001::term - An coded term that represents the disease.
* at0002::onset - \*
* at0003::tumor\_stage - \*

## pp\_evidence

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_evidence.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket evidence - Phenopacket evidence
* at0001::evidence\_code - An coded value that represents the evidence type.
* at0002::reference - Representation of the source of the evidence.

## pp\_external\_reference

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_external\_reference.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket external reference - Phenopacket external reference
* at0001::id - \*
* at0002::description - \*

## pp\_family\_framework

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_family\_framework.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket family framework - Phenopacket family framework
* at0002::id - \*
* at0003::proband - \*
* at0004::relatives - \*
* at0005::pedigree - \*
* at0006::hts\_files - \*
* at0007::meta\_data - \*

## pp\_gene

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_gene.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket gene - Phenopacket gene
* at0001::gene symbol - \*

## pp\_genomic\_interpretation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_genomic\_interpretation.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket genomic interpretation - Phenopacket genomic interpretations
* at0001::GenomicInterpretation Status - \*
* at0002::UNKNOWN - It is not known how this genomic element contributes to the diagnosis.
* at0003::REJECTED - The genomic element has been investigated and ruled-out.
* at0004::CANDIDATE - The genomic element is under investigation.
* at0005::CAUSATIVE - The genomic element has been judged to be contributing to the diagnosis.
* at0006::call - \*

## pp\_hgvsallele

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_hgvsallele.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* This element is used to describe an allele according to the nomenclature of the Human Geneome Variation Society (HGVS). For instance, NM\_000226.3:c.470T>G indicates that a T at position 470 of the sequence represented by version 3 of NM\_000226 (which is the mRNA of the human keratin 9 gene KRT9).

\*\*Use:\*\* We recommend using a tool such as VariantValidator or Mutalyzer to validate the HGVS string. See the HGVS recommendations for details about the HGVS nomenclature.

\*\*Concepts:\*\*

* at0000::Phenopacket HgvsAllele - \*
* at0001::id - An arbitrary identifier.
* at0002::hgvs - \*

## pp\_htsfile

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_htsfile.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket HtsFile - Phenopacket HtsFile
* at0001::uri - A valid URI.
* at0002::description - Arbitrary description of the file
* at0003::hts\_format - \*
* at0004::UNKNOWN - An HTS file of unknown type.
* at0005::SAM - A SAM format file.
* at0006::BAM - A BAM format file.
* at0007::CRAM - A CRAM format file.
* at0008::VCF - A VCF format file.
* at0009::BCF - A BCF format file.
* at0010::GVCF - A GVCF format file.
* at0011::genome\_assembly - \*
* at0012::individual\_identifier - The Individual.id component required for mapping between the Individual.id or Biosample.id to the sample identifier in the HTS file.
* at0013::sample\_identifier - The Biosample.id component required for mapping between the Individual.id or Biosample.id to the sample identifier in the HTS file.

## pp\_iscnallele

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_iscnallele.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* This element can be used to describe cytogenetic anomalies according to the International System for Human Cytogenetic Nomenclature (ISCN), an international standard for human chromosome nomenclature, which includes band names, symbols and abbreviated terms used in the description of human chromosome and chromosome abnormalities. For example del(6)(q23q24) describes a deletion from band q23 to q24 on chromosome 6.

\*\*Concepts:\*\*

* at0000::Phenopacket IscnAllele - IscnAllele
* at0001::id - An arbitrary identifier.
* at0002::iscn - \*

## pp\_metadata

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_metadata.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket MetaData - Phenopacket MetaData
* at0001::created - Representation of the time when this object was created.
* at0002::created by - Name of person who created the phenopacket.
* at0003::submitted by - Name of person who submitted the phenopacket.
* at0004::resources - A listing of the ontologies/resources referenced in the phenopacket.
* at0005::updates - List of updates to the phenopacket.
* at0006::phenopacket\_schema\_version - Schema version of the current phenopacket.
* at0007::external\_references - List of External References.

## pp\_pedigree

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_pedigree.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopackets pedigree - Phenopackets pedigree
* at0001::persons - \*

## pp\_person

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_person.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopackets person - Phenopackets person
* at0001::family\_id - \*
* at0002::individual\_id - \*
* at0003::paternal\_id - \*
* at0004::maternal\_id - \*
* at0005::sex - \*
* at0006::UNKNOWN\_SEX - Not assessed or not available. Maps to NCIT:C17998
* at0007::FEMALE - female sex. Maps to NCIT:C46113
* at0008::MALE - male sex. Maps to NCIT:C46112
* at0009::OTHER\_SEX - It is not possible to accurately assess the applicability of MALE/FEMALE. Maps to NCIT:C45908
* at0010::affected\_status - \*
* at0011::MISSING - It is unknown if the individual has the affected phenotype.
* at0012::UNAFFECTED - The individual does not show the affected phenotype of the proband.
* at0013::AFFECTED - The individual has the affected phenotype of the proband.

## pp\_phenopacket\_framework

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_phenopacket\_framework.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket framework - Phenotypic framework
* at0002::id - \*
* at0003::subject - \*
* at0004::phenotypic\_features - \*
* at0005::biosamples - \*
* at0006::gene - \*
* at0007::variants - \*
* at0008::diseases - \*
* at0009::hts\_files - \*
* at0010::meta\_data - \*

## pp\_phenotypic\_feature

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_phenotypic\_feature.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket phenotypic feature - Phenotypic feature
* at0001::description - Human-readable verbiage NOT for structured text.
* at0002::type - \*
* at0003::negated - \*
* at0004::severity - Description of the severity of the feature described in type representing HP:0012824.
* at0005::modifier - representing one or more terms from HP:0012823
* at0006::onset - ??The age group in which disease manifestations appear.
* at0007::evidence - \*

## pp\_procedure

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_procedure.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket procedure - Phenopacket procedure
* at0001::code - clinical procedure performed on a subject
* at0002::body\_site - Specific body site if unable to represent this as the code.

## pp\_resource

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_resource.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket resource - Phenopacket resource
* at0001::id - \*
* at0002::name - \*
* at0003::namespace\_prefix - \*
* at0004::url - \*
* at0005::version - \*
* at0006::iri-prefix - \*

## pp\_spdiallele

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_spdiallele.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* This option can be used as an alternative to the VcfAllele, and describes variants using the Sequence Position Deletion Insertion (SPDI) notation. We recommend that users familiarize themselves with this relatively new notation, which differs in important ways from other standards such as VCF and HGVS.

\*\*Use:\*\* Tools for interconversion between SPDI, HGVS and VCF exist at the NCBI. SPDI stands for S = SequenceId P = Position , a 0-based coordinate for where the Deleted Sequence starts D = DeletedSequence , sequence for the deletion, can be empty I = InsertedSequence , sequence for the insertion, can be empty For instance, Seq1:4:A:G refers to a single nucleotide variant at the fifth nucleotide ( nucleotide 4 according to zero-based numbering) from an A to a G. See the SPDI webpage for more examples. The SPDI notation represents variation as deletion of a sequence (D) at a given position (P) in reference sequence (S) followed by insertion of a replacement sequence (I) at that same position. Position 0 indicates a deletion that starts immediately before the first nucleotide, and position 1 represents a deletion interval that starts between the first and second residues, and so on. Either the deleted or the inserted interval can be empty, resulting a pure insertion or deletion. Note that the deleted and inserted sequences in SPDI are all written on the positive strand for two-stranded molecules.

\*\*Concepts:\*\*

* at0000::Phenopacket SpdiAllele - SpdiAllele
* at0001::id - An arbitrary identifier.
* at0002::seq\_id - \*
* at0003::position - \*
* at0004::deleted\_sequence - \*
* at0005::inserted\_sequence - \*

## pp\_update

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_update.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket update - Phenopacket update
* at0001::timestamp - ISO8601 UTC timestamp at which this record was updated
* at0002::updated\_by - Information about the person/organisation/network that has updated the phenopacket.
* at0003::comment - Textual comment about the changes made to the content and/or reason for the update.

## pp\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_variant.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Phenopacket variant - This archetype should be used to describe candidate variants or diagnosed causative variants. There is currently no standard variant nomenclature that can represent all kinds of genetic variation that is relevant to human medicine, science, and model organisms. Therefore, we represent variants using the keyword oneof, which is used in protobuf for an item with many optional fields where at most one field will be set at the same time. Variant messages contain an allele and the zygosity of the allele.  
    
    
    
  Alleles can be listed using HGVS, VCF, SPDI or ISCN notation. The phenopacket schema will implement the GA4GH Variation Representation Specification once that is mature. The VR-Spec will be the recommended option in some settings.  
    
    
    
  See: https://vr-spec.readthedocs.io/en/1.0rc/  
    
  See: https://github.com/ga4gh-beacon/specification/blob/master/beacon.yaml  
    
  The Variant element itself is an optional element of a Phenopacket or Biosample. If it is present, the Phenopacket standard has the following requirements.  
    
    
    
  Alleles can refer to external sources, for example the ClinGen allele registry, ClinVar, dbSNP, dbVAR etc. using the id field. It is RECOMMENDED to use a CURIE identifier and corresponding Resource.  
    
    
    
  N.B. phase information for alleles are not represented in this model.
* at0001::allele - \*
* at0002::zygosity - \*

## pp\_vcfallele

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.pp\_vcfallele.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* This element is used to describe variants using the Variant Call Format, which is in near universal use for exome, genome, and other Next-Generation-Sequencing-based variant calling. It is an appropriate option to use for variants reported according to their chromosomal location as derived from a VCF file.

\*\*Use:\*\* In the Phenopacket format, it is expected that one VcfAllele message described a single allele (in contrast to the actual VCF format that allows multiple alleles at the same position to be reported on the same line; to report these in Phenopacket format, two variant messages would be required). For structural variation the INFO field should contain the relevant information . In general, the info field should only be used to report structural variants and it is not expected that the Phenopacket will report the contents of the info field for single nucleotide and other small variants.

\*\*Concepts:\*\*

* at0000::Phenopacket VcfAllele -
* at0001::genome\_assembly - \*
* at0002::id - An arbitrary identifier.
* at0003::chr - \*
* at0004::pos - \*
* at0005::re - \*
* at0006::alt - \*
* at0007::info - \*

## problem\_qualifier

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.problem\_qualifier.v2

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, ko, nb, pt-br, en, sl, it, zh-cn, zh

\*\*Purpose:\*\* To record a clinical context-specific or time-specific qualifier for a specified problem or diagnosis.

\*\*Use:\*\* Use to record a relevant context-specific or time-specific qualifier that provides additional detail which is relevant at the time of recording or within the clinical context where a problem or diagnosis is recorded. The qualifier may not be appropriate at another time or in another clinical context. This archetype is designed to be included in Status SLOT in the EVALUATION.problem\_diagnosis archetype. The intent is for the EVALUATION.problem\_diagnosis archetype to hold all of the information that applies in all contexts, in contrast to this archetype describing only information that depends on the context of use. IMPORTANT NOTES FOR IMPLEMENTATION: - It is not intended or implied that any or all of these qualifiers should be used within the same context or period of time. In contrast to the usual design of archetypes, this archetype has been deliberately designed to collect a number of common qualifiers into one place in an effort to attempt some simple standardisation within a very messy area of clinical practice. It is acknowledged that the data elements contained in this archetype embrace many different, and sometimes even competing, concepts. This has been done mainly to prevent the need for multiple qualifier archetypes, each containing only one or two data elements. - Some of these data elements are potentially directly conflicting if used simultaneously within the same context, for example it would not make sense to have an 'inactive' problem together with an Episode that is 'ongoing'. As such, these status qualifiers should be used with extreme care as they are variably applied in practice and interoperability cannot be assured unless usage guidelines are clearly defined within the clinical community in which the 'Problem/Diagnosis' and 'Problem/Diagnosis qualifier' archetype pair may be shared. Full DRG coding will require the DRG-related data elements from this archetype in combination with data elements from other archetypes.

\*\*Misuse:\*\* Not to be used to represent a differential diagnosis - use the archetype EVALUATION.differential\_diagnosis for this purpose. Not to be used to represent diagnostic certainty - use the 'Diagnostic certainty' data element within the EVALUATION.problem\_diagnosis archetype.

\*\*Keywords:\*\* problem, active, inactive, status, episode, diagnosis

\*\*Concepts:\*\*

* at0000::Problem/Diagnosis qualifier - Contextual or temporal qualifier for a specified problem or diagnosis.
* at0001::Episodicity - Category of this episode for the identified problem/diagnosis.
* at0003::Active/Inactive? - Category that supports division of problems and diagnoses into Active or Inactive problem lists.
* at0004::Diagnostic status - Stage or phase of diagnostic process.
* at0016::Preliminary - The initial diagnosis made, usually associated with a low level of clinical certainty. It may change as test results or advice become available.
* at0017::Working - Interim diagnosis, based on a reasonable amount of clinical certainty but pending further test results or clinical advice. It may still change as test results or advice become available.
* at0018::Established - Final substantiated diagnosis, based on a high level of clinical certainty, which may include clinical evidence from test results. It is not expected to change.
* at0026::Active - The problem or diagnosis is currently active and clinically relevant.
* at0027::Inactive - The problem or diagnosis is not completely resolved but is inactive or felt less relevant to the current clinical context.
* at0034::New - A new occurrence of either a new or existing problem or diagnosis. A flag for 'First occurrence' can be recorded separately to distinguish the first from other occurrences.
* at0035::Ongoing - The issue, problem or diagnosis continues, without new, acute episodes occurring.
* at0060::Current/Past? - Category that supports division of problems and diagnoses into Current or Past problem lists.
* at0061::Past - An issue which ocurred in the past.
* at0062::Current - An issue occuring at present.
* at0063::Diagnostic category - Category of the problem or diagnosis within a specified episode of care and/or local care context.
* at0064::Principal diagnosis - The diagnosis determined to be the primary reason for an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment.
* at0066::Secondary diagnosis - A problem or diagnosis that occurs at the same time as the primary problem or diagnosis. May also be known as a comorbid condition.
* at0070::Indeterminate - It is not possible to determine if this occurrence of the problem or diagnosis is new or ongoing.
* at0071::Occurrence - Category of the occurrence for this problem or diagnosis.
* at0073::Admission diagnosis? - Was the problem or diagnosis present at admission?
* at0076::Complication - An unfavorable evolution of a problem or diagnosis.
* at0077::Course label - Category reflecting the speed of onset and/or duration and persistence of the problem or diagnosis.
* at0079::Chronic - A problem or diagnosis with persistent or long-lasting effects, or that evolves over time.
* at0081::Acute - A problem or diagnosis with a rapid onset, a short course, or both.
* at0083::Resolution phase - Phase of healing for an acute problem or diagnosis.
* at0084::Resolved - Problem or diagnosis has completed the normal phases of restoration or healing and can be considered resolved.
* at0085::Resolving - Problem or diagnosis is progressing satisfactorily through the normal stages of restoration or healing towards resolution.
* at0086::Not resolving - Problem or diagnosis is not progressing satisfactorily through the normal stages of restoration or healing towards resolution.
* at0087::Indeterminate - It is not possible to determine the resolution or healing status of the problem or diagnosis.
* at0088::Refuted - The previously recorded diagnosis has been clinically reassessed or disproved with a high level of clinical certainty. This status is used to correct an error in the health record.
* at0089::Remission status - Status of the remission of an incurable diagnosis.
* at0090::In remission - No ongoing signs or symptoms of the disease have been identified.
* at0092::Not in remission - No diminution of the signs or symptoms of the disease have been identified.
* at0093::Indeterminate - It is not possible to determine if there have been diminution of the signs or symptoms of the disease have been identified.
* at0094::Acute-on-chronic - A problem or diagnosis with an acute exacerbation of a chronic condition.
* at0095::First occurrence - This is the first ever occurrence of this problem or diagnosis.
* at0096::Recurrence - New occurrence of the same problem or diagnosis after a previous episode was resolved.
* at0097::Relapsed - Problem or diagnosis has deteriorated after a period of temporary improvement.
* at0098::Level of control - Category of the level of control of the problem or diagnosis by the current management.
* at0099::Controlled - The problem or diagnosis is controlled by current management.
* at0100::Indeterminate - It is not possible to determine if the problem or diagnosis is controlled by current management.
* at0101::Not controlled - The problem or diagnosis is not controlled by current management.
* at0102::Progression - Category of the progression through the course of a chronic problem or diagnosis.
* at0103::Improving - The problem or diagnosis is improving.
* at0104::Stable - The problem or diagnosis is unchanged.
* at0105::Worsening - The problem or diagnosis is worsening.
* at0106::Indeterminate - It is not possible to determine the progression of the problem or diagnosis.
* at0107::Reason for an ongoing episode - Reason for a problem or diagnosis not resolving as expected.
* at0108::Yes - None
* at0109::No - None
* at0110::Comment - Additional narrative about the Problem/Diagnosis qualifier values, not captured in other fields.

## procedure\_preparation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.procedure\_preparation.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record details about the preparation aspects for a procedure.

\*\*Use:\*\* Use to record details about the preparation aspects for a procedure. This archetype is designed to be nested within the 'Procedure detail' SLOT within the ACTION or INSTRUCTION.procedure archetype or similar, which will identify the name of the procedure and information that is common to all types of procedures. Other CLUSTER archetypes can be inserted into the SLOTs to extend this generic archetype to catpure further details about the preparative aspects for a specific procedure for example shaving. Scope: This archetype is specifically designed to be used to capture deails about physiological preparation of the human body in readiness for a procedure.

\*\*Misuse:\*\* Not to be used to capture psychological or educational information provided to the patient about the procedure - use ACTION.health\_education or INSTRUCTION.health\_education\_request for this purpose. Not to be used to record details of preoperative medications - use ACTION.medication or INSTRUCTION\_medication order for this purpose.

