- a. **SHALL** contain exactly one [1..1] **@typeCode=**"SUBJ" Has Subject (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002 **STATIC**) (CONF:1198-7675).
- b. **SHALL** contain exactly one [1..1] **Problem Observation (V3)** (identifier: urn:h17ii:2.16.840.1.113883.10.20.22.4.4:2015-08-01) (CONF:1198-15535).

Figure 159: Hospital Admission Diagnosis (V3) Example

```
<act classCode="ACT" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.22.4.34" extension="2015-08-01" />
    <id root="5a784260-6856-4f38-9638-80c751aff2fb" />
    <code code="46241-6" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC"</pre>
displayName="Hospital Admission Diagnosis" />
    <statusCode code="active" />
    <effectiveTime>
        <lar <pre><low value="20090303" />
    </effectiveTime>
    <entryRelationship typeCode="SUBJ" inversionInd="false">
        <observation classCode="OBS" moodCode="EVN">
            <!-- Problem observation template -->
            <templateId root="2.16.840.1.113883.10.20.22.4.4" extension="2015-08-01" />
        </observation>
    </entryRelationship>
</act>
```

3.40 Hospital Discharge Diagnosis (V3)

[act: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.4.33:2015-08-01 (open)]

Table 309: Hospital Discharge Diagnosis (V3) Contexts

Contained By:	Contains:
Discharge Diagnosis Section (V3) (optional)	Problem Observation (V3) (required)

This template represents problems or diagnoses present at the time of discharge which occurred during the hospitalization or need to be monitored after hospitalization. It requires at least one Problem Observation entry.

Table 310: Hospital Discharge Diagnosis (V3) Constraints Overview

XPath	Card.	Verb	Data Type	CONF#	Value
act (identifier: urn:hl7ii:2.16.840	0.1.113883.	10.20.22.4.3	3:2015-08	3-01)	
@classCode	11	SHALL		1198- 7663	urn:oid:2.16.840.1.113883.5.6 (HL7ActClass) = ACT
@moodCode	11	SHALL		1198- 7664	urn:oid:2.16.840.1.113883.5.1 001 (HL7ActMood) = EVN
templateId	11	SHALL		1198- 16764	
@root	11	SHALL		1198- 16765	2.16.840.1.113883.10.20.22.4 .33
@extension	11	SHALL		1198- 32534	2015-08-01
code	11	SHALL		<u>1198-</u> <u>19147</u>	
@code	11	SHALL		<u>1198-</u> <u>19148</u>	11535-2
@codeSystem	11	SHALL		1198- 32163	urn:oid:2.16.840.1.113883.6.1 (LOINC) = 2.16.840.1.113883.6.1
entryRelationship	1*	SHALL		1198- 7666	
@typeCode	11	SHALL		1198- 7667	urn:oid:2.16.840.1.113883.5.1 002 (HL7ActRelationshipType) = SUBJ
observation	11	SHALL		1198- 15536	Problem Observation (V3) (identifier: urn:hl7ii:2.16.840.1.113883.1 0.20.22.4.4:2015-08-01

- 1. **SHALL** contain exactly one [1..1] @classCode="ACT" (CodeSystem: HL7ActClass urn:oid:2.16.840.1.113883.5.6 **STATIC**) (CONF:1198-7663).
- 2. **SHALL** contain exactly one [1..1] @moodCode="EVN" (CodeSystem: HL7ActMood urn:oid:2.16.840.1.113883.5.1001 STATIC) (CONF:1198-7664).
- 3. SHALL contain exactly one [1..1] templateId (CONF:1198-16764) such that it
 - a. **SHALL** contain exactly one [1..1] **@root="**2.16.840.1.113883.10.20.22.4.33" (CONF:1198-16765).
 - b. **SHALL** contain exactly one [1..1] @extension="2015-08-01" (CONF:1198-32534).
- 4. **SHALL** contain exactly one [1..1] **code** (CONF:1198-19147).
 - a. This code **SHALL** contain exactly one [1..1] **@code=**"11535-2" Hospital discharge diagnosis (CONF:1198-19148).
 - 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:1198-32163).
- 5. **SHALL** contain at least one [1..*] **entryRelationship** (CONF:1198-7666) such that it

- a. **SHALL** contain exactly one [1..1] **@typeCode=**"SUBJ" Has Subject (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002 **STATIC**) (CONF:1198-7667).
- b. **SHALL** contain exactly one [1..1] **Problem Observation (V3)** (identifier: urn:h17ii:2.16.840.1.113883.10.20.22.4.4:2015-08-01) (CONF:1198-15536).

Figure 160: Hospital Discharge Diagnosis (V3) Example

```
<act classCode="ACT" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.22.4.33" extension="2015-08-01"/>
    <id root="5a784260-6856-4f38-9638-80c751aff2fb" />
    <code code="11535-2" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC"</pre>
displayName="HOSPITAL DISCHARGE DIAGNOSIS" />
    <statusCode code="active" />
    <effectiveTime>
        <lar <pre><low value="201209091904-0400" />
    </effectiveTime>
    <entryRelationship typeCode="SUBJ" inversionInd="false">
        <observation classCode="OBS" moodCode="EVN">
            <!-- Problem observation template -->
            <templateId root="2.16.840.1.113883.10.20.22.4.4" extension="2015-08-01" />
            . . .
        </observation>
    </entryRelationship>
</act>
```

3.41 Immunization Activity (V3)

[substanceAdministration: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.4.52:2015-08-01 (open)]

Table 311: Immunization Activity (V3) Contexts

Contained By:	Contains:
Immunizations Section (entries required) (V3) (required) Immunizations Section (entries optional) (V3) (optional) Planned Intervention Act (V2) (optional) Intervention Act (V2) (optional)	Drug Vehicle (optional) Immunization Refusal Reason (optional) Reaction Observation (V2) (optional) Indication (V2) (optional) Medication Supply Order (V2) (optional) Medication Dispense (V2) (optional) Instruction (V2) (optional) Author Participation (optional) Substance Administered Act (optional) Immunization Medication Information (V2) (required) Precondition for Substance Administration (V2) (optional)

An Immunization Activity describes immunization substance administrations that have actually occurred or are intended to occur. Immunization Activities in "INT" mood are reflections of immunizations a clinician intends a patient to receive. Immunization Activities in "EVN" mood reflect immunizations actually received.

An Immunization Activity is very similar to a Medication Activity with some key differentiators. The drug code system is constrained to CVX codes. Administration timing is less complex. Patient refusal reasons should be captured. All vaccines administered should be fully documented in the patient's permanent medical record. Healthcare providers who administer vaccines covered by the National Childhood Vaccine Injury Act are required to ensure that the permanent medical record of the recipient indicates:

APPENDIX A — Date of administration

APPENDIX B — Vaccine manufacturer

APPENDIX C — Vaccine lot number

A PPENDIX D — Name and title of the person who administered the vaccine and the address of the clinic or facility where the permanent record will reside

APPENDIX E — Vaccine information statement (VIS)

Date printed on the VISDate VIS given to patient or parent/guardian.

This information should be included in an Immunization Activity when available. (Reference: [https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/c/vis-instruct.pdf])