Figure 78: Health Status Evaluations and Outcomes Section Example

```
<section>
  <!-- Health Status Evaluations/Outcomes Section  -->
  <templateId root="2.16.840.1.113883.10.20.22.2.61" />
  <code code="11383-7" displayName="Patient Problem Outcome"
codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" />
  <title>Health Status Evaluations/Outcomes Section</title>
  <text>
    <list>
      <item>
        <content styleCode="Bold">Pulse oximetry greater than 92% on room air</content>:
MET <list>
          <item>Evaluates Expected Outcome/Goal:
            <content styleCode="Bold">
              Pulse oximetry greater than 92% on room air
            </content>
          </item>
          <item>Supported by: Pulse oximetry 95% on room air (March 21, 2013 at
15:20)</item>
        </list>
      </item>
    </list>
  </text>
  <entry>
    <!-- Outcome Observation -->
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entry>
  <entry>
    <!-- Outcome Observation -->
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entry>
  ...
</section>
```

2.25 History of Present Illness Section

[section: identifier urn:oid:1.3.6.1.4.1.19376.1.5.3.1.3.4 (open)]

Table 116: History of Present Illness Section Contexts

Contained By:	Contains:
Consultation Note (V3) (required)	
Discharge Summary (V3) (optional)	
History and Physical (V3) (optional)	
Transfer Summary (V2) (optional)	
Referral Note (V2) (optional)	
Procedure Note (V3) (optional)	

The History of Present Illness section describes the history related to the reason for the encounter. It contains the historical details leading up to and pertaining to the patient's current complaint or reason for seeking medical care.

Table 117: History of Present Illness Section Constraints Overview

XPath	Card.	Verb	Data Type	CONF#	Value
section (identifier: urn:oid:1.3.6.1.4.1.19376.1.5.3.1.3.4)					
templateId	1..1	SHALL		81-7848	
@root	1..1	SHALL	UID	81-10458	1.3.6.1.4.1.19376.1.5.3.1.3.4
code	1..1	SHALL		81-15477	
@code	1..1	SHALL		81-15478	10164-2
@codeSystem	1..1	SHALL		81-26478	urn:oid:2.16.840.1.113883.6.1 (LOINC) = 2.16.840.1.113883.6.1
title	1..1	SHALL		81-7850	
text	1..1	SHALL		81-7851	

1. **SHALL** contain exactly one [1..1] **templateId** (CONF:81-7848) such that it
   a. **SHALL** contain exactly one [1..1] **@root**="1.3.6.1.4.1.19376.1.5.3.1.3.4" (CONF:81-10458).
2. **SHALL** contain exactly one [1..1] **code** (CONF:81-15477).
   a. This code **SHALL** contain exactly one [1..1] **@code**="10164-2" (CONF:81-15478).
   b. This code **SHALL** contain exactly one [1..1] **@codeSystem**="2.16.840.1.113883.6.1" (CodeSystem: LOINC urn:oid:2.16.840.1.113883.6.1) (CONF:81-26478).
3. **SHALL** contain exactly one [1..1] **title** (CONF:81-7850).
4. **SHALL** contain exactly one [1..1] **text** (CONF:81-7851).

Figure 79: History of Present Illness Section Example

```
<section>
    <templateId root="1.3.6.1.4.1.19376.1.5.3.1.3.4"/>
    <code codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC"
        code="10164-2"
        displayName="HISTORY OF PRESENT ILLNESS"/>
    <title>HISTORY OF PRESENT ILLNESS</title>
    <text>
        <paragraph>This patient was only recently discharged for a recurrent
        GI bleed as described below.</paragraph>
        <paragraph>He presented to the ER today c/o a dark stool yesterday
        but a normal brown stool today. On exam he was hypotensive in the
        80s resolved after .... .... .... </paragraph>
        <paragraph>Lab at discharge: Glucose 112, BUN 16, creatinine 1.1,
        electrolytes normal. H. pylori antibody pending. Admission
        hematocrit 16%, discharge hematocrit 29%. WBC 7300, platelet
        count 256,000. Urinalysis normal. Urine culture: No growth. INR
        1.1, PTT 40.</paragraph>
        <paragraph>He was transfused with 6 units of packed red blood cells
        with .... .... ....</paragraph>
        <paragraph>GI evaluation 12 September: Colonoscopy showed single red
      clot in .... .... ....</paragraph>
    </text>
</section>
```

2.26 Hospital Consultations Section

[section: identifier urn:oid:2.16.840.1.113883.10.20.22.2.42 (open)]

Table 118: Hospital Consultations Section Contexts

Contained By:	Contains:
Discharge Summary (V3) (optional)	

The Hospital Consultations Section records consultations that occurred during the admission.