\*\*Keywords:\*\* cleaning, shaving, sterilisation, disinfection

\*\*Concepts:\*\*

* at0000::Procedure preparation - Details about a substance or process in the preparatory aspects for a procedure.
* at0001::Preparation type - The category or kind of preparation.
* at0002::Skin - Body surface layer or area for intended procedure.
* at0003::Hair - Bodily filaments found in the surface of the skin or epidermis.
* at0004::Shaving - Removing hair from a body site.
* at0005::Body site - Identification of a single physical site either on, or within, the human body.
* at0006::Structured body site - Additional detail using a specific region or a point on, or within, the identified body site.
* at0008::Description - Narrative description about the prepation aspects of a procedure.
* at0009::Wash solution - Narrative description of the solution to clean the body site.
* at0010::Method - Narrative description of the technique to clean the body site or area.
* at0011::Instrument - Narrative description of the tool to clean the body site or area.
* at0013::Additional details - \*
* at0014::Outcome - Narrative description of the outcome of the procedure preparation performed.
* at0015::Comment - Additional narrative about the procedure preparation not captured in other fields.

## promis\_bank\_v10\_anxiety

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.promis\_bank\_v10\_anxiety.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record PROMIS bank v1.0 items about anxiety.

\*\*Use:\*\* Use to record PROMIS bank v1.0 items about anxiety. This archetype has been designed to be used within the OBSERVATION.promis archetype, and along with other PROMIS bank archetypes constrained to represent a specific PROMIS profile such as PROMIS-29. The archetype is incomplete at initial modelling, and should be grown as additional items from the relevant item bank are required. While openEHR archetypes are all freely available under an open license, the specific content of this archetype is copyright protected. Any use of this archetype within implementations must be in compliance with the terms established by the copyright owners. Copyright statement: PROMIS tests, test protocols, test items, norms, norms tables, scoring programs, scoring keys (including scoring algorithms, scale definitions, scale membership, and scoring directions), score reports, software, and other PROMIS-related materials are ©2006-2017 PROMIS Health Organization or other individuals/entities that have contributed information and materials, and are being used with the permission of the copyright holders. Terms and conditions for use: https://www.healthmeasures.net/images/PROMIS/Terms\_of\_Use\_HM\_approved\_1-12-17\_-\_Updated\_Copyright\_Notices.pdf

\*\*Concepts:\*\*

* at0000::PROMIS Item Bank v1.0 - Anxiety - The PROMIS item bank v1.0 for anxiety.
* at0001::In the past 7 days: I felt fearful - I felt fearful.
* at0007::In the past 7 days: I found it hard to focus on anything other than my anxiety - I found it hard to focus on anything other  
    
  than my anxiety.
* at0008::In the past 7 days: My worries overwhelmed me - My worries overwhelmed me.
* at0009::In the past 7 days: I felt uneasy - I felt uneasy.
* at0010::Never - None
* at0011::Rarely - None
* at0012::Sometimes - None
* at0013::Often - None
* at0014::Always - None

## promis\_bank\_v10\_depression

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.promis\_bank\_v10\_depression.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record PROMIS bank v1.0 items about depression.

\*\*Use:\*\* Use to record PROMIS bank v1.0 items about depression. This archetype has been designed to be used within the OBSERVATION.promis archetype, and along with other PROMIS bank archetypes constrained to represent a specific PROMIS profile such as PROMIS-29. The archetype is incomplete at initial modelling, and should be grown as additional items from the relevant item bank are required. While openEHR archetypes are all freely available under an open license, the specific content of this archetype is copyright protected. Any use of this archetype within implementations must be in compliance with the terms established by the copyright owners. Copyright statement: PROMIS tests, test protocols, test items, norms, norms tables, scoring programs, scoring keys (including scoring algorithms, scale definitions, scale membership, and scoring directions), score reports, software, and other PROMIS-related materials are ©2006-2017 PROMIS Health Organization or other individuals/entities that have contributed information and materials, and are being used with the permission of the copyright holders. Terms and conditions for use: https://www.healthmeasures.net/images/PROMIS/Terms\_of\_Use\_HM\_approved\_1-12-17\_-\_Updated\_Copyright\_Notices.pdf

\*\*Concepts:\*\*

* at0000::PROMIS Item Bank v1.0 - Depression - The PROMIS item bank v1.0 for depression.
* at0001::In the past 7 days: I felt worthless - I felt worthless.
* at0007::In the past 7 days: I felt helpless - I felt helpless.
* at0008::In the past 7 days: I felt depressed - I felt depressed.
* at0009::In the past 7 days: I felt hopeless - I felt hopeless.
* at0010::Never - None
* at0011::Rarely - None
* at0012::Sometimes - None
* at0013::Often - None
* at0014::Always - None

## promis\_bank\_v10\_fatigue

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.promis\_bank\_v10\_fatigue.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record PROMIS bank v1.0 items about fatigue.

\*\*Use:\*\* Use to record PROMIS bank v1.0 items about fatigue. This archetype has been designed to be used within the OBSERVATION.promis archetype, and along with other PROMIS bank archetypes constrained to represent a specific PROMIS profile such as PROMIS-29. The archetype is incomplete at initial modelling, and should be grown as additional items from the relevant item bank are required. While openEHR archetypes are all freely available under an open license, the specific content of this archetype is copyright protected. Any use of this archetype within implementations must be in compliance with the terms established by the copyright owners. Copyright statement: PROMIS tests, test protocols, test items, norms, norms tables, scoring programs, scoring keys (including scoring algorithms, scale definitions, scale membership, and scoring directions), score reports, software, and other PROMIS-related materials are ©2006-2017 PROMIS Health Organization or other individuals/entities that have contributed information and materials, and are being used with the permission of the copyright holders. Terms and conditions for use: https://www.healthmeasures.net/images/PROMIS/Terms\_of\_Use\_HM\_approved\_1-12-17\_-\_Updated\_Copyright\_Notices.pdf

\*\*Concepts:\*\*

* at0000::PROMIS Item Bank v1.0 - Fatigue - The PROMIS item bank v1.0 for fatigue.
* at0001::During the past 7 days: I feel fatigued - I feel fatigued.
* at0007::During the past 7 days: I have trouble starting things because I am tired - I have trouble starting things because I am  
    
  tired.
* at0008::In the past 7 days: How run-down did you feel on average? - How run-down did you feel on  
    
  average?
* at0009::In the past 7 days: How fatigued were you on average? - How fatigued were you on average?
* at0010::Not at all - None
* at0011::A little bit - None
* at0012::Somewhat - None
* at0013::Quite a bit - None
* at0014::Very much - None

## promis\_bank\_v10\_sleep\_disturbance

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.promis\_bank\_v10\_sleep\_disturbance.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record PROMIS bank v1.0 items about sleep disturbance.

\*\*Use:\*\* Use to record PROMIS bank v1.0 items about sleep disturbance. This archetype has been designed to be used within the OBSERVATION.promis archetype, and along with other PROMIS bank archetypes constrained to represent a specific PROMIS profile such as PROMIS-29. The archetype is incomplete at initial modelling, and should be grown as additional items from the relevant item bank are required. While openEHR archetypes are all freely available under an open license, the specific content of this archetype is copyright protected. Any use of this archetype within implementations must be in compliance with the terms established by the copyright owners. Copyright statement: PROMIS tests, test protocols, test items, norms, norms tables, scoring programs, scoring keys (including scoring algorithms, scale definitions, scale membership, and scoring directions), score reports, software, and other PROMIS-related materials are ©2006-2017 PROMIS Health Organization or other individuals/entities that have contributed information and materials, and are being used with the permission of the copyright holders. Terms and conditions for use: https://www.healthmeasures.net/images/PROMIS/Terms\_of\_Use\_HM\_approved\_1-12-17\_-\_Updated\_Copyright\_Notices.pdf

\*\*Concepts:\*\*

* at0000::PROMIS Item Bank v1.0 - Sleep Disturbance - The PROMIS item bank v1.0 for sleep disturbance.
* at0001::In the past 7 days: My sleep was refreshing - My sleep was refreshing.
* at0007::In the past 7 days: My sleep quality was - My sleep quality was:
* at0008::In the past 7 days: I had a problem with my sleep - I had a problem with my sleep.
* at0009::In the past 7 days: I had difficulty falling asleep - I had difficulty falling asleep.
* at0010::Not at all - None
* at0011::A little bit - None
* at0012::Somewhat - None
* at0013::Quite a bit - None
* at0014::Very much - None
* at0015::Very poor - None
* at0016::Poor - None
* at0017::Fair - None
* at0018::Good - None
* at0019::Very good - None
* at0020::Not at all - None
* at0021::A little bit - None
* at0022::Somewhat - None
* at0023::Quite a bit - None
* at0024::Very much - None

## promis\_bank\_v11\_pain\_interference

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.promis\_bank\_v11\_pain\_interference.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record PROMIS bank v1.0 items about pain interference.

\*\*Use:\*\* Use to record PROMIS bank v1.0 items about pain interference. This archetype has been designed to be used within the OBSERVATION.promis archetype, and along with other PROMIS bank archetypes constrained to represent a specific PROMIS profile such as PROMIS-29. The archetype is incomplete at initial modelling, and should be grown as additional items from the relevant item bank are required. While openEHR archetypes are all freely available under an open license, the specific content of this archetype is copyright protected. Any use of this archetype within implementations must be in compliance with the terms established by the copyright owners. Copyright statement: PROMIS tests, test protocols, test items, norms, norms tables, scoring programs, scoring keys (including scoring algorithms, scale definitions, scale membership, and scoring directions), score reports, software, and other PROMIS-related materials are ©2006-2017 PROMIS Health Organization or other individuals/entities that have contributed information and materials, and are being used with the permission of the copyright holders. Terms and conditions for use: https://www.healthmeasures.net/images/PROMIS/Terms\_of\_Use\_HM\_approved\_1-12-17\_-\_Updated\_Copyright\_Notices.pdf

\*\*Concepts:\*\*

* at0000::PROMIS Item Bank v1.1 - Pain Interference - The PROMIS item bank v1.1 for pain interference.
* at0001::In the past 7 days: How much did pain interfere with your day to day activities? - How much did pain interfere with your day to day activities?
* at0007::In the past 7 days: How much did pain interfere with work around the home? - How much did pain interfere with work around the home?
* at0008::In the past 7 days: How much did pain interfere with your ability to participate in social activities? - How much did pain interfere with your ability to participate in social activities?
* at0009::In the past 7 days: How much did pain interfere with your household chores? - How much did pain interfere with your household chores?
* at0010::Not at all - None
* at0011::A little bit - None
* at0012::Somewhat - None
* at0013::Quite a bit - None
* at0014::Very much - None

## promis\_bank\_v20\_ability\_participate

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.promis\_bank\_v20\_ability\_participate.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record PROMIS bank v2.0 items about ability to participate in social roles and activities.

\*\*Use:\*\* Use to record PROMIS bank v2.0 items about ability to participate in social roles and activities. This archetype has been designed to be used within the OBSERVATION.promis archetype, and along with other PROMIS bank archetypes constrained to represent a specific PROMIS profile such as PROMIS-29. The archetype is incomplete at initial modelling, and should be grown as additional items from the relevant item bank are required. While openEHR archetypes are all freely available under an open license, the specific content of this archetype is copyright protected. Any use of this archetype within implementations must be in compliance with the terms established by the copyright owners. Copyright statement: PROMIS tests, test protocols, test items, norms, norms tables, scoring programs, scoring keys (including scoring algorithms, scale definitions, scale membership, and scoring directions), score reports, software, and other PROMIS-related materials are ©2006-2017 PROMIS Health Organization or other individuals/entities that have contributed information and materials, and are being used with the permission of the copyright holders. Terms and conditions for use: https://www.healthmeasures.net/images/PROMIS/Terms\_of\_Use\_HM\_approved\_1-12-17\_-\_Updated\_Copyright\_Notices.pdf

\*\*Concepts:\*\*

* at0000::PROMIS Item Bank v2.0 - Ability to Participate in Social Roles and Activities - The PROMIS item bank v2.0 for ability to participate in social roles and activities.
* at0001::I have trouble doing all of my regular leisure activities with others - I have trouble doing all of my regular leisure activities with others.
* at0007::I have trouble doing all of the family activities that I want to do - I have trouble doing all of the family activities that I want to do.
* at0008::I have trouble doing all of my usual work (include work at home) - I have trouble doing all of my usual work (include work at home).
* at0009::I have trouble doing all of the activities with friends that I want to do - I have trouble doing all of the activities with friends that I want to do.
* at0010::Never - None
* at0011::Rarely - None
* at0012::Sometimes - None
* at0013::Often - None
* at0014::Always - None

## promis\_bank\_v20\_physical\_function

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.promis\_bank\_v20\_physical\_function.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record PROMIS bank v2.0 items about physical function.

\*\*Use:\*\* Use to record PROMIS bank v2.0 items about physical function. This archetype has been designed to be used within the OBSERVATION.promis archetype, and along with other PROMIS bank archetypes constrained to represent a specific PROMIS profile such as PROMIS-29. The archetype is incomplete at initial modelling, and should be grown as additional items from the relevant item bank are required. While openEHR archetypes are all freely available under an open license, the specific content of this archetype is copyright protected. Any use of this archetype within implementations must be in compliance with the terms established by the copyright owners. Copyright statement: PROMIS tests, test protocols, test items, norms, norms tables, scoring programs, scoring keys (including scoring algorithms, scale definitions, scale membership, and scoring directions), score reports, software, and other PROMIS-related materials are ©2006-2017 PROMIS Health Organization or other individuals/entities that have contributed information and materials, and are being used with the permission of the copyright holders. Terms and conditions for use: https://www.healthmeasures.net/images/PROMIS/Terms\_of\_Use\_HM\_approved\_1-12-17\_-\_Updated\_Copyright\_Notices.pdf

\*\*Concepts:\*\*

* at0000::PROMIS Item Bank v2.0 - Physical Function - The PROMIS item bank v2.0 for physical function.
* at0001::Are you able to do chores such as vacuuming or yard work? - Are you able to do chores such as  
    
  vacuuming or yard work?
* at0002::Without any difficulty - None
* at0003::With a little difficulty - None
* at0004::With some difficulty - None
* at0005::With much difficulty - None
* at0006::Unable to do - None
* at0007::Are you able to go up and down stairs at a normal pace? - \*
* at0008::Are you able to go for a walk of at least 15 minutes? - Are you able to go for a walk of at least  
    
  15 minutes?
* at0009::Are you able to run errands and shop? - \*

## promis\_scale\_v12\_global\_health

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.promis\_scale\_v12\_global\_health.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record PROMIS scale v1.2 for global health.

\*\*Use:\*\* Use to record PROMIS scale v1.2 for global health. This archetype has been designed to be used within the OBSERVATION.promis archetype, and along with other PROMIS bank archetypes constrained to represent a specific PROMIS profile such as PROMIS-29. The archetype is incomplete at initial modelling, and should be grown as additional items from the relevant item bank are required. While openEHR archetypes are all freely available under an open license, the specific content of this archetype is copyright protected. Any use of this archetype within implementations must be in compliance with the terms established by the copyright owners. Copyright statement: PROMIS tests, test protocols, test items, norms, norms tables, scoring programs, scoring keys (including scoring algorithms, scale definitions, scale membership, and scoring directions), score reports, software, and other PROMIS-related materials are ©2006-2017 PROMIS Health Organization or other individuals/entities that have contributed information and materials, and are being used with the permission of the copyright holders. Terms and conditions for use: https://www.healthmeasures.net/images/PROMIS/Terms\_of\_Use\_HM\_approved\_1-12-17\_-\_Updated\_Copyright\_Notices.pdf

\*\*Concepts:\*\*

* at0000::PROMIS Scale v1.2 - Global Health - The PROMIS scale v1.2 for global health.
* at0001::In the past 7 days: How would you rate your pain on average? - How would you rate your pain on average?
* at0010::No pain - \*
* at0016::- - None
* at0017::- - None
* at0018::- - None
* at0019::- - None
* at0020::- - None
* at0021::- - None
* at0022::- - None
* at0023::- - None
* at0024::- - None
* at0025::Worst pain imaginable - None

## radiotherapy

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.radiotherapy.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To record the details of a radiotherapy of a cancer patient for curative or palliative reasons.

\*\*Use:\*\* To record information about the radiotherapy of a target region with a specific dose. This archetype is designed to represent specific details of a radiotherapy process. This archetype should be used in the 'Procedure detail' SLOT in the ACTION.procedure archetype.

\*\*Misuse:\*\* Not to be used to represent information about the activities required to perform a radiotherapy procedure. Use the ACTION.archetype 'Procedure' for this purpose. Not to be used to represent radiation exposure as the entirety of all environmental factors to which a person may be exposed.

