- a. **SHALL** contain exactly one [1..1] **@root="**2.16.840.1.113883.10.20.22.2.31" (CONF:81-10446).
- 2. **SHALL** contain exactly one [1..1] **code** (CONF:81-15421).
  - a. This code **SHALL** contain exactly one [1..1] **@code="**59773-2" Procedure Specimens Taken (CONF:81-15422).
  - 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:81-26493).
- 3. **SHALL** contain exactly one [1..1] **title** (CONF:81-8088).
- 4. **SHALL** contain exactly one [1..1] **text** (CONF:81-8089).
- 5. The Procedure Specimens Taken section **SHALL** list all specimens removed or **SHALL** explicitly state that no specimens were taken (CONF:81-8742).

Figure 113: Procedure Specimens Taken Section Example

## 2.61 Procedures Section (entries optional) (V2)

[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.2.7:2014-06-09 (open)]

Table 193: Procedures Section (entries optional) (V2) Contexts

Contained By:	Contains:
Consultation Note (V3) (optional)	Procedure Activity Act (V2) (optional)
Discharge Summary (V3) (optional)	Procedure Activity Procedure (V2) (optional)
History and Physical (V3) (optional)	Procedure Activity Observation (V2) (optional)
Referral Note (V2) (optional)	
Procedure Note (V3) (optional)	

This section describes all interventional, surgical, diagnostic, or therapeutic procedures or treatments pertinent to the patient historically at the time the document is generated. The section should include notable procedures, but can contain all procedures for the period of time being summarized. The common notion of "procedure" is broader than that specified by the HL7 Version 3 Reference Information Model (RIM), therefore this section contains procedure templates represented with three RIM classes: Act, Observation, and Procedure. Procedure Activity Procedure (V2) is for procedures that alter the physical condition of a patient (e.g., splenectomy). Procedure Activity Observation (V2) is for procedures that result in new information about a patient but do not cause physical alteration (e.g., EEG). Procedure Activity Act (V2) is for all other types of procedures (e.g., dressing change).

Table 194: Procedures Section (entries optional) (V2) Constraints Overview

XPath	Card.	Verb	Data Type	CONF#	Value		
section (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.2.7:2014-06-09)							
templateId	11	SHALL		1098- 6270			
@root	11	SHALL		1098- 6271	2.16.840.1.113883.10.20.22.2 .7		
@extension	11	SHALL		1098- 32532	2014-06-09		
code	11	SHALL		1098- 15423			
@code	11	SHALL		1098- 15424	47519-4		
@codeSystem	11	SHALL		<u>1098-</u> <u>31139</u>	urn:oid:2.16.840.1.113883.6.1 (LOINC)		
title	11	SHALL		1098- 17184			
text	11	SHALL		1098- 6273			
entry	0*	MAY		<u>1098-</u> <u>6274</u>			
procedure	11	SHALL		1098- 15509	Procedure Activity Procedure (V2) (identifier: urn:hl7ii:2.16.840.1.113883.1 0.20.22.4.14:2014-06-09		
entry	0*	MAY		1098- 6278			
observation	11	SHALL		1098- 15510	Procedure Activity Observation (V2) (identifier: urn:hl7ii:2.16.840.1.113883.1 0.20.22.4.13:2014-06-09		
entry	0*	MAY		1098- 8533			
act	11	SHALL		1098- 15511	Procedure Activity Act (V2) (identifier: urn:hl7ii:2.16.840.1.113883.1 0.20.22.4.12:2014-06-09		

- 1. **SHALL** contain exactly one [1..1] **templateId** (CONF:1098-6270) such that it
  - a. **SHALL** contain exactly one [1..1] **@root="**2.16.840.1.113883.10.20.22.2.7" (CONF:1098-6271).
  - b. **SHALL** contain exactly one [1..1] @extension="2014-06-09" (CONF:1098-32532).
- 2. **SHALL** contain exactly one [1..1] **code** (CONF:1098-15423).
  - a. This code **SHALL** contain exactly one [1..1] **@code=**"47519-4" History of Procedures (CONF:1098-15424).
  - b. This code **SHALL** contain exactly one [1..1] **@codeSystem** (CodeSystem: LOINC urn:oid:2.16.840.1.113883.6.1) (CONF:1098-31139).

- 3. **SHALL** contain exactly one [1..1] **title** (CONF:1098-17184).
- 4. **SHALL** contain exactly one [1..1] **text** (CONF:1098-6273).
- 5. MAY contain zero or more [0..\*] entry (CONF:1098-6274) such that it
  - a. **SHALL** contain exactly one [1..1] **Procedure Activity Procedure (V2)** (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.4.14:2014-06-09) (CONF:1098-15509).
- 6. MAY contain zero or more [0..\*] entry (CONF:1098-6278) such that it
  - a. **SHALL** contain exactly one [1..1] **Procedure Activity Observation (V2)** (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.4.13:2014-06-09) (CONF:1098-15510).
- 7. MAY contain zero or more [0..\*] entry (CONF:1098-8533) such that it
  - a. SHALL contain exactly one [1..1] Procedure Activity Act (V2) (identifier: urn:h17ii:2.16.840.1.113883.10.20.22.4.12:2014-06-09) (CONF:1098-15511).

## 2.61.1 Procedures Section (entries required) (V2)

[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.2.7.1:2014-06-09 (open)]

Table 195: Procedures Section (entries required) (V2) Contexts

Contained By:	Contains:
Continuity of Care Document (CCD) (V3) (optional)	Procedure Activity Act (V2) (optional)
Transfer Summary (V2) (optional)	Procedure Activity Procedure (V2) (optional)
	Procedure Activity Observation (V2) (optional)

This section describes all interventional, surgical, diagnostic, or therapeutic procedures or treatments pertinent to the patient historically at the time the document is generated. The section should include notable procedures, but can contain all procedures for the period of time being summarized. The common notion of "procedure" is broader than that specified by the HL7 Version 3 Reference Information Model (RIM), therefore this section contains procedure templates represented with three RIM classes: Act. Observation, and Procedure. Procedure act is for procedures that alter the physical condition of a patient (e.g., splenectomy). Observation act is for procedures that result in new information about a patient but do not cause physical alteration (e.g., EEG). Act is for all other types of procedures (e.g., dressing change).