\*\*Keywords:\*\* Irradiation therapy, Radiation, Radiotherapy, Treatment with radiation, Target area, Radiation dose, Gray, Brachytherapy, Teletherapy, Radio-oncology, Nuclear Medicine, Radionuclide therapy, Metabolic therapy, Radiation Therapy, Irradiation, Target region

\*\*Concepts:\*\*

* at0000::Irradiation - Detailed information about the irradiation in radiotherapy.
* at0001::Target region - The target region that was irradiated, e.g. pancreas.
* at0002::Target region details - Specific structured information on the target region that was irradiated.
* at0003::Start - The date, on which the radiotherapy of the target region was started.
* at0004::End - The date, on which the radiotherapy of the target region was ended.
* at0005::Application type - Irradiation technique, as a further classification of the treatment method.
* at0006::Single dose - The single dose used to irradiated the target region. The dose refers to the prescribed isodose (equal energy or ion dose on a line or area).
* at0007::Dose (ED) - The value of the single dose.
* at0008::Unit (ED) - The unit in which the single dose was specified.
* at0009::Gy - Absorbed dose in SI-unit Gray.
* at0010::GBq - Radioactivity in SI unit gigabecquerel.
* at0011::Total dose - The total dose used to irradiate the  
    
  target region.
* at0012::Dose (SD) - The value of the total dose.
* at0013::Unit (SD) - The unit in which the total dose was  
    
  specified.
* at0014::Number of dose fractions - The number of fractions (individual doses) to which the total dose was allocated.
* at0015::Fraction - Details on the individual fractions.
* at0016::Sequence number of the fraction - The order of the fraction within the sequence of fractions of a target area irradiation.
* at0017::Date - The date on which the fraction was  
    
  applied.
* at0018::Comment - Supplementary description for the fraction that was not recorded in other areas.
* at0021::Specific details - Specific structured information on the irradiation of the target region.
* at0022::Gy - Absorbed dose in SI-unit Gray.
* at0023::GBq - Radioactivity in SI unit gigabecquerel.
* at0024::Imaging/radiation planning - Structured information about the  
    
  imaging and/or radiation plan.
* at0025::Toxicity - Clinical symptoms and/or signs observed as side effects, or considered related to the irradiation of the target region.
* at0027::Type of radiation - Type of radiation according to its components.
* at0032::Photons (ɣ) - Irradiation using photons (ultra-hard X-rays).
* at0033::Electrons (e-) - Irradiation using electrons.
* at0034::Protons (p+) - Irradiation using protons.
* at0035::Carbon ions - Irradiation using heavy carbon ions.
* at0036::Alpha rays (α) - Radioactive irradiation using alpha rays.
* at0041::Neutrons (n) - Irradiation using neutrons.
* at0042::Helium ions - Irradiation using helium ions.
* at0043::Beta rays (β) - Radioactive irradiation using beta rays.
* at0044::Gamma rays (γ) - Radioactive irradiation using gamma rays.
* at0045::GyE - The unit of the biological effective dose in Gray equivalent (no SI unit).
* at0046::GyE - The unit of the biological effective dose in Gray equivalent (no SI unit).
* at0047::Treatment method - Description of the technical procedure. Depending on how the radiation penetrates the body, different methods of irradiation are distinguished.
* at0048::Teletherapy - Percutaneous radiotherapy (percutaneous - through the skin).
* at0049::Brachytherapy - Radiotherapy within, or in the close surroundings of the region to be irradiated in the body.
* at0050::Metabolic therapy - Therapy with the use of radionuclides. Radionuclide therapy is classified as a nuclear medicine therapy.
* at0051::Other therapy - Other therapies e.g. Stereotactic radiosurgery or combined therapy.
* at0052::MBq - Radioactivity in SI unit megabecquerel.
* at0053::MBq - Radioactivity in SI unit megabecquerel.
* at0054::kBq - Radioactivity in SI unit kilobecquerel.
* at0055::kBq - Radioactivity in SI unit kilobecquerel.

## range\_of\_motion

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.range\_of\_motion.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record measurement of the extent of motion for a specified simple or complex movement around an indentified joint or section of the spine.

\*\*Use:\*\* Use to record the measurement of the extent of motion for a specified simple or complex movement around an indentified joint or section of the spine. This archetype has been specifically designed to be used in the 'Examination findings' SLOT within the CLUSTER.exam or a specialisation of CLUSTER.exam for a specific joint, but can also be used within other ENTRY or CLUSTER archetypes where clinically appropriate. The examined joint is identified in the 'System or structure examined' element of the CLUSTER.exam archetype in which this archetype is nested. In order to be able to record multiple movements several instances of this archetype will need to be used. Common motions around a joint have been added to the DV\_CODED\_TEXT data type in the 'Movement' data element. As further joint movements are identified, these can be added to this list over time.

\*\*Misuse:\*\* Not to be used to record the results of specific named tests performed on a joint. For example in the hip the Thomas test or Ortolani test. Use the exam-hip\_joint archetype for these purposes.

\*\*Keywords:\*\* ROM, AAROM, PROM, AROM, joint, movement, angle, motion, range

\*\*Concepts:\*\*

* at0000::Range of motion of a joint - Measurement of the extent of motion for a specified simple or complex movement around an indentified joint or section of the spine.
* at0002::Movement - Identification of the movement being tested.
* at0003::Abduction - None
* at0004::Adduction - None
* at0005::Extension - None
* at0006::Flexion - None
* at0007::Internal rotation - None
* at0008::External rotation - None
* at0009::Inversion - None
* at0010::Eversion - None
* at0011::Medial rotation - None
* at0012::Lateral rotation - None
* at0013::Dorsiflexion - None
* at0014::Plantar flexion - None
* at0015::Ulnar deviation - None
* at0016::Radial deviation - None
* at0017::Pronation - None
* at0018::Supination - None
* at0019::Reposition - None
* at0020::Opposition - None
* at0021::Radial abduction - None
* at0022::Palmar abduction - None
* at0023::Starting position - Description of the joint's position when starting the examination.
* at0024::Mode of examination - Whether the examination is done actively or passively.
* at0025::Active - The movement is performed by the individual. Also known as AROM.
* at0026::Passive - The movement is performed by the examiner or a device. Also known as PROM.
* at0027::Range of motion - The extent of motion for an identified movement around a joint.
* at0028::Additional details - Additional structured details about the range of motion.
* at0029::Comment - Additional narrative about the range of motion findings, not captured in other fields.
* at0030::Right lateral flexion - None
* at0031::Left lateral flexion - None
* at0032::Right rotation - None
* at0033::Left rotation - None
* at0034::Active-assisted - The movement is partially assisted by the examiner or a device. Also known as AAROM.
* at0035::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the range of motion finding.
* at0042::Retraction - None
* at0043::Protraction - None
* at0044::Upward rotation - None
* at0045::Downward rotation - None
* at0046::Elavation - None
* at0047::Depression - None
* at0048::Opening - None
* at0049::Closing - None
* at0050::Rightward jaw translation - None
* at0051::Leftward jaw translation - None
* at0052::Protrusion - None
* at0053::Retrusion - None

## reference\_sequence

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.reference\_sequence.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, en

\*\*Purpose:\*\* To record details about the reference sequence used to describe variants.

\*\*Use:\*\* This archetype has been specifically designed to be used in the 'Reference Genome' and in the 'Transcript reference sequence' SLOTs within the CLUSTER.genomic\_variant\_result archetype and in the 'Reference sequence' SLOT within other specific genetic variant archetypes, such as the CLUSTER.genomic\_insertion\_variant and the CLUSTER.genomic\_deletion\_variant. Itt can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate.

\*\*Keywords:\*\* genetic findings, reference sequence, Genetic test, variant calling, genomic, variation

\*\*Concepts:\*\*

* at0018::Reference sequence - A sequence file that is used as a reference to describe genetic variants that are present in an analysed sequence.
* at0019::Source name - The name of the data source containing the reference sequence.
* at0020::Accession number - A unique identifier to refer to a sequence record in a sequence repository.
* at0021::Version number - The version number of the data record of the reference sequence.
* at0022::URL - Network address.
* at0023::Chromosome label - Chromosome identifier.
* at0024::Chromosome 1 - Chromosome 1.
* at0025::Chromosome 2 - Chromosome 2.
* at0026::Chromosome 3 - Chromosome 3.
* at0027::Chromosome 4 - Chromosome 4.
* at0028::Chromosome 5 - Chromosome 5.
* at0029::Chromosome 6 - Chromosome 6.
* at0030::Chromosome 7 - Chromosome 7.
* at0031::Chromosome 8 - Chromosome 8.
* at0032::Chromosome 9 - Chromosome 9.
* at0033::Chromosome 10 - Chromosome 10.
* at0034::Chromosome 11 - Chromosome 11.
* at0035::Chromosome 12 - Chromosome 12.
* at0036::Chromosome 13 - Chromosome 13.
* at0037::Chromosome 14 - Chromosome 14.
* at0038::Chromosome 15 - Chromosome 15.
* at0039::Chromosome 16 - Chromosome 16.
* at0040::Chromosome 17 - Chromosome 17.
* at0041::Chromosome 18 - Chromosome 18.
* at0042::Chromosome 19 - Chromosome 19.
* at0043::Chromosome 20 - Chromosome 20.
* at0044::Chromosome 21 - Chromosome 21.
* at0045::Chromosome 22 - Chromosome 22.
* at0046::Chromosome X - Chromosome X.
* at0047::Chromosome Y - Chromosome Y.
* at0048::Reference genome assembly - The reference genome assembled as a representative model of the human genome.

## refraction\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.refraction\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, pt-br, en

\*\*Purpose:\*\* To record details of ocular refraction applied either as part of visual acuity testing, to report a subject's current correction of spectacles or contact lenses, or to request a new ocular prescription.

\*\*Use:\*\* This archetype is normally used within the OBSERVATION.visual\_acuity archetype to record a refraction applied as part of measurement or within INSTRUCTION and ACTION archetypes where a prescription order and supply process is being modelled.

\*\*Keywords:\*\* eye, correction

\*\*Concepts:\*\*

* at0000::Refraction Details - Details of ocular refraction for both measurement and therapetic purposes.
* at0004::Power of Sphere - Correction of the sphere, the base correction upon which cylinder, reading addition and prism may be superimposed.
* at0005::Power of Cylinder - Correction of the cylinder.
* at0006::Axis of Cylinder - Correction of the axis.
* at0007::Prism Strength - Strength of the prism.
* at0008::Prism Base Direction - Prism base direction expressed as a numeric angle or as coded text.
* at0009::Base in - The prism base is directed inwards.
* at0010::Base out - The prism base is directed outwards.
* at0011::Base up - The prism base is directed upwards.
* at0012::Base down - The prism base is directed downwards.
* at0013::Base oblique - The prism base is directed obliquely.
* at0014::Reading Addition Power - The difference in spherical power between distance and near corrections.
* at0015::Intermediate Distance Power - The intermediate distance power applied to the correction.
* at0016::Interpupillary Distance - The distance between the center of the pupils of the two eyes.

## religion

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.religion.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the identification of the individual's religious or non-religious beliefs and/or practices which may be used for purposes related to provision of healthcare or other services.

\*\*Use:\*\* Use to record the identification of the individual's religious or non-religious beliefs and/or practices and a general description about the impact of the individual's identified religious affiliation on the delivery of health services. If this archetype is being used within a health record context where a demographic server is deployed, then the relevant demographic data may be used to populate the data elements in this archetype. This archetype has been designed to be used within the EVALUATION.social\_summary or other archetypes where clinically relevant. If the religion of someone other than the subject of care, such as their parents, needs to be recorded, restrict the "Subject" reference model element to specify the role.

\*\*Misuse:\*\* Not to be used to record the specific preferences for care that may be related to a religious affiliation, especially those that might drive decision support. For example, record a dietary preference within archetypes recording diet requirements or a treatment preference within archetypes recording patient preferences.

\*\*Keywords:\*\* religion, spiritual, belief, religious, atheism, agnosticism, attitude, sacred, profane, secular, atheist, agnostic, faith, creed, practice

\*\*Concepts:\*\*

* at0000::Religious affiliation - Identification of the individual's religious or non-religious beliefs and/or practices by which people order the conduct of their lives both practically and in a moral sense.
* at0001::Religious affiliation - Name of the belief and/or practice to which the individual is affiliated.
* at0002::Comment - Additional narrative about the religious affiliation not captured in other fields.
* at0003::Impact on care - Narrative description about how care needs to be modified to support the individual's religious practice.
* at0004::Details - Additional details about the individual's religious affiliation.

## risk\_factors\_in\_glaucoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.risk\_factors\_in\_glaucoma.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* Structure the inquiry of subjective information about clinical history gathered during a face-to-face encounter with a glaucoma patient.

\*\*Use:\*\* To be used to support the "Story/history" archetype for face-to-face encounters with patients with glaucoma.

\*\*Keywords:\*\* glaucoma, risk factors

\*\*Concepts:\*\*

* at0000::Risk factors in glaucoma - Provides a structure to the registration of the risk factors that could affect the development of glaucoma.
* at0001::Current medications - Idenitifcation of all ocular and systemic medications (e.g., corticosteroids), which the patient is currently taking.
* at0002::Family history - Narrative description of the severity and outcome of glaucoma in family members, including history of visual loss from glaucoma.
* at0004::Ocular trauma - Description of any trauma or contusion occurred on the eye.
* at0005::Refractive surgery - A history of prior glaucoma laser or incisional surgical procedures. Some of those procedures are associated with falsely low IOP measurements.
* at0006::Chronic/severe diseases - Registers chronic or severe diseases of patients that might affect on the prevalence of glaucoma, such as cardiovascular or respiratory diseases, type 2 diabetes, myopia, or specific genetic mutations.
* at0007::Vascular - Description of vascular disorders related with glaucoma.
* at0008::Drug allergies - Description of known local or systemic intolerance of the patient to ocular or systemic medications.

## sade

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.sade.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the grading of tympanic membrane pars tensa retraction based on the classification by Sade.

\*\*Use:\*\* Use to record the grading of tympanic membrane retraction, particularly by specialist physicians. Designed to be optionally nested within the CLUSTER.exam\_tympanic\_membrane archetype to provide additional detail on tympanic membrane retraction, if it is useful within a given clinical scenario. This archetype extends the Sade Classification to allow recording of 'No visible retraction' where applicable. Sade Stage 5 (spontaneous perforation) is described in some documentation but is not described in the original paper and appears not to be in common usage.

\*\*Keywords:\*\* retraction, atelectasis, tympanic, membrane, drum, pars tensa

\*\*Concepts:\*\*

* at0000::Sade Classification - Grading of the degree of tympanic membrane pars tensa retraction / atelectasis.
* at0001::Sade Classification - Grading of the degree of tympanic membrane pars tensa retraction / atelectasis based on the Sade Classification.
* at0003::No visible retraction - The tympanic membrane pars tensa is not visibly retracted.
* at0004::Stage 1 : Mild retraction - The tympanic membrane pars tensa is mildly retracted.
* at0005::Stage 2 : Retraction onto incudostapedial joint - The tympanic membrane pars tensa is retracted onto the incudostapedial joint.
* at0006::Stage 3 : Retraction onto promontory - The tympanic membrane pars tensa is retracted onto the promontary.
* at0007::Stage 4 : Adhesion of pars tensa to medial wall - The tympanic membrane pars tensa is adherent to the medial wall.
* at0008::Stage 5 : Spontaneous perforation with otorrhea and polyp formation - The tympanic membrane is spontaneously perforated with evidence of otorrhea and polyp formation.

## sensation\_finding

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.sensation\_finding.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the observed response to applying a light touch, pain or temperature stimulus to an identified area of skin.

\*\*Use:\*\* Use to record the observed response to applying a light touch, pain or temperature stimulus to an identified area of skin, usually a dermatome or dermatome group. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the CLUSTER.exam-nervous\_system archetype. It can also be nested within any other relevant OBSERVATION or Physical examination-related family of CLUSTER archetypes, where clinically appropriate. In clinical scenarios requiring documentation of the sensory responses in more than one area of skin or modality, use a separate instance of this archetype for each area/modality pair tested.

\*\*Misuse:\*\* Not to be used to record the sensory response to vibration applied to a bony prominence - use the CLUSTER.vibration\_finding for this purpose. Not to be used to record the most caudal sensory level in response to applying a light touch, pain or temperature stimulus - use the CLUSTER.sensory\_level for this purpose.

\*\*Keywords:\*\* dermatome, dermatomes, limb, sensation, touch, pain, temperature, hot, cold, pinprick

\*\*Concepts:\*\*

* at0000::Sensation finding - The observed response to applying a light touch, pain or temperature stimulus to an identified area of skin.
* at0001::Body site - Identification of the dermatome, or group of dermatomes or skin area being tested.
* at0002::Modality - The type of sensation tested.
* at0003::Light touch - None
* at0004::Pain - None
* at0005::Temperature - None
* at0007::Response - The elicited response to the stimulus.
* at0008::Absent - No sensation is present. May be recorded as '0' or '-'.
* at0009::Decreased - Sensation is present but less than considered normal. May be recorded as '+' or '1+'.
* at0010::Normal - Sensation is present and considered normal. May be recorded as '++' or '2+'.
* at0011::Increased - Sensation is present but more than considered normal. May be recorded as '+++' or '3+'.
* at0012::Comment - Additional narrative about the dermatomal sensory finding, not captured in other fields.
* at0006::Stimulus - Description of the stimulus used.

## sensory\_level

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.sensory\_level.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the most caudal, normally innervated, dermatome level observed in response to light touch, pain or temperature stimuli.

\*\*Use:\*\* Use to record the most caudal, normally innervated dermatome level observed in response to light touch, pain or temperature stimuli. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the CLUSTER.exam-nervous\_system archetype. It can also be nested within any other relevant OBSERVATION or Physical examination-related family of CLUSTER archetypes, where clinically appropriate. In clinical scenarios requiring the documentation of the sensory level in more than one modality, use a separate instance of this archetype for each modality.

\*\*Misuse:\*\* Not to be used to record the sensory response to light touch, pain or temperature applied to an area of skin - use the CLUSTER.sensation\_finding for this purpose. Not to be used to record the sensory response to vibration applied to a bony prominence - use the CLUSTER.vibration\_finding for this purpose.

\*\*Concepts:\*\*

* at0000::Sensory level - The most caudal, normally innervated, dermatome level observed in response to light touch, pain or temperature stimuli.
* at0001::Modality - The type of sensation tested.
* at0002::Light touch - Testing the individual's response to light touch.
* at0003::Pain - Testing the individual's response to pain.
* at0006::Level - The most caudal, normally innervated dermatome tested.
* at0007::Comment - Additional narrative about the sensory level finding, not captured in other fields.
* at0005::Stimulus - Description of the stimulus used.
* at0004::Temperature - Testing the individual's response to temperature.

## sequencing\_assay

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.sequencing\_assay.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record details of the performed sequencing analysis including a list of all tested genes if panel sequencing was performed.

\*\*Use:\*\* Use to record details of the performed sequencing analysis including a list of all tested genes if panel sequencing was performed. One or more instances of this archetype may be nested within the 'Testing details' SLOT in the OBSERVATION.laboratory\_test\_result.

\*\*Misuse:\*\* Used only to document the analysis protocol but not to document the results of the sequence analysis. The results are documented with the archetype 'CLUSTER.genomic\_variant\_result'.

\*\*Keywords:\*\* Sequencing, Genomics, Panel, Assay, Pathology, Sequencing analysis, Panel sequencing, Gene, Specimen

\*\*Concepts:\*\*

* at0000::Sequencing assay - An assay that uses sequencing technology to infer the sequence of a nucleic acid (DNA, RNA).
* at0001::Sequencing type - Name of the technology used for sequencing analysis.
* at0002::Kit name - Name of the kit used for the experiment.
* at0003::Nucleic acid - Type of nucleic acid used for sequencing, e.g. DNA, RNA or cf-DNA.
* at0006::Tested Gene - List of all tested genes, if panel sequencing was performed.
* at0007::Gene symbol - The official gene symbol approved by the HGNC, which is a short abbreviated form of the gene name.
* at0022::DNA - None
* at0023::RNA - None
* at0024::cf-DNA - None
* at0025::Gene reference sequence - Structured details on the reference sequence of the gene.
* at0026::Extensions - Additional details to be captured.
* at0030::Tested Region - If panel sequencing was performed, this cluster is used to report the region(s) of interest for sequencing studies as one genomic range that identifies the parts of the reference sequence that are sequenced.
* at0031::Chromosome label - The chromosome of the tested region.
* at0032::Start - Start position of the tested region.
* at0033::End - End position of the tested region.
* at0035::Reference sequence of region - Structured details on the reference sequence of the region.
* at0036::Sequencing device - The technology platform used to perform nucleic acid sequencing.
* at0037::Comment - Comment on the sequencing assay that was not captured in other fields.
* at0038::Reference genome - Structured details about the specific version of the human sequence assembly used for annotation.
* at0039::Bioinformatic analysis - Structured details about the bioinformatic analysis workflow steps or the protocols that is used (e.g., devices, software, pipelines).
* at0064::Chromosome 1 - Chromosome 1.
* at0065::Chromosome 2 - Chromosome 2.
* at0066::Chromosome 3 - Chromosome 3.
* at0067::Chromosome 4 - Chromosome 4.
* at0068::Chromosome 5 - Chromosome 5.
* at0069::Chromosome 6 - Chromosome 6.
* at0070::Chromosome 7 - Chromosome 7.
* at0071::Chromosome 8 - Chromosome 8.
* at0072::Chromosome 9 - Chromosome 9.
* at0073::Chromosome 10 - Chromosome 10.
* at0074::Chromosome 11 - Chromosome 11.
* at0075::Chromosome 12 - Chromosome 12.
* at0076::Chromosome 13 - Chromosome 13.
* at0077::Chromosome 14 - Chromosome 14.
* at0078::Chromosome 15 - Chromosome 15.
* at0079::Chromosome 16 - Chromosome 16.
* at0080::Chromosome 17 - Chromosome 17.
* at0081::Chromosome 18 - Chromosome 18.
* at0082::Chromosome 19 - Chromosome 19.
* at0083::Chromosome 20 - Chromosome 20.
* at0084::Chromosome 21 - Chromosome 21.
* at0085::Chromosome 22 - Chromosome 22.
* at0086::Chromosome X - Chromosome X.
* at0087::Chromosome Y - Chromosome Y.

## service\_direction

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.service\_direction.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* sv, nb, en

\*\*Purpose:\*\* To record structured details of a complex direction for an ordered or requested service.

\*\*Use:\*\* Use to record structured details of a single, complex direction for an ordered or requested service. This archetype has been designed to be nested within the 'Complex timing' SLOT in the INSTRUCTION.service\_request archetype, but may be used within other clinically relevant archetypes, as required. Multiple instances of this archetype may be required to represent a complex order for services, especially ones with changing frequency or patterns of delivery over time. Each service direction provides detailed guidance about one or more sequential activities, each comprising an amount and an intradaily timing, together with an overall direction duration and details of any repetitive pattern outside a single day. Each activity pair allows for a complex intradaily pattern to be described, such as 2 hours of nursing assistance in the morning and one hour in the evening. Each service direction may apply for a fixed duration of time, or fixed number of services, which is specified using the 'Total amount' data element. The total amount for the entire service request, is recorded in the INSTRUCTION.service\_request. For example: - 'Home nursing assistance for 2 hours in the morning and 1 hour in the evening for a period of 6 weeks, followed by 1 hour in the morning only for a further 6 weeks'; - 'Dialysis blood test package to be carried out: The second Wednesday of the month in January, March, May, July, September and November'; - 'INR daily for one week, weekly for one month, monthly for six months'; or - 'Vital signs observations every hour for four hours, then every two hours for 12 hours'. The CLUSTER can be renamed in template or at run-time to represent a specific service direction such as 'First four hours after surgery'.

\*\*Misuse:\*\* Not to be used to record information about any request or order where a dosage is required, for example medication or transfusion orders. Use the CLUSTER.therapeutic\_direction for these purposes.

\*\*Keywords:\*\* request, service, procedure, examination, treatment, timing

\*\*Concepts:\*\*

* at0000::Service direction - Structured details of a complex direction for an ordered or requested service.
* at0001::Direction sequence - The intended position of this direction within the overall sequence of directions.
* at0007::Direction duration - The length of time for which this direction should be applied.
* at0008::Indefinite - The direction should be continued indefinitely.
* at0010::Repetition timing - Structured details about pattern of repetition for each set of intraday activities.
* at0012::Additional details - Further details about an ordered item direction.
* at0011::Total amount - The total number of services or hours available for all activities in this direction.
* at0006::Intraday timing - Structured details about the timing of the service within a single day.
* at0002::Direction description - Narrative description about the whole direction.
* at0003::Activity - A grouping of an amount and timing for a part of a service direction.
* at0005::Amount - The amount of service requested as part of a specified activity.
* at0004::Activity sequence - The intended sequential position of this activity within all activities for the service direction.

## severity\_rating\_scale

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.severity\_rating\_scale.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record a numeric rating scale to quantify a subjective evaluation of the severity of a symptom/sign/problem/issue.

\*\*Use:\*\* Use to record a numeric rating scale to quantify a subjective evaluation of the severity of a symptom/sign/problem/issue. This archetype is intended to be used to represent a range of widely used different severity rating scales, such as visual analogue scale, or different ranges of numerical rating scales. This cluster can be nested in the 'Severity rating' slot of the archetype CLUSTER.symptom\_sign, or in other archetypes where clinically appropriate. Severity can be rated by the individual by recording a score, for example from 0 (not present) to 10.0 (as severe as the individual can imagine).

\*\*Misuse:\*\* Not to be used in established rating scales such as Clinical Frailty Scale and Glasgow Coma Scale. Use an archetype specific for the rating scale for this purpose. Not to be used for verbal rating scales and graphic rating scales, because they are usually tailored to the specific rated concept. Not to be used for ratings where the scale is inverted, for example where 10 is the least severe and 0 is the most severe.

\*\*Keywords:\*\* numeric rating scale, visual analogue scale, rating scale, severity

\*\*Concepts:\*\*

* at0000::Severity rating scale - A numeric rating scale to quantify a subjective evaluation of the severity of a symptom/sign/problem/issue.
* at0003::Numeric rating scale 0-10 - Numeric rating scale 0 to 10.
* at0004::0 - None
* at0005::1 - None
* at0006::2 - None
* at0007::3 - None
* at0008::4 - None
* at0009::5 - None
* at0010::6 - None
* at0011::7 - None
* at0012::8 - None
* at0013::9 - None
* at0014::10 - None
* at0015::Comment - Additional narrative about the severity rating not captured in other fields.
* at0016::Numeric rating scale 0-20 - Numeric rating scale 0 to 20.
* at0017::Numeric rating scale 0-100 - Numeric rating scale 0 to 100.
* at0020::Numeric rating scale - Unconstrained numeric rating scale.
* at0021::Visual analogue scale - Visual analogue scale 0 to 100.

## simple\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.simple\_variant.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en

\*\*Purpose:\*\* To describe a variant observed in a sequence, where the variant type is unknown, for example, because no annotation of the data has yet been made, or because the specific variant is not covered by the specialized variant archetypes.

\*\*Use:\*\* This archetype should be used inside the "Variant" SLOT of the "Genetic variant" archetype.

\*\*Misuse:\*\* This archetype should only be used for import of vcf-data if no annotation of the variant type (substitution, insertion etc.) is available, and, therefore, the right specific archetypes cannot be picked to store the variant results.

\*\*Keywords:\*\* variation, genetic, genomic, variant, simple generic variant

\*\*Concepts:\*\*

* at0000::Simple genetic variant - A sequence change where, compared to a reference sequence, a one or more nucleotides are changed.
* at0003::Start position of variant - The position of the first nucleotide of the changed range for a simple variant. ("Start" in vcf-file).
* at0004::End position of variant - The position of the last nucleotide of the changed range for a simple variant. ("End" in vcf-file).
* at0009::Alternate nucleotide sequence - The observed alternate nucleotide or nucleotide sequence ("Alt" in vcf-file).
* at0010::Reference nucleotide sequence - The reference nucleotide or nucleotide sequence. ("Ref" in vcf-file).
* at0012::Chromosome label - Chromosome identifier.
* at0013::Chromosome 1 - Chromosome 1.
* at0014::Chromosome 2 - Chromosome 2.
* at0015::Chromosome 3 - Chromosome 3.
* at0016::Chromosome 4 - Chromosome 4.
* at0017::Chromosome 5 - Chromosome 5.
* at0018::Chromosome 6 - Chromosome 6.
* at0019::Chromosome 7 - Chromosome 7.
* at0020::Chromosome 8 - Chromosome 8.
* at0021::Chromosome 9 - Chromosome 9.
* at0022::Chromosome 10 - Chromosome 10.
* at0023::Chromosome 11 - Chromosome 11.
* at0024::Chromosome 12 - Chromosome 12.
* at0025::Chromosome 13 - Chromosome 13.
* at0026::Chromosome 14 - Chromosome 14.
* at0027::Chromosome 15 - Chromosome 15.
* at0028::Chromosome 16 - Chromosome 16.
* at0029::Chromosome 17 - Chromosome 17.
* at0030::Chromosome 18 - Chromosome 18.
* at0031::Chromosome 19 - Chromosome 19.
* at0032::Chromosome 20 - Chromosome 20.
* at0033::Chromosome 21 - Chromosome 21.
* at0034::Chromosome 22 - Chromosome 22.
* at0035::Chromosome X - Chromosome X.
* at0036::Chromosome Y - Chromosome Y.
* at0038::Reference sequence - The sequence file that has been used as a reference to describe the variant.

## skin\_sensation

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.skin\_sensation.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the results of skin sensation testing on an individual by the application of a stimulus.

\*\*Use:\*\* Use to record the results of skin sensation testing on an individual by the application of a stimulus. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the CLUSTER.exam-skin, CLUSTER.exam-cutaneous\_nerve or CLUSTER.exam-nerve\_root archetypes which provide the context for the structure or system that is being examined. This archetype can also be used within other ENTRY or CLUSTER archetypes that provide relevant system or structure context, where clinically appropriate. The CLUSTER.exclusion\_exam archetype can be nested within the 'Examination not done' SLOT to optionally record explicit details about the examination not being performed. Use to incorporate the narrative descriptions of clinical findings within existing or legacy clinical systems into an archetyped format, using the 'Clinical Description' data element.

\*\*Misuse:\*\* Not to be used for recording the clinical history - use specific OBSERVATION and CLUSTER archetypes. For example OBSERVATION.story and CLUSTER.symptom\_sign.

\*\*Concepts:\*\*

* at0000::Skin sensation - A physical feeling or perception resulting from a stimulus or comes into contact with the skin.
* at0001::System or structure examined - Identification of the examined body system or anatomical structure.
* at0002::No abnormality detected - Statement that no abnormality was detected (NAD) on physical examination.
* at0003::Clinical description - Narrative description of the overall findings observed during the skin sensation examination.
* at0004::Examination findings - Structured details about the physical examination findings.
* at0005::Multimedia representation - Digital image, video or diagram representing the physical examination findings.
* at0006::Clinical interpretation - Single word, phrase or brief description that represents the clinical meaning and significance of the sensation findings.
* at0007::Comment - Additional narrative about the physical examination findings, not captured in other fields.
* at0008::Examination not done - Details to explicitly record that this examination was not performed.
* at0013::Skin - The sensation of the skin was examined.
* at0014::Light touch - Findings observed during testing of light touch.
* at0015::Normal (++) - The response to light touch is normal.
* at0016::Diminished (+) - The response to light touch is reduced.
* at0017::Absent (-) - The response to light touch is absent.
* at0018::Vibration - Findings observed during testing of vibration.
* at0019::Normal (++) - The response to vibration is normal.
* at0020::Diminished (+) - The response to vibration is reduced.
* at0021::Absent (-) - The response to vibration is absent.
* at0022::Pain - Findings observed during testing of pain.
* at0011::Structured body site - A structured description of the area of the body, nerve or dermatome under examination.
* at0012::Body site - Identification of the area of the body, nerve or dermatome under examination.
* at0023::Normal (++) - The response to pain is normal.
* at0024::Diminished (+) - The response to pain is reduced.
* at0025::Absent (-) - The response to pain is absent.
* at0026::Temperature - Findings observed during testing of temperature.
* at0027::Normal (++) - The response to temperature is normal.
* at0028::Diminished (+) - The response to temperature is reduced.
* at0029::Absent (-) - The response to temperature is absent.
* at0030::Touch localisation - Findings observed during testing of touch localisation.
* at0031::Normal (++) - The response to touch localisation is normal.
* at0032::Diminished (+) - The response to touch localisation is reduced.
* at0033::Absent (-) - The response to touch localisation is absent.
* at0034::Dermatome - The sensation related an identified dermatome was examined.
* at0035::Nerve - The sensation related to an identified nerve was examined.

## specimen

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.specimen.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, pt-br, en, ar-sy

\*\*Purpose:\*\* To record details about a physical sample collected from, or related to, an individual for the purpose of investigation, examination or analysis.

\*\*Use:\*\* Use to record details about a physical sample collected from, or related to, an individual for the purpose of investigation, examination or analysis. This archetype has been specifically designed to be used in the following use cases: - within INSTRUCTION.service\_request or another laboratory-related INSTRUCTION archetype to describe a specimen that is to be collected, or to describe a specimen that accompanies a laboratory service request; - within a laboratory-related ACTION archetype to describe specimen collection or a specimen that has been collected; or - within OBSERVATION.laboratory\_test\_result or other laboratory reporting OBSERVATION archetypes to describe the specimen being reported. In addition this archetype can also be nested within other ENTRY or CLUSTER archetypes, where clinically appropriate. The level of detail in this archetype is likely to exceed that currently collected in most laboratories. It has deliberately been designed to cater for a simple, single specimen collection; simultaneous collection of multiple specimens with a single request; and complex situations where it is required to record minute detail about the preparation and subdivision of a single specimen. The exact semantics of several elements of this archetype may change based on the context provided by the parent archetype in which it is nested. For example, the 'Collection method' element in the context of an INSTRUCTION archetype is the requested collection method, while the same element in the context of an ACTION archetype in the 'completed' state is the actual collection method. Other complementary archetypes will carry the detail about 'Specimen container', 'Specimen preparation', and 'Specimen transport'. This archetype has been designed to be used with the Specimen container archetype in two main ways: - 'Specimen container' nested within 'Specimen' (for example when a venous blood specimen is divided between two vials, or a whole large intestine is divided into three buckets); or - 'Specimen' nested within 'Specimen container' (for example when a bucket of formalin contains a section of large intestine and a rectum, or a jar contains five individually marked moles). Please note: The term 'collection' used in this archetype always refers to the activity of obtaining a specimen from an individual. It is not intended to represent the transport of the specimen from the individual to the testing laboratory.

\*\*Misuse:\*\* Not intended to be used for recording information about specimens that are not related to a specific individual. For example routine water samples from a waterworks, or spot samples from food production facilities.

\*\*Keywords:\*\* specimen, laboratory, sample, collection, sampling, biopsy, tissue, cytology, microbiology, pathology, histopathology, histology, lab, fluid, smear, blood, exudate, serum, plasma, urine, saliva, secretion, synovial, lymph, feces, faeces, fæces, ascites, expectorate, swab, breast milk, pus, drain fluid, bone marrow, culture, scraping, aspirate, phlebotomy, test, cerebrospinal fluid, pleural fluid, resection, excision

\*\*Concepts:\*\*

* at0000::Specimen - A physical sample collected from, or related to, an individual for the purpose of investigation, examination or analysis.
* at0001::Laboratory specimen identifier - A unique identifier of the specimen, normally assigned by the laboratory.
* at0003::Parent specimen identifier - Unique identifier of the parent specimen, where the specimen is split into sub-samples.
* at0005::Hazard warning - Identified health risk or biohazard to the collector or laboratory staff due to exposure to, or contact with, the specimen.
* at0007::Collection method - The method of collection used.
* at0008::Sampling context - The context in which the specimen is collected.
* at0013::Structured source site - A structured description of the area of the body from where the specimen is collected.
* at0015::Collection date/time - The date and time that collection has been ordered to take place or has taken place.
* at0027::Physical properties - Physical dimensions, mass or non-measurable properties of the specimen.
* at0029::Specimen type - The type of specimen.
* at0034::Date/time received - The date and time that the sample was received at the laboratory.
* at0041::Adequacy for testing - Information about whether the specimen was adequate for testing.
* at0042::Specimen quality issue - A specific quality issue with a specimen.
* at0045::Comment - Additional narrative about the specimen not captured in other fields.
* at0052::Haemolysed - The specimen was haemolysed.
* at0053::Lipaemic - The specimen was lipaemic.
* at0054::Incorrect additive - An incorrect additive such as a transport medium or preservative was added to the specimen.
* at0055::Insufficient amount - The available amount of specimen was insufficient to undertake the examination.
* at0062::Satisfactory - The specimen is of sufficient quality to allow reporting.
* at0063::Unsatisfactory - analysed - The specimen is unsatisfactory but has been analysed.
* at0064::Unsatisfactory - not analysed - The specimen is unsatisfactory and has not been analysed.
* at0067::Collection setting - Identification of the physical setting in which the specimen is collected.
* at0068::Processing details - Structured details about preparation or processing of the specimen.
* at0070::Specimen collector identifier - Identifier of the person or organisation responsible for collecting the specimen.
* at0071::Specimen collector details - The person or organisation responsible for collecting the specimen.
* at0079::Collection description - Narrative description about the collection of the specimen.
* at0080::Number of containers - The total number of physical units holding this specimen.
* at0083::Additional details - Additional structured details about the specimen.
* at0085::Container details - Details about containers used.
* at0087::Source site - Identification of the body site or other location from where the specimen is collected.
* at0088::External identifier - A unique identifier of the specimen, assigned by a party external to the laboratory.
* at0089::Icteric - The specimen was icteric.
* at0090::Handling error - An error arose when handling the specimen. For example: Incorrect storage, broken container.
* at0091::Age - The specimen was too old to analyse or to analyse accurately.
* at0092::Technical failure - The specimen could not be analysed for technical reasons.
* at0093::Transport details - Structured details about transport of the specimen.
* at0094::Clotted - The specimen was clotted.
* at0095::Incorrectly labelled - The specimen was labelled incorrectly.
* at0096::Digital representation - Structured details about a digital representation of the specimen.
* at0097::Specimen description - Narrative description about the specimen being examined.
* at0098::Specimen label - A name or label describing the specimen.
* at0099::Number of fragments - The number of tissue fragments comprising the specimen.
* at0100::Storage details - Structured details about the storage of the specimen.

## specimen\_container

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.specimen\_container.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, en, sl

\*\*Purpose:\*\* To record details of a container used to hold, transport and/or archive a specimen for laboratory examination.

\*\*Use:\*\* Use to record details of a container used to hold transport and/or archive a specimen for laboratory examination. This archetype has been designed to be used within OBSERVATION.laboratory test\_result, CLUSTER.specimen, CLUSTER.biobank\_storage, CLUSTER.biospecimen\_summary and other clinically appropriate archetypes. Commonly the CLUSTER.specimen and the CLUSTER.specimen\_container will be used as a pair, with order of nesting varying as appropriate for the use case. For example: - The ‘Specimen container’ can be nested within 'Specimen'; for example, when a venous blood specimen is divided between two vials, or a whole large intestine is divided into three buckets. - The 'Specimen' can be nested within 'Specimen container'; for example, when a bucket of formalin contains a section of large intestine and a rectum, or a jar contains five individually marked moles.

\*\*Keywords:\*\* specimen, lab, laboratory, pathology, transport medium, swab, vial, vacuum tube, slide, additive, sample

\*\*Concepts:\*\*

* at0000::Specimen container - Details of a container used to hold, transport and/or archive a specimen for laboratory examination.
* at0003::Container ID - The unique identifier given to the container.
* at0005::Container type - The type of container associated with the specimen.
* at0013::Description - Narrative description about the container.
* at0026::Additive/s - Introduced substance to preserve, maintain or enhance the specimen.
* at0028::Additional details - Additional structured details related to the specimen container.
* at0029::Contents - The contents of this container.
* at0035::Capacity - The capacity of the container.
* at0036::Comment - Additional narrative about the transportation process not captured in other fields.
* at0037::Components - Description about the physical components of the container.
* at0038::Minimum volum - The minimum volume to be conditioned in the container.

## specimen\_measurements

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.specimen\_measurements.v1

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, nb, ar-sy, en

\*\*Purpose:\*\* To record the measurements that represent the physical dimensions of a specimen.

\*\*Use:\*\* Use to record the measurements that represent the physical dimensions of a specimen. This cluster can be nested in the 'Physical properties' slot of the archetype CLUSTER.specimen. For example: - an 8.0 x 10.2 x 6.5 mm tumour specimen from the intestine; - a skin biopsy 4 mm diameter and 4 mm thick; - 7 ml of blood in a vacuum tube. The size of a specimen may be recorded in two or more linear measurements (dimensions), e.g., length, width and depth (height). If it is not possible to determine the orientation of the specimen, each dimension can be recorded by repeating the 'Length' or 'Diameter' data element.

\*\*Misuse:\*\* Not to be used to record measurements for body segments. Use the body segment family of archetypes for this purpose. Not to be used to record measurements in physical examinations. Use measurement-related data elements within the CLUSTER.exam family of archetypes for this purpose. For example: the measured size of a pupil in CLUSTER.exam-pupil and length and width of a perforation in CLUSTER.exam-tympanic\_membrane. Not to be used to record measurements in imaging examinations. Use measurement-related data elements within the context of CLUSTER archetypes for each modality- and/or organ-specific imaging finding.

\*\*Keywords:\*\* specimen, laboratory, sample, pathology, size, volume, area, weight, dimension, length, width, diameter, mass, thickness

\*\*Concepts:\*\*

* at0000::Specimen measurements - The measurements of a specimen.
* at0020::Weight - The measured value of the mass of the specimen.
* at0042::Dimension - A measured dimension of the specimen.
* at0046::Volume - The measured or calculated space enclosed by a boundary (liquid) or occupied by an object (solid tissue).
* at0049::Length - The measured length of the longest aspect of a specimen (e.g., longest edge of a rectangular specimen) or the measured length of a specimen along its longitudinal axis (e.g., 2cm of bowel, measured along the axis of the bowel, and even if the measured length is shorter than the diameter of the bowel itself).
* at0050::Width - The measured length of widest aspect of a specimen, usually perpendicular to the length or the measured length of the second side of two sides.
* at0052::Diameter - The measured length of the specimen from edge to edge, usually of an approximately round or oval specimen, passing through its centre.
* at0053::Depth - The measured length of the third aspect of a specimen, usually perpendicular to the length and width or measurement of the vertical aspect of a specimen from the surface to the base. Also known as thickness.
* at0054::Height - The measured length of the vertical aspect of a specimen, from the base to the top.
* at0055::Perimeter - The measured length of the circumference of a round or elliptical specimen or the total length of all external surfaces of a square, rectangular or irregularly shaped specimen.

## specimen\_processing

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.specimen\_processing.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record details about the processing of a specimen collected from, or related to, an individual for further analysis, preservation or storage.

\*\*Use:\*\* To record details about the processing or preparation of a specimen for analysis, preservation or storage, including specific processes such as fixation, smearing, paraffin embedding, centrifuging, washing, sectioning, acidification, incubation and staining. The terms 'preparation' and 'processing' are sometimes used interchangeably and sometimes to describe specific steps performed on the specimen between collection and analysis. This archetype is intended to be used to describe all the relevant steps performed, but for simplicity uses the term 'processing' to cover both. The archetype has been designed to be nested within the CLUSTER.specimen archetype and to record the details about a single process step OR a multistep process. If there is only one process or step, then use the data elements at root level. If there is a multistep process, each separate step can be represented using a separate instance of the 'Process activity' internal cluster which contains one instance of this same CLUSTER.specimen\_processing for each process step.

\*\*Misuse:\*\* Not to be used to represent specimen transportation - use CLUSTER.transportation for this purpose. Not to be used to represent specimen storage - use EVALUATION.specimen\_summary for this purpose.

\*\*Keywords:\*\* specimen, laboratory, sample, histopathology, histology, pathology, cytology, filtration, centrifugation, staining, fixation, dehydration, embedding, slicing, pre-analytics, FFPE, freezing, DNA, extraction, PCR, histochemistry, immunohistochemistry, FISH, incubation, scanning, WSI, homogenization

\*\*Concepts:\*\*

* at0000::Specimen processing - Details about the processing or preparation of a specimen.
* at0071::Sequence - The sequence number within a multi-step sequence.
* at0074::Method - The technique or method used to process the specimen.
* at0086::Process activity - Details of a single activity carried out during a multi-step process.
* at0088::Device details - Details of the device used in the processing activity.
* at0089::Description - A narrative description of the processing activity.
* at0091::Additive - Identification of a substance used in the processing.
* at0092::Process activity details - Details about a single activity within a multistep process.
* at0093::Additional details - Additional details about the processing of a specimen.
* at0094::Process name - The name of the processing activity.
* at0095::Comment - Additional narrative about the processing of a specimen not captured in other fields.
* at0096::Start date/time - The date and time when the process activity started.
* at0097::End date/time - The date and time when the process activity ended.

## strategy

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.strategy.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record a proposed strategy to achieve a desired outcome.

\*\*Use:\*\* Use to record a proposed strategy to achieve a desired outcome. Designed to be used within the INSTRUCTION.request archetype, but may be used within any relevant archetype SLOT.

\*\*Keywords:\*\* strategy, goal, outcome, request, service

\*\*Concepts:\*\*

* at0000::Proposed Strategy - Suggested strategy to achieve a desired outcome.
* at0001::Proposed Strategy - Identification of strategies to support achieving the desired outcome.

## structured\_name

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.structured\_name.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record details about the structured name of an individual as they are known or understood in the course of clinical documentation.

\*\*Use:\*\* Use to record details about the structured name of an individual as they are known or understood in the course of clinical documentation, often ad hoc or when it is not appropriate or possible to use a formal demographic register or index. In most simple clinical recording use cases, the unstructured 'Name' element within the CLUSTER.person archetype will be sufficient to record the name of an individual as part of a health record. However, in circumstances where a structured name is necessary or desirable for clinical recording purposes, nest this archetype within the 'Structured name' SLOT in CLUSTER.person archetype. Each data element can be entered as a string of free text - for example, 'Prof Dr', 'Sonja Jane', 'Smith-Brown', 'MP'. Alternatively, as each data element is repeatable within a template: - 'Title' could be cloned to 'Title 1' for the value 'Prof' and 'Title 2' for the value 'Dr'; and - 'Given name' could be cloned and renamed to 'First name' for the value 'Sonja' and 'Middle name' for the value 'Jane'. While this archetype has been aligned with ISO 22220, preferred name, name usage, valid dates and the repeating Name component/Order grouping has intentionally not been replicated due to the reduced scope of this archetype. It is anticipated that in most use cases for which this archetype has been designed, complex family names will simply be recorded as a string. However, it is possible to record them with more granularity and within this structured name pattern using guidance and examples from ISO 22220:2007 (Annex F), including: - Family name first, given name/s last; - Family names with prefixes eg El Haddad or van der Heyden; and - Names containing both father's and mother's family names.

\*\*Misuse:\*\* Not to be used if an unstructured text string representing the individual's name is adequate for the purpose. Use the 'Name' data element within the CLUSTER.person for this purpose. Not to be used for complex name representation or management, such as preferred names, name usage or valid dates of usage. Use a formal Master Patient Index or Health Provider Index for this purpose, or archetypes based on the openEHR Demographic Information Model. Not to be used to represent or replace formal identification management or for the purposes of maintaining an official demographic register or index. Use a formal Master Patient Index or Health Provider Index for this purpose, or archetypes based on the openEHR Demographic Information Model. Not to be used to represent the subject of care, participants or author of the record and similar data elements that should be represented formally in the health record using the Reference Model attributes.

\*\*Keywords:\*\* person, individual, name

\*\*Concepts:\*\*

* at0000::Structured name of a person - Discrete components of an individual's name.
* at0001::Title - One or more honorific form(s) of address commencing a name.
* at0005::Family name - One or more name(s) that an individual has in common with a family group.
* at0002::Given name - One or more unique name(s) used to identify an individual within a family group.
* at0006::Suffix - One or more term(s) placed after all other name components, usually to differentiate an individual from a family member with identical Given and Family name components.

## symptom\_sign-cvid

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.symptom\_sign-cvid.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, fi, nb, pt-br, en, ar-sy, it

\*\*Purpose:\*\* To record details about a single episode of a reported symptom or sign including context, but not details, of previous episodes if appropriate.

\*\*Use:\*\* Use to record details about a single episode of a symptom or reported sign in an individual, as reported by the individual, parent, care-giver or other party. It may be recorded by a clinician as part of a clinical history record as reported to them, observed by the clinician or self-recorded as part of a clinical questionnaire or personal health record. A complete clinical history or patient story may include varying level of details about multiple episodes of an identified symptom or reported sign, as well as multiple symptoms/signs. In the purest sense, symptoms are subjective observations of a physical or mental disturbance and signs are objective observations of the same, as experienced by an individual and reported to the history taker by the same individual or another party. From this logic it follows that we will need two archetypes to record clinical history - one for reported symptoms and another for reported signs. In reality this is impractical as it will require clinical data entry into either one of these models which adds signficant overheads to modellers and those entering data. In addition, there is often overlap in clinical concepts - for example, is previous vomiting or bleeding to be categorised as a symptom or reported sign? In response, this archetype has been specifically designed to proved a single information model that allows for recording of the entire continuum between clearly identifable symptoms and reported signs when recording a clinical history. This archetype has been intended to be used as a generic pattern for all symptoms and reported signs. The 'Specific details' SLOT can be used to extend the archetype to include additional, specific data elements for more complex symptoms or signs. This archetype has been specifically designed to be used in the 'Structured detail' SLOT within the OBSERVATION.story archetype, but can also be used within other OBSERVATION or CLUSTER archetypes and in the 'Associated symptom/sign' or 'Previous episode' SLOT within other instances of this CLUSTER.symptom\_sign archetype. Clinicians frequently record the phrase 'nil significant' against specific symptoms or reported signs as an efficient method to indicate that they asked the individual and it was not reported as causing any discomfort or disturbance - effectively used more like a 'normal statement' rather than an explicit exclusion. The 'Nil significant' data element has been deliberately included in this archetype to allow clinicians to record this same information in a simple and effective way in a clinical system. It can be used to drive a user interface, for example if 'Nil significant' is recorded as true then the remaining data elements can be hidden on a data entry screen. This pragmatic approach supports the majority of simple clinical recording requirements around reported symptoms and signs. However if there is a clinical imperative to explicitly record that a Symptom or Sign was reported as not present, for example if it will be used to drive clinical decision support, then it would be preferable to use the CLUSTER.exclusion\_symptom\_sign archetype. The use of CLUSTER.exclusion\_symptom\_sign will increase the complexity of template modelling, implementation and querying. It is recommended that the CLUSTER.exclusion\_symptom\_sign archetype only be considered for use if clear benefit can be identified in specific situations, but should not be used for routine symptom/sign recording.

\*\*Misuse:\*\* Not to be used to record that a symptom or sign was explicitly reported as not present - use CLUSTER.exclusion\_symptom\_sign carefully for specific purposes where the overheads of recording in this way warrant the additional complexity, and only if the 'Nil significant' in this archetype is not specific enough for recording purposes. Not to be used for recording objective findings as part of a physical examination - use OBSERVATION.exam and related examination CLUSTER archetypes for this purpose. Not to be used for diagnoses and problems that form part of a persisting Problem List - use EVALUATION.problem\_diagnosis.

\*\*Keywords:\*\* complaint, symptom, disturbance, problem, discomfort, presenting complaint, presenting symptom, sign

\*\*Concepts:\*\*

* at0187::First occurrence - This is the first ever occurrence of this symptom or sign.
* at0188::Recurrence - This is the first ever occurrence of this symptom or sign.
* at0189::Character - Word or short phrase describing the nature of the symptom or sign.
* at0000.1::Covid-19 symptom - Symptoms known to be indicators of suspected Covid-19 infection
* at0.1::Presence - Is the symptom present or not?
* at0.2::Present - The symptom is present.
* at0.3::Absent - The symptom is absent.
* at0.4::Unknown - It is not known if the symptom is present.
* at0001.1::Symptom/Sign name - The name of the reported symptom or sign.
* at0000::Symptom/Sign - Reported observation of a physical or mental disturbance in an individual.
* at0001::Symptom/Sign name - The name of the reported symptom or sign.
* at0002::Description - Narrative description about the reported symptom or sign.
* at0003::Pattern - Narrative description about the pattern of the symptom or sign during this episode.
* at0017::Effect - Perceived effect of the modifying factor on the symptom or sign.
* at0018::Modifying factor - Detail about how a specific factor effects the identified symptom or sign during this episode.
* at0019::Factor - Name of the modifying factor.
* at0021::Severity category - Category representing the overall severity of the symptom or sign.
* at0023::Mild - The intensity of the symptom or sign does not cause interference with normal activity.
* at0024::Moderate - The intensity of the symptom or sign causes interference with normal activity.
* at0025::Severe - The intensity of the symptom or sign causes prevents normal activity.
* at0026::Severity rating - Numerical rating scale representing the overall severity of the symptom or sign.
* at0028::Duration - The duration of this episode of the symptom or sign since onset.
* at0031::Number of previous episodes - The number of times this symptom or sign has previously occurred.
* at0035::Nil significant - The identified symptom or sign was reported as not being present to any significant degree.
* at0037::Episode description - Narrative description about the course of the symptom or sign during this episode.
* at0056::Description - Narrative description of the effect of the modifying factor on the symptom or sign.
* at0057::Description of previous episodes - Narrative description of any or all previous episodes.
* at0063::Associated symptom/sign - Structured details about any associated symptoms or signs that are concurrent.
* at0146::Previous episodes - Structured details of the symptom or sign during a previous episode.
* at0147::Structured body site - Structured body site where the symptom or sign was reported.
* at0151::Body site - Simple body site where the symptom or sign was reported.
* at0152::Episode onset - The onset for this episode of the symptom or sign.
* at0153::Specific details - Specific data elements that are additionally required to record as unique attributes of the identified symptom or sign.
* at0154::Factor detail - Structured detail about the factor associated with the identified symptom or sign.
* at0155::Impact - Description of the impact of this symptom or sign.
* at0156::No effect - The factor has no impact on the symptom or sign.
* at0158::Worsens - The factor increases the severity or impact of the symptom or sign.
* at0159::Relieves - The factor decreases the severity or impact of the symptom or sign, but does not fully resolve it.
* at0161::Resolution date/time - The timing of the cessation of this episode of the symptom or sign.
* at0163::Comment - Additional narrative about the symptom or sign not captured in other fields.
* at0164::Onset type - Description of the onset of the symptom or sign.
* at0165::Precipitating/resolving factor - Details about specified factors that are associated with the precipitation or resolution of the symptom or sign.
* at0167::Precipitating factor - Identification of factors or events that trigger the onset or commencement of the symptom or sign.
* at0168::Resolving factor - Identification of factors or events that trigger resolution or cessation of the symptom or sign.
* at0170::Factor - Name of the health event, symptom, reported sign or other factor.
* at0171::Time interval - The interval of time between the occurrence or onset of the factor and onset/resolution of the symptom or sign.
* at0175::Episodicity - Category of this episode for the identified symptom or sign.
* at0176::New - A new episode of the symptom or sign - either the first ever occurrence or a reoccurrence where the previous episode had completely resolved.
* at0177::Indeterminate - It is not possible to determine if this occurrence of the symptom or sign is new or ongoing.
* at0178::Ongoing - This symptom or sign is ongoing, effectively a single, continuous episode.
* at0180::Progression - Description progression of the symptom or sign at the time of reporting.
* at0181::Improving - The severity of the symptom or sign has improved overall during this episode.
* at0182::Unchanged - The severity of the symptom or sign has not changed overall during this episode.
* at0183::Worsening - The severity of the symptom or sign has worsened overall during this episode.
* at0184::Resolved - The severity of the symptom or sign has resolved.
* at0185::Description - Narrative description about the effect of the factor on the identified symptom or sign.
* at0186::First ever? - Is this the first ever occurrence of this symptom or sign?

## symptom\_sign

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.symptom\_sign.v2

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, sv, fi, nb, pt-br, en, ar-sy, nl

\*\*Purpose:\*\* To record details about a single episode of a reported symptom or sign including context, but not details, of previous episodes if appropriate.

\*\*Use:\*\* Use to record details about a single episode of a symptom or reported sign in an individual, as reported by the individual, parent, care-giver or other party. It may be recorded by a clinician as part of a clinical history record as reported to them, observed by the clinician or self-recorded as part of a clinical questionnaire or personal health record. A complete clinical history or patient story may include varying level of details about multiple episodes of an identified symptom or reported sign, as well as multiple symptoms/signs. This archetype has been designed to record the positive presence of the symptom or sign as part of history taking using OBSERVATION.story, or in conjunction with a positive response to OBSERVATION.symptom\_sign\_screening. In the purest sense, symptoms are subjective observations of a physical or mental disturbance and signs are objective observations of the same, as experienced by an individual and reported to the history taker by the same individual or another party. From this logic it follows that we will need two archetypes to record clinical history - one for reported symptoms and another for reported signs. In reality this is impractical as it will require clinical data entry into either one of these models which adds signficant overheads to modellers and those entering data. In addition, there is often overlap in clinical concepts - for example, is previous vomiting or bleeding to be categorised as a symptom or reported sign? In response, this archetype has been specifically designed to provide a single information model that allows for recording of the entire continuum between clearly identifiable symptoms and reported signs. This archetype has been intended to be used as a generic pattern for all symptoms and reported signs. The 'Specific details' SLOT can be used to extend the archetype to include additional, specific data elements for more complex symptoms or signs. This archetype has been specifically designed to be used in the 'Structured detail' SLOT within the OBSERVATION.story archetype, but can also be used within other OBSERVATION or CLUSTER archetypes and in the 'Associated symptom/sign' or 'Previous episode' SLOT within other instances of this CLUSTER.symptom\_sign archetype.

\*\*Misuse:\*\* Not to be used to record screening questionnaire responses about the presence or absence of specific symptoms - use the OBSERVATION.symptom\_sign\_screening archetype for this purpose. However, this CLUSTER.symptom\_sign archetype may be nested within the 'Screening details' SLOT in the OBSERVATION.symptom\_sign\_screening archetype if it is necessary to extend the questionnaire by recording details about symptom or sign. Not to be used to record that a symptom or sign was explicitly reported as not present - use CLUSTER.exclusion\_symptom\_sign carefully for specific purposes where the overheads of recording in this way warrant the additional complexity. Not to be used for recording objective findings as part of a physical examination - use OBSERVATION.exam and related examination CLUSTER archetypes for this purpose. Not to be used for diagnoses and problems that form part of a persisting Problem List - use EVALUATION.problem\_diagnosis. Not to be used to record a formal and repeatable severity scale such as VAS or NRS. Use appropriate OBSERVATION archetypes for this purpose.

\*\*Keywords:\*\* complaint, symptom, disturbance, problem, discomfort, presenting complaint, presenting symptom, sign

\*\*Concepts:\*\*

* at0000::Symptom/Sign - Reported observation of a physical or mental disturbance in an individual.
* at0001::Symptom/Sign name - The name of the reported symptom or sign.
* at0002::Description - Narrative description about the reported symptom or sign.
* at0003::Pattern - Narrative description about the pattern of the symptom or sign during this episode.
* at0017::Effect - Perceived effect of the modifying factor on the symptom or sign.
* at0018::Modifying factor - Detail about how a specific factor effects the identified symptom or sign during this episode.
* at0019::Factor - Name of the modifying factor.
* at0021::Severity category - Category representing the overall severity of the symptom or sign.
* at0023::Mild - The intensity of the symptom or sign does not cause interference with normal activity.
* at0024::Moderate - The intensity of the symptom or sign causes interference with normal activity.
* at0025::Severe - The intensity of the symptom or sign causes prevents normal activity.
* at0028::Episode duration - The duration of this episode of the symptom or sign since initial onset.
* at0031::Number of previous episodes - The number of times this symptom or sign has previously occurred.
* at0037::Episode description - Narrative description about the course of the symptom or sign during this episode.
* at0056::Description - Narrative description of the effect of the modifying factor on the symptom or sign.
* at0057::Description of previous episodes - Narrative description of any or all previous episodes.
* at0063::Associated symptom/sign - Structured details about any associated symptoms or signs that are concurrent.
* at0146::Previous episodes - Structured details of the symptom or sign during a previous episode.
* at0147::Structured body site - Structured body site where the symptom or sign was reported.
* at0151::Body site - Simple body site where the symptom or sign was reported.
* at0152::Episode onset - The onset for this episode of the symptom or sign.
* at0153::Specific details - Specific data elements that are additionally required to record as unique attributes of the identified symptom or sign.
* at0154::Factor detail - Structured detail about the factor associated with the identified symptom or sign.
* at0155::Impact - Description of the impact of this symptom or sign.
* at0156::No effect - The factor has no impact on the symptom or sign.
* at0158::Worsens - The factor increases the severity or impact of the symptom or sign.
* at0159::Relieves - The factor decreases the severity or impact of the symptom or sign, but does not fully resolve it.
* at0161::Resolution date/time - The timing of the cessation of this episode of the symptom or sign.
* at0163::Comment - Additional narrative about the symptom or sign not captured in other fields.
* at0164::Onset timing - Timing of the onset and development of the symptom or sign.
* at0165::Precipitating factor - Details about specified factors that are associated with the precipitation of the symptom or sign.
* at0170::Factor - Name of the health event, symptom, reported sign or other factor.
* at0171::Time interval - The interval of time between the occurrence or onset of the factor and onset of the symptom or sign.
* at0175::Episodicity - Category of this episode for the identified symptom or sign.
* at0176::New - A new episode of the symptom or sign - either the first ever occurrence or a reoccurrence where the previous episode had completely resolved.
* at0177::Indeterminate - It is not possible to determine if this occurrence of the symptom or sign is new or ongoing.
* at0178::Ongoing - This symptom or sign is ongoing, effectively a single, continuous episode.
* at0180::Progression - Description progression of the symptom or sign at the time of reporting.
* at0181::Improving - The severity of the symptom or sign has improved overall during this episode.
* at0182::Unchanged - The severity of the symptom or sign has not changed overall during this episode.
* at0183::Worsening - The severity of the symptom or sign has worsened overall during this episode.
* at0184::Resolved - The severity of the symptom or sign has resolved.
* at0185::Description - Narrative description about the effect of the factor on the identified symptom or sign.
* at0186::Occurrence - Type of occurrence for this symptom or sign?
* at0187::First occurrence - This is the first ever occurrence of this symptom or sign.
* at0188::Recurrence - New occurrence of the same symptom or sign after a previous episode was resolved.
* at0189::Character - Word or short phrase describing the nature of the symptom or sign.
* at0190::Resolving factor - Details about specified factors that are associated with the resolution of the symptom or sign.
* at0193::Factor - Name of the health event, symptom, reported sign or other factor.
* at0194::Factor detail - Structured detail about the factor associated with the identified symptom or sign.
* at0195::Time interval - The interval of time between the occurrence or onset of the factor and resolution of the symptom or sign.
* at0196::Description - Narrative description about the effect of the factor on the identified symptom or sign.
* at0197::Factor detail - Structured detail about the factor associated with the identified symptom or sign.
* at0198::Severity rating - Numerical rating scale representing the overall severity of the symptom or sign.
* at0200::Nadir - Date/time when a monophasic, progressive symptom or sign reached its' maximal intensity or functional impact.

## test\_circumstances

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.test\_circumstances.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* \_\_unknown\_\_

\*\*Concepts:\*\*

* at0000::Testing circumstances - Test circumstances.
* at0001::Test site type - The category of site where the test was carried out.
* at0002::Initiator - The individual who initiated the screening test.

## therapeutic\_decision\_dr

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.therapeutic\_decision\_dr.v1

\*\*Lifecycle State:\*\* AuthorDraft

\*\*Category:\*\* CLUSTER

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

\*\*Purpose:\*\* Register the statement/s about the most suitable treatment for each patient with diabetic retinopathy.

\*\*Use:\*\* Use to record statement/s about the DR treatment, at a specific point in time of its clinical history. The statement is considered only at the time it is registered. That is to say, the treatment can change over time depending on the progression of the disease.

\*\*Misuse:\*\* \*(es)

\*\*Keywords:\*\* diabetic retinopathy, treatment

\*\*Concepts:\*\*

* at0000::Therapeutic decision DR - Decision-making process to decide a suitable treatment for patients affected with diabetic retinopathy
* at0001::Therapeutic decision - Selection of the most effective treatment based on diagnostic criteria and classification of DR.
* at0002::Comments - Additional information about the decision made regarding the therapeutic recommendation.
* at0003::Intravitreal injection: antiangiogenics - \*\*(es)
* at0004::Surgery: vitrectomy - \*\*(es)
* at0005::Laser treatment: panretinal photocoagulation for diabetes - \*\*(es)
* at0006::Laser treatment: macular drusen photocoagulation - \*\*(es)
* at0007::Intravitreal injection: corticoids - \*\*(es)
* at0008::Surgery: cryotherapy to retina - \*
* at0009::Do not treat - No treatment is indicated or the afection is not tratable

## therapeutic\_direction

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.therapeutic\_direction.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, pt-br, en

\*\*Purpose:\*\* To record structured details of a single therapeutic direction for an ordered therapeutic/prescribable item. Each direction generally applies for a given duration, or fixed number of administrations.

\*\*Use:\*\* A direction describes one or more sequential therapeutic administration patterns, coupled with an overall direction duration and details of any repetitive pattern of intended administration outside a single day. For example: '1 tab in the morning, 1 tab at night, for 3 weeks, on Mondays, Wednesdays and Fridays'. This cluster allows multiple occurrences to enable representation of a complete set of dosage directions for a single medication order. The cluster can be renamed in template or at run-time to represent a specific dosing event such as 'loading dose', 'bolus'. This archetype will generally be used in the context of a parent INSTRUCTION archetype. It has been specifically designed for use within a complex Medication order including IV medication, or for fluid orders in the context of transfusion or dialysis.

\*\*Keywords:\*\* medication, order, prescribe, therapy, substance, drug, therapeutic, otc, therapeutic good, pharmaceutical, product, posology, treatment, transfusion

\*\*Concepts:\*\*

* at0000::Therapeutic direction - Structured details of a single therapeutic direction for an ordered item, such as a medication or blood transfusion order.
* at0057::Direction sequence - The intended position of this direction within the overall sequence of directions.
* at0066::Direction duration - The length of time for which this direction should be applied.
* at0067::Indefinite - The direction should be continued indefinitely.
* at0068::Indefinite - not to be discontinued - The direction should be continued indefinitely with a strong recommendation that it never be discontinued.
* at0090::Repetition timing - Structured details about pattern of repetition for each set of daily directions.
* at0156::Additional details - Further details about an ordered item direction.
* at0172::Number of administrations - The number of administrations to be given for this direction.
* at0176::Dosage - The combination of a medication dose and administration timing for a single day.
* at0177::Review criterion - After a number of administrations for when a review is required.
* at0178::Order start date/time - The date and optional time to commence the administration.
* at0179::Order stop date/time - The date and optional time when it is planned to cease the administration.

## timing\_daily

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.timing\_daily.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, sk, en, sl, fr

\*\*Purpose:\*\* To record structured information about the intended timing of a therapeutic or diagnostic activity within any 24 hour period.

\*\*Use:\*\* Use to record structured information about the intended timing of a therapeutic or diagnostic activity within any 24 hour period. This archetype is designed to be used within the 'Timing' SLOT within the CLUSTER.dosage archetype, but can also be used in other CLUSTER and ENTRY class archetypes where clinically appropriate.

\*\*Misuse:\*\* Not to be used for recording timing details over periods longer than a single 24 hour period. Use the CLUSTER.timing\_repetition archetype for this purpose.

\*\*Keywords:\*\* timing, administration, dosing, frequency, interval, order, recommendation, schedule, per day

\*\*Concepts:\*\*

* at0000::Timing - daily - Structured information about the intended timing of a therapeutic or diagnostic activity within any 24 hour period.
* at0003::Frequency - The frequency as number of times per time period that the activity is to take place.
* at0004::Specific time - A specific time or interval of time when the activity should occur.
* at0014::Interval - The time interval or minimum and maximum range of an interval between each scheduled activity.
* at0023::Exact timing critical? - Is exact timing of the activity critical to effectiveness, or patient safety or wellbeing?
* at0024::As required - Record as True if the activity should only occur when the "'As required' criterion" is met.
* at0025::'As required' criterion - The condition which triggers an 'As required' activity.
* at0026::Event name - The name of the event that triggers the activity to take place.
* at0027::Timing description - Text description of the daily timing. This element is intended to allow implementers to use the structures for different timings without necessarily specifying the timings in a structured way.
* at0035::On / off cycle - A cycle of activity where an on-off pattern is required.
* at0036::On - The period of time for which the activity should take place.
* at0037::Off - The period of time for which the activity should NOT take place.
* at0038::Repetitions - The number of repetitions of the on/off cycle.
* at0039::Specific event - A specific, named time event that the activity should occur in relation to.
* at0040::Time offset - The period of time before or after the named event when the activity should take place. Negative durations can be used to signify that the activity should take place before the event.

## timing\_nondaily

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.timing\_nondaily.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, pt-br, en

\*\*Purpose:\*\* To record structured information about the intended timing pattern for a therapeutic or diagnostic activity occurring over days, weeks, months or years.

\*\*Use:\*\* Use to record structured information about the intended timing pattern for a therapeutic or diagnostic activity occurring over days, weeks, months or years. This archetype is designed to be used within the 'Direction repetition' SLOT within the CLUSTER.therapeutic\_direction archetype, but can also be used in other CLUSTER and ENTRY class archetypes where clinically appropriate. In use cases where it's necessary to specify explicitly that an activity is to take place every day, the "Repetition interval" element can be set to "1 day".

\*\*Misuse:\*\* Not to be used to record timing details within a single 24 hour time period. Use the CLUSTER.timing\_daily archetype for this purpose. In use cases where it can be safely assumed that an activity should be carried out every single day, this archetype is redundant.

\*\*Keywords:\*\* timing, administration, dosing, frequency, interval, order, recommendation, schedule, plan, repetition

\*\*Concepts:\*\*

* at0000::Timing - non-daily - Structured information about the intended timing pattern for a therapeutic or diagnostic activity occurring over days, weeks, months or years.
* at0001::Specific date - The activity should take place on a specific date or a specific range of dates.
* at0002::Repetition interval - The interval between repetitions of the activity.
* at0003::Specific day of week - The activity should take place on a specific day of the week.
* at0004::Specific day of month - The activity should take place on a specific day or interval of days of the month.
* at0005::Event name - The name of the event that triggers the activity to take place.
* at0006::Specific event - The activity should take place in relation to a specific named event.
* at0007::Monday - The activity should take place on Monday.
* at0008::Tuesday - The activity should take place on Tuesday.
* at0009::Time offset - The period of time before or after the named event when the activity should take place. Negative durations can be used to signify that the activity should be taken before a known event.
* at0010::On / off cycle - A cycle of activity where an on-off pattern is required.
* at0011::On - The period of time for which the activity should take place.
* at0012::Off - The period of time for which the activity should NOT take place.
* at0013::Repetitions - The number of repetitions of the on/off cycle.
* at0014::Days per time period - The number of days per time period on which the activity takes place.
* at0016::Wednesday - The activity should take place on Wednesday.
* at0017::Thursday - The activity should take place on Thursday.
* at0018::Friday - The activity should take place on Friday.
* at0019::Saturday - The activity should take place on Saturday.
* at0020::Sunday - The activity should take place on Sunday.
* at0021::Timing description - Text description of the timing.
* at0022::Activities per time period - The number of activities per time period.

## tnm-pathological

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.tnm-pathological.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the pathological classification and stage grouping of malignancies using the TNM system.

\*\*Use:\*\* Use to record the pathological classification, designated as pTNM, and stage grouping of malignancies. This archetype has been designed to be nested inside an ENTRY or appropriate CLUSTER archetype which will provide a clinical or pathological context and the tumour type for the TNM record - for example: the 'Specific details' SLOT within the EVALUATION.problem\_diagnosis archetype; or nested in an appropriate histopathology-related CLUSTER archetype within the OBSERVATION.laboratory\_test\_result context. Each cancer has a set of unique pTNM classification values. It is expected that this archetype will be further constrained to reflect the unique requirements for each tumour and edition of the TNM classification, using either an archetype specialisation or a template. With certain types of tumours, such as Hodgkin and other non-Hodgkin lymphomas, a different system for designating the extent of disease and prognosis is used. In these circumstances only the stage group is defined.

\*\*Misuse:\*\* Not to be used to record the TNM clinical classification - use the CLUSTER.tnm archetype for this purpose.

\*\*Keywords:\*\* TNM, cancer, tumour, pTNM, grading, staging, malignancy, classification, grouping, stage, neoplasia

\*\*Concepts:\*\*

* at0.1::Sentinel node (sn) - Record as True if presence of metastasis within one or more sentinel node(s).
* at0.2::Micrometastases (mi) - Record as True if presence of micrometastases in the regional lymph drainage area of the primary tumour.
* at0.3::Regional lymph node ITC - Presence of isolated tumour cells (ITC) detected by H&E stains or immunohistochemistry in regional lymph nodes.
* at0.4::i- - Negative morphological findings for ITC.
* at0.5::i+ - Positive morphological findings for ITC.
* at0.6::mol- - Negative non-morphological findings for ITC.
* at0.7::mol+ - Positive non-morphological findings for ITC.
* at0.8::Distant metastasis ITC - Presence of isolated tumour cells (ITC) detected by H&E stains or immunohistochemistry as distant metastases, such as bone marrow.
* at0000.1::TNM pathological classification - A framework for the pathological classification and stage grouping of malignancies using the TNM system.
* at0003.1::Primary tumour (pT) - Assessment of the extent of the primary tumour.
* at0004.1::Regional lymph nodes (pN) - Assessment of the absence or presence and extent of regional lymph node metastasis.
* at0005.1::Distant metastasis (pM) - Assessment of the absence or presence of distant metastasis.
* at0025.1::Multiple primary tumours (m) - Presence of multiple simultaneous primary tumours at a single site.
* at0030.1::pTNM assessment - Concatenation of 'pT', 'pN' and 'pM' assessments plus any optional assessments of 'G', 'R', 'L', 'V', prefixes and/or suffixes, as applicable.
* at0031.1::Stage grouping - The categorisation of the anatomical stage of the tumour, usually based on pTNM assessment.
* at0000::TNM clinical classification - A framework for the clinical classification and stage grouping of malignancies using the TNM system.
* at0001::Anatomical site - The anatomical site where the assessed tumour is situated.
* at0002::Anatomical subsite - The anatomical subsite where the assessed tumour is situated.
* at0003::Primary tumour (T) - Assessment of the the extent of the primary tumour.
* at0004::Regional lymph nodes (N) - Assessment of the the absence or presence and extent of regional lymph node metastasis.
* at0005::Distant metastasis (M) - Assessment of the absence or presence of distant metastasis.
* at0006::Histopathological grade (G) - Histopathological grading of the tumour.
* at0007::Residual tumour (R) - Assessment of the presence of residual tumour after treatment.
* at0008::RX - Presence of residual tumour cannot be assessed.
* at0009::R0 - No residual tumour.
* at0010::R1 - Microscopic residual tumour.
* at0011::R2 - Macroscopic residual tumour.
* at0012::Lymphatic invasion (L) - Assessment of invasion into the lymphatic system.
* at0013::LX - Lymphatic invasion cannot be assessed.
* at0014::L0 - No lymphatic invasion.
* at0015::L1 - Lymphatic invasion.
* at0016::Venous invasion (V) - Assessment of invasion into the venous system.
* at0017::VX - Venous invasion cannot be assessed.
* at0018::V0 - No venous invasion.
* at0019::V1 - Microscopic venous invasion.
* at0020::V2 - Macroscopic venous invasion.
* at0021::Perineural invasion (Pn) - Assessment of invasion into the space surrounding nerves.
* at0022::PnX - Perineural invasion cannot be assessed.
* at0023::Pn0 - No perineural invasion.
* at0024::Pn1 - Perineural invasion.
* at0025::Multiple primary tumours (m) - Presence of multiple simultaneous primary tumours at a single site.
* at0026::Multimodality therapy (y) - Record as True if assessment is performed during or following initial multimodal therapy.
* at0027::Recurrent (r) - Record as True if assessment is performed for a recurring cancer after a disease-free interval.
* at0028::Autopsy (a) - Record as True if assessment is performed at postmortem examination.
* at0029::Carcinoma in situ (is) - Record as True if presence of carcinoma in situ associated with the primary tumour.
* at0030::TNM assessment - Concatenation of 'T', 'N' and 'M' assessments plus any optional assessments of 'G', 'R', 'L', 'V', prefixes and/or suffixes, as applicable.
* at0031::Stage grouping - The categorisation of the anatomical stage of the tumour, usually based on TNM assessment.
* at0032::TNM Edition - The edition of the TNM classification system used for the assessment.

## tnm

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.tnm.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the clinical classification and stage grouping of malignancies using the TNM system.

\*\*Use:\*\* Use to record the clinical classification, designated as TNM or cTNM, and stage grouping of malignancies. This archetype has been designed to be nested inside an ENTRY archetype which will provide a clinical context and the tumour type for the TNM record - for example: the 'Specific details' SLOT within the EVALUATION.problem\_diagnosis archetype. Each cancer has a set of unique TNM classification values. It is expected that this archetype will be further constrained to reflect the unique requirements for each tumour and edition of the TNM classification, using either an archetype specialisation or a template. With certain types of tumours, such as Hodgkin and other non-Hodgkin lymphomas, a different system for designating the extent of disease and prognosis is used. In these circumstances only the stage group is defined.

\*\*Misuse:\*\* Not to be used to record the TNM pathological classification - use the CLUSTER.tnm-pathological archetype for this purpose.

\*\*Keywords:\*\* TNM, cancer, tumour, cTNM, grading, staging, malignancy, classification, grouping, stage, neoplasia

\*\*Concepts:\*\*

* at0000::TNM clinical classification - A framework for the clinical classification and stage grouping of malignancies using the TNM system.
* at0001::Anatomical site - The anatomical site where the assessed tumour is situated.
* at0002::Anatomical subsite - The anatomical subsite where the assessed tumour is situated.
* at0003::Primary tumour (T) - Assessment of the the extent of the primary tumour.
* at0004::Regional lymph nodes (N) - Assessment of the the absence or presence and extent of regional lymph node metastasis.
* at0005::Distant metastasis (M) - Assessment of the absence or presence of distant metastasis.
* at0006::Histopathological grade (G) - Histopathological grading of the tumour.
* at0007::Residual tumour (R) - Assessment of the presence of residual tumour after treatment.
* at0008::RX - Presence of residual tumour cannot be assessed.
* at0009::R0 - No residual tumour.
* at0010::R1 - Microscopic residual tumour.
* at0011::R2 - Macroscopic residual tumour.
* at0012::Lymphatic invasion (L) - Assessment of invasion into the lymphatic system.
* at0013::LX - Lymphatic invasion cannot be assessed.
* at0014::L0 - No lymphatic invasion.
* at0015::L1 - Lymphatic invasion.
* at0016::Venous invasion (V) - Assessment of invasion into the venous system.
* at0017::VX - Venous invasion cannot be assessed.
* at0018::V0 - No venous invasion.
* at0019::V1 - Microscopic venous invasion.
* at0020::V2 - Macroscopic venous invasion.
* at0021::Perineural invasion (Pn) - Assessment of invasion into the space surrounding nerves.
* at0022::PnX - Perineural invasion cannot be assessed.
* at0023::Pn0 - No perineural invasion.
* at0024::Pn1 - Perineural invasion.
* at0025::Multiple primary tumours (m) - Presence of multiple simultaneous primary tumours at a single site.
* at0026::Multimodality therapy (y) - Record as True if assessment is performed during or following initial multimodal therapy.
* at0027::Recurrent (r) - Record as True if assessment is performed for a recurring cancer after a disease-free interval.
* at0028::Autopsy (a) - Record as True if assessment is performed at postmortem examination.
* at0029::Carcinoma in situ (is) - Record as True if presence of carcinoma in situ associated with the primary tumour.
* at0030::TNM assessment - Concatenation of 'T', 'N' and 'M' assessments plus any optional assessments of 'G', 'R', 'L', 'V', prefixes and/or suffixes, as applicable.
* at0031::Stage grouping - The categorisation of the anatomical stage of the tumour, usually based on TNM assessment.
* at0032::TNM Edition - The edition of the TNM classification system used for the assessment.

## tos

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.tos.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the grading of attic retraction of the tympanic membrane, based on the classification by Tos and Poulsen.

\*\*Use:\*\* Use to record the grading of tympanic membrane retraction, particularly by specialist physicians. Designed to be optionally nested within the CLUSTER.exam\_tympanic\_membrane archetype to provide additional detail on tympanic membrane retraction, if it is useful within a given clinical scenario. This archetype extends the Tos Classification to allow recording of Tos Grade 5 which is described in some documentation but is not described in the original paper and appears not to be in common usage.

\*\*Keywords:\*\* retraction, tympanic, membrane, pars flaccida, attic, drum

\*\*Concepts:\*\*

* at0000::Tos Classification - A classification of the degree of tympanic membrane pars flaccida retraction, related to extent and severity and as described by Tos and Poulsen.
* at0001::Tos Classification - Grading of the degree of tympanic membrane pars tensa retraction / atelectasis based on the Tos & Poulson Classification.
* at0002::Grade 1 - Pars flaccida is dimpled and is more retracted than normal. It is not adherent to the malleus (airspace visible).
* at0003::Grade 2 - Retraction onto neck of malleus - no airspace visible behind membrane.
* at0004::Grade 3 - Retraction extends beyond osseous malleus full extent seen.
* at0005::Grade 4 - Erosion of outer attic wall. Part of the retraction pocket may be hidden.
* at0006::Grade 5 - Bottom of the retraction pocket can be seen only by using an endoscope.

## translocation\_variant

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.translocation\_variant.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, nb, en

\*\*Purpose:\*\* To record the details about a translocation variant observed in a genetic sequence.

\*\*Use:\*\* Use to record the findings for a traslocation variant observed in a genetic sequence according to the HGVS nomenclature. This archetype has been specifically designed to be used in the 'Variant' SLOT within the CLUSTER.genetic\_variant archetype, but can also be used within other ENTRY or CLUSTER archetypes, where clinically appropriate.

\*\*Concepts:\*\*

* at0000::Genetic translocation variant - Translocation variant.
* at0003::Breakpoint position 1 - Position of first breakpoint relative to start of "Chromosome 1".
* at0004::Breakpoint position 2 - Position of second breakpoint relative to start of "Chromosome 2".
* at0005::Strand 1 - A value of "+" indicates that the chromosomal segment at the second breakpoint is connected to the chromosomal segment at the first breakpoint right of "Breakpoint position 1". A value of "-" indicates that the chromosomal segment at the second breakpoint is connected to the chromosomal segment of the first breakpoint left of "Breakpoint position 1".
* at0006::Strand 2 - A value of "+" indicates that the chromosomal segment at the first breakpoint is connected to the chromosomal segment at the second breakpoint right of "Breakpoint position 2". A value of "-" indicates that the chromosomal segment at the first breakpoint is connected to the chromosomal segment of the second breakpoint left of "Breakpoint position 2".
* at0007::Reference sequence 1 - Chromosome of first breakpoint.
* at0008::Reference sequence 2 - Chromosome of second breakpoint.
* at0009::HGVS term - The description of the variant using the recommendations of the accepted HGVS nomeclature named extension ISCN.

## treatment\_preferences

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.treatment\_preferences.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record personal preferences for future care and treatment by the individual, including the overall goal of care and guidance about possible treatments and medical interventions that may impact length of life or quality of life.

\*\*Use:\*\* Use to record personal preferences for future care and treatment, as asserted by the individual themselves. These preferences include the overall goal of care and guidance regarding cardiopulmonary resuscitation and other critical medical interventions that may prolong life or impact quality of life. This archetype is designed to be nested in the 'Directive details' SLOT within the EVALUATION.advance\_care\_directive archetype. It may also be nested within other archetypes, as clinically appropriate.

\*\*Misuse:\*\* Not to be used to record an 'Emergency care and treatment' directive - use EVALUATION.emergency\_care\_treatment for this purpose.

\*\*Keywords:\*\* patient, preferences, treatment, care, goal

\*\*Concepts:\*\*

* at0000::Treatment preferences - Personal preferences about the goal of care and acceptable future medical interventions, as asserted by the individual.
* at0001::Goal of care - Category describing the individual's preference for their own future treatment.
* at0002::Living as long as possible - None
* at0003::Balance longevity with quality of life - None
* at0004::Quality of life and comfort - None
* at0005::Unknown - None
* at0006::CPR preference - Preference for future cardiopulmonary resuscitation (CPR) intervention.
* at0007::Attempt CPR - All appropriate cardiopulmonary resuscitation treatments should be attempted to save or prolong life.
* at0008::Do not attempt CPR - No cardiopulmonary resuscitation treatments should be attempted to save or prolong life. All treatments to be focused on symptom relief and quality of life. Also known as 'Do not resuscitate (DNR)'; 'Do not attempt resuscitation (DNAR)'; 'Not for resuscitation (NFR)' or similar.
* at0009::Unknown - CPR guidance decision is not known.
* at0010::Hospital treatment - Preference for the acceptable level of hospital treatment.
* at0011::Admission to intensive care - None
* at0012::Admission to hospital; no intensive care - None
* at0013::Admission to hospital; under specific circumstances - None
* at0014::No admission to hospital - None
* at0015::Hospital admission circumstances - Description of the circumstances which would make a hospital admission acceptable.
* at0016::Per treatment - Preference details about an identified medical treatment.
* at0017::Treatment - Name of the treatment.
* at0018::Preference - Decision about the identified treatment.
* at0019::Acceptable - None
* at0020::Acceptable, under specified circumstances - None
* at0021::Not acceptable - None
* at0022::Unknown - None
* at0023::Specific circumstances - Description of the circumstances which would make the treatment acceptable.
* at0024::Comment - Additional narrative about the specified treatment preference, not captured in other fields.
* at0025::Additional details - Additional structured details about treatment preferences, not captured in other fields.
* at0026::Comment - Additional narrative about the all treatment preferences, not captured in other fields.

## tumour\_colorectal\_staging\_non\_tnm

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.tumour\_colorectal\_staging\_non\_tnm.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* ar-sy, en

\*\*Purpose:\*\* To record non-TNM staging scores for colorectal cancer.

\*\*Use:\*\* Use in conjunction with a suite of histo-pathology related archetypes or with a Diagnosis archetype.

\*\*Keywords:\*\* staging, cancer, tumour, histo-pathology, malignancy

\*\*Concepts:\*\*

* at0000::Tumour - Colorectal staging (non-TNM) - Non-TNM staging scores for colorectal cancer.
* at0001::Dukes Score - Dukes classification for colorectal cancer (Dukes and Bussey modification).
* at0002::ACPS Score - Australian clinicopathological staging (ACPS) system.
* at0007::Dukes A - Tumour limited to the wall of the bowel, lymph nodes negative.
* at0008::Dukes B - Tumour spread beyond muscularis propria, lymph nodes negative.
* at0009::Dukes C1 - Lymph nodes positive but highest node spared.
* at0010::Dukes C2 - Highest lymph node involved.
* at0011::Stage A0 - Mucosa involved.
* at0012::Stage A - Submucosa involved.
* at0013::Stage B - Muscularis propria involved.
* at0014::Stage C - Local nodes involved.
* at0015::Stage D - Tumour transected (histological).
* at0016::ACPS Concord variant - Concord substage variant of Australian clinicopathological staging (ACPS) system.
* at0017::Stage A1 - Mucosa involved.
* at0018::Stage A2 - Submucosa involved.
* at0019::Stage A3 - Muscularis propria involved.
* at0020::Stage B1 - Involvement beyond muscularis propria.
* at0021::Stage B2 - Involvement of free serosal surface.
* at0022::Stage C1 - Local nodes involved.
* at0023::Stage C2 - Apical nodes involved.
* at0024::Stage D1 - Tumour transected (histological).
* at0025::Stage D2 - Distant metastases (clinical or histological).

## tumour\_invasion

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.tumour\_invasion.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record detailed findings about invasion of local tissue by tumour as part of microscopic histopathological examination of tissue.

\*\*Use:\*\* To record detailed findings about invasion of local tissue by tumour as part of microscopic examination of tissue. Use as a component archetype in the context of a suite of archetypes that make up a histopathology report ie OBSERVATION.lab\_test.histopathology.

\*\*Misuse:\*\* Not designed to be used within any other archetype other than OBSERVATION.lab\_test.histopathology.

\*\*Keywords:\*\* histopathology, histology, pathology, lab, cancer, tumour, malignancy

\*\*Concepts:\*\*

* at0000::Tumour - direct invasion - To records details of the direct invasion of local tissues or structures by tumour.
* at0001::Tissue name - The name of the local tissue or structure being examined for evidence of local invasion by tumour.
* at0002::Location - The location of the tissue being examined for evidence of direct invasion by tumour.
* at0003::Direct invasion - Finding of direct invasion by tumour of local tissue.
* at0004::Present - There is evidence of local invasion by tumour
* at0005::Absent - There is no evidence of local invasion by tumour
* at0006::Indeterminate - Evidence of local invasion by tumour has not been determined
* at0007::Nature of involvement - The nature of involvement of tumour in local tissue.
* at0008::Focal - Focal direct invasion of the tissue by tumour.
* at0009::Extensive - Extensive direct invasion of the tissue by tumour.
* at0010::Indeterminate - The nature of direct invasion by tumour has not been determined
* at0011::Resection margin - Details of the local tissue surgical resection margin.
* at0012::Description - A text description of direct tumour invasion of local tissue.
* at0013::Present - focal - There is evidence of focal direct invasion of the tissue by tumour
* at0014::Present - diffuse/extensive - There is evidence of diffuse or extensive direct invasion of the tissue by tumour
* at0015::Suspicious - There is suspicion of direct invasion of the tissue by tumour

## tumour\_resection\_margins

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.tumour\_resection\_margins.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* de, en, ar-sy

\*\*Purpose:\*\* Details of surgical resection margin involvement of malignant tumours. May be used to describe scenarios where tumour is present at the resection margin, detailing the length of tumour involvement, or where tumour is absent from the margin, to indicate the distance of tumour from that margin.

\*\*Use:\*\* Normally used within a histopathology archetype.

\*\*Keywords:\*\* malignancy, margins, tumour, cancer, resection, histopathology, biopsy

\*\*Concepts:\*\*

* at0000::Surgical resection margins - Details of tumour involvement at margins of surgical resections/biopsies.
* at0001::Marginal involvement - Evidence of tumour at a surgical resection margin.
* at0006::Tumour present - Details where tumour is present at the surgical resection margin.
* at0007::Maximum linear involvement - When tumour is present at surgical resection margin, the maximal length of involvement.
* at0008::Tumour absent - Details where tumour is absent from surgical resection margins.
* at0009::Distance from resection margin - When tumour is absent, the distance from tumour to the named surgical resection margin.
* at0010::Description - A text description of tumour involvement at the surgical resection margin.
* at0014::Present - Ttumour is present at the surgical resection margin.
* at0015::Absent - Tumour is absent from the surgical resection margin.
* at0016::Indeterminate - Presence of tumour at surgical resection margins has not been determined.
* at0017::Equivocal - Presence of tumour at the surgical resection margin is equivocal.
* at0018::Margin name - The name of the margin being described.
* at0019::Margin location - The location of the margin being described.
* at0020::Nature of involvement - The nature of involvement of the tumour with the surgical margin.
* at0021::Tumour name - Name of the tumour for which the 'Distance from resection margin' applies.

## vascularisation\_ultrasound

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.vascularisation\_ultrasound.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record findings related to vascularisation of structures or lesions using ultrasound.

\*\*Use:\*\* Use to record findings related to vascularisation of structures or lesions using ultrasound. This archetype is intended to be nested within relevant imaging archetypes - for example, vascularisation patterns observed during ultrasound of the uterus (CLUSTER.imaging\_exam-uterus) or a specified myometrial lesion (CLUSTER.imaging\_myometrial\_lesion).

\*\*Concepts:\*\*

* at0000::Vascularisation findings on ultrasound - Findings related to vascularisation of structures or lesions using ultrasound.
* at0002::Uniform - None
* at0003::Non-uniform - None
* at0001::Vascularisation pattern - None
* at0004::Vascularisation type - The type of valsular flow observed.
* at0005::Circumferential flow - None
* at0006::Translesional flow - None
* at0007::Colour score - The colour hue indicating the level of vascularisation in the lesion.
* at0008::No colour - None
* at0009::Minimal colour - None
* at0010::Moderate colour - None
* at0011::Abundant colour - None

## ventilator\_settings2

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.ventilator\_settings2.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* sl, en

\*\*Purpose:\*\* To record details of ventilator settings, such as ventilation type, volume, frequencies and pressures.

\*\*Keywords:\*\* ventilator, assisted

\*\*Concepts:\*\*

* at0000::Ventilator settings/findings - Details of ventilator settings and reported findings
* at0001::Ventilation mode - The mode of mechanical ventilation used.
* at0007::Frequency - A ventilator frequency setting.
* at0008::Min respiratory rate - Minimum respiratory rate.
* at0009::Safe respiratory rate - Safe respiratory rate.
* at0010::Respiratory rate (f) - Respiratory rate, frequency or BPM breaths per minute.
* at0015::Pressure - A ventilator pressure setting.
* at0016::CPAP - Continuous positive airway pressure.
* at0017::Positive End Expiratory Pressure (PEEP) - Positive End Expiratory Pressure (PEEP)
* at0018::IPAP - Inspiratory positive airway pressure.
* at0019::EPAP - Expiratory positive airway pressure.
* at0020::Hi (PEEP) - High level positive expiratory end pressure.
* at0021::Lo (PEEP) - Low level positive expiratory end pressure.
* at0024::Maximum inspiratory pressure (P max) - Maximum inspiratory pressure (P max)
* at0025::Inspiratory pressure - inspiratory pressure
* at0026::Mean airway pressure (P mean) - Mean airway pressure (P mean)
* at0027::Delta pressure - Pressure difference / delta pressure
* at0028::Support Pressure (PS) - Support Pressure (PS)
* at0031::Volume - A ventilator volume setting.
* at0032::Tidal volume (V te) - Tidal volume (V te)
* at0033::Target inspiratory volume - Target inspiratory volume.
* at0038::Timing - A ventilator duration or timing setting.
* at0039::Inspiratory time (T i) - Inspiratory time (T i)
* at0040::Apneoa time - Apnoea time
* at0041::Inspiratory rise time - Inspiratory rise time / inspiratory ramp
* at0043::I:E Inspiration/expiration - Ration of inspiratory phase to expiratory phase.
* at0044::I:T Inspiratory/Total - Ratio of inspiratory phase to total phase.
* at0045::Trigger value - The trigger value setting.
* at0046::No trigger - A trigger is not in use.
* at0047::Flow sensor - Flow sensor.
* at0048::Inspiratory - Inspiratory trigger.
* at0049::PTV sensitivity - PTV sensitivity trigger.
* at0050::Gastric sonde - Gastric sonde trigger.
* at0051::Oxygen delivery - Details of oxygen delivery.
* at0053::NO delivered - Amount of Nitrogen monoxide delivered.
* at0054::NO2 removed - Amount of Nitrogen monoxide removed.
* at0055::Heater used - If true a heater should be used/ is used.
* at0056::Ventilation device - Details of the ventilation device.
* at0060::Flow rate - A ventilator flow rate parameter.
* at0065::SPONTANEOUS - Patient is breathing spontaneously.
* at0070::CPAP - Pressure support / Continous positive airway pressure.
* at0072::CMV - Controlled mandatory ventilation
* at0073::HFO - High frequency oscillation ventilation.
* at0075::PTV - Patient triggered ventilation.
* at0076::IPPV - Intermittent positive pressure ventilation.
* at0077::MMV - Mandatory minute ventilation.
* at0079::BIPAP - Biphasic positive airway pressure.
* at0080::PSV - Pressure support ventilation.
* at0083::PCV - Pressure controlled ventilation.
* at0084::S/T - Spontaneous timed breathing.
* at0085::PAV/T - Proportional assist ventilation/Time.
* at0087::Trigger type - Type of trigger applied.
* at0089::Airway pressure - Airway pressure.
* at0090::Intrinsic PEEP - Intrinsic PEEP.
* at0091::Peak airway pressure (P peak) - Peak airway pressure (P peak)
* at0092::Plateau airway pressure (P plateau) - Plateau airway pressure (P plateau)
* at0095::Artificial airway compensation - Artificial airway compensation.
* at0096::Intermittent PEEP - Intermittent PEEP.
* at0097::Sigh - Sigh.
* at0098::Inspired tidal volume - Inspired tidal volume.
* at0099::Inspiratory flow - Inspiratory flow.
* at0100::Expiratory flow - Expiratory flow.
* at0104::A/C - Assist-control ventilation
* at0105::BILEVEL - BILEVEL
* at0106::PS - Pressure support
* at0108::SIMV - Synchronised intermittent mandatory ventilation.
* at0111::Total respiration rate (f tot) - Total respiration rate
* at0112::Minute volume (Ve tot) - Minute volume (Ve tot)
* at0113::Plateau time (T pl) - Plateau time (T pl)
* at0114::Ventilation submode - Ventilation submode
* at0115::PC - Pressure controlled.
* at0116::VC - Volume controlled
* at0117::PC/PS - PC/PS
* at0118::PC/TC - PC/TC
* at0119::VC/PS - VC/PS
* at0120::VC/TC - VC/TC
* at0122::TS - TS
* at0124::PS - Pressure support
* at0129::CV - CV
* at0131::CMV - Controlled mechanical ventilation.
* at0135::ASB - Assisted spontaneous breathing.
* at0138::Assist - Assist
* at0139::ST - ST
* at0140::PS/CPAP - PS/CPAP
* at0141::CPAP/APRV - CPAP/APRV
* at0142::ASB/Assist - ASB/Assist
* at0143::VS+ - VS+
* at0144::Type of ventilation - Type of ventilation of patient
* at0145::INVASIVE - Invasive type of ventilation
* at0146::NON-INVASIVE - Non-invasive type of ventilation
* at0147::VS - VS
* at0149::Peak inspiratory flow (V max) - Peak inspiratory flow (V max)
* at0150::End Inspiratory Pressure (P i) - End Inspiratory Pressure (P i)
* at0151::TC - TC
* at0152::SIMV / ASB - SIMV / ASB
* at0153::BIPAP / ASB - BIPAP / ASB
* at0154::Assisted Spontaneous Breath Setting (PEEP asb) - Assisted Spontaneous Breath Setting (PEEP asb)
* at0155::HFO + CMV - HFO + CMV mode
* at0156::Mandatory raspiration rate - Mandatory raspiration rate
* at0158::High inspiratory pressure - High inspiratory pressure
* at0159::HFV Mean airway pressure - HFV Mean airway pressure
* at0160::HFV Inspiratory pressure - HFV Inspiratory pressure
* at0161::HFV Frequency - HFV Frequency
* at0162::Peak inspiratory pressure - Peak inspiratory pressure
* at0163::HFV Amplitude - HFV Amplitude

## vibration\_finding

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.vibration\_finding.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record the observed response of applying a sensory stimulus to an identified bony protuberance.

\*\*Use:\*\* Use to record the observed response of applying a sensory stimulus to an identified dermatome. This archetype has been specifically designed to be used in the 'Examination detail' SLOT within the OBSERVATION.exam or the CLUSTER.exam-nervous\_system archetype. It can also be nested within any other relevant OBSERVATION or Physical examination-related family of CLUSTER archetypes, where clinically appropriate. In clinical scenarios requiring the documentation of the vibration response in more than one body site, use a separate instance of this archetype for each body site.

\*\*Misuse:\*\* Not to be used to record the sensory response to light touch, pain or temperature applied to an area of skin - use the CLUSTER.sensation\_finding for this purpose. Not to be used to record the most caudal sensory level in response to applying a light touch, pain or temperature stimulus - use the CLUSTER.sensory\_level for this purpose.

\*\*Concepts:\*\*

* at0000::Vibration finding - The observed response of applying a vibratory stimulus to an identified bony protuberance.
* at0001::Body site - Identification of the bony prominence or body site being tested.
* at0002::Stimulus - Description of the stimulus used.
* at0003::Response - The elicited response to the stimulus.
* at0004::Absent - Vibration is not noted. May be recorded as '0' or '-'.
* at0005::Decreased - Vibration is noted as present and less than baseline. May be recorded as '+' or '1+'.
* at0006::Normal - Vibration is noted as present and consistent with baseline. May be recorded as '++' or '2+'.
* at0010::Comment - Additional narrative about the vibration finding, not captured in other fields.
* at0008::Present - Vibration is noted.
* at0009::Absent - Vibration is not noted.

## waveform

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.waveform.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, ar-sy, en

\*\*Purpose:\*\* To record a series of equidistant time-spaced observations that can be represented as a waveform e.g. a pulse plesmythography waveform from a pulse oximeter.

\*\*Use:\*\* Used within an OBSERVATION archetype e.g. OBSERVATION.heart\_rate-pulse or OBSERVATION.indirect\_oximetry. Details of the waveform start time and duration/interval should be stored in the parent OBSERVATION. May be used to assess the quality of a measurement, as using a pulse plesmythography waveform to assess the accuracy of a pulse oximetry SpO2 measurement. May also be used as part of a direct patient assessment, e.g. using a pulse plesmythography waveform for cardiac output estimation.

\*\*Misuse:\*\* Should not normally be used other than within an OBSERVATION archetype.

\*\*Keywords:\*\* oximeter, plesmythography, plesmythogram, pulse, oximetry

\*\*Concepts:\*\*

* at0000::Waveform - A waveform of an equidistant series of time spaced measurements e.g. from a pulse oximeter.
* at0001::Waveform name - The name of the waveform e.g. pulse plesmythograph.
* at0002::Waveform image - The waveform as an image or other multimedia/binary type.
* at0006::Waveform observation - Multiple waveform observations.
* at0007::Origin - The origin of the waveform (typically 0).
* at0008::Digits series - Inividual data points of a waveform as defined by the CDA-Continua Alliance PHMR documentation.
* at0009::Scaling factor - The scaling factor of the waveform observation.
* at0010::Sample period - The time between individual data points in the waveform.

## who\_grade\_bone\_sarcoma

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.who\_grade\_bone\_sarcoma.v1

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

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* nb, en

\*\*Purpose:\*\* To record the histological grade of bone sarcoma according to the WHO Classification of Tumours, 5th Edition.

\*\*Use:\*\* Use to record the histological grade of bone sarcoma according to the WHO Classification of Tumours, 5th Edition. This archetype has been designed to be nested inside an ENTRY or appropriate CLUSTER archetype which will provide a clinical or pathological context - for example: the 'Specific details' SLOT within the EVALUATION.problem\_diagnosis archetype; an appropriate histopathology-related CLUSTER archetype within the OBSERVATION.laboratory\_test\_result archetype context; or within other ENTRY or CLUSTER archetypes, where clinically appropriate.

\*\*Keywords:\*\* sarcoma, bone, tumour, cancer, neoplasia, malignancy, oncology, grading, grade, classification, WHO, World Health Organization, histology, pathology, chondrogenic, osteogenic, fibrohistiocytic, Ewing sarcoma, clear cell

\*\*Concepts:\*\*

* at0000::WHO histological grade of bone sarcoma - A classification of the histological grade of bone sarcoma according to the World Health Organization Classification of Tumours, 5th Edition.
* at0001::Grade - None
* at0004::Grade 1 (low-grade) - Low-grade central osteosarcoma, parosteal osteosarcoma, clear cell chondrosarcoma.
* at0005::Grade 2 (intermediate-grade) - Periosteal osteosarcoma.
* at0006::Grade 3 (high-grade) - Osteosarcoma (conventional, telangiectatic, small cell, secondary, high-grade surface), undifferentiated high-grade pleomorphic sarcome, Ewing sarcoma, dedifferentiated chondrosarcoma, mesenchymal chondrosarcoma, dedifferentiated chordoma, poorly differentiated chondroma, angiosarcoma.
* at0007::Variable grading - Conventional chondrosarcoma (grade 1-3 according to Evans), leiomyosarcoma of bone (grade 1-3), low- and high-grade malignancy may occur in giant cell tumour of bone.

## wound\_details

\*\*Archetype ID:\*\* openEHR-EHR-CLUSTER.wound\_details.v0

\*\*Lifecycle State:\*\* in\_development

\*\*Category:\*\* CLUSTER

\*\*Languages:\*\* en

\*\*Purpose:\*\* To record specific context about a wound

\*\*Use:\*\* To record specific context about a wound. Designed for insertion into the 'Specific details' SLOT in the EVALUATION.problem\_diagnosis

\*\*Concepts:\*\*

* at0000::Wound assertion details - Assertion about the wound
* at0001::Description - \*
* at0002::Aetiology - Cause of wound
* at0003::Comment - \*
* at0004::Wound label - The wound label identifies a specific wound in cases where a patient has more than one wound at the same time.
* at0005::Type - \*
* at0006::Association - \*
* at0009::Interpretation - \*
* at0011::Underlying anatomical structure - \*
* at0012::Recurrence - \*
* at0007::Pressure point of skin - \*
* at0008::Pressure point of skin related to device - \*
* at0010::Within defined limits - \*