Anesthesia Touch HL7 ADT Description

Introduction

This document assumes that the reader is familiar with HL7 message format, transmission, and conventions. It describes Plexus Technology Group's (Plexus TG) Anesthesia Touch Platform's support for common ADT (Admission, Discharge, and Transfer) HL7 Messages at a high level.

ADT messages are typically used to populate basic demographic information about patients. If no scheduling information is available, providers can search in Anesthesia Touch for patients known via ADT to populate information for unscheduled cases. In addition, ADT messages, in whole or filtered, may be relayed to billing as needed along with other anesthesia information.

About the included Segment Tables

The document breaks down supported ADT segments by data field. Each segment table contains information on the HL7 specification as well as information specific to Anesthesia Touch Platform's use of the data fields. These tables have the following columns:

- **HL7 Information (Version 2.6)**
  - **SEQ**: The position of the field in the segment
  - **LEN:** The length of the data field
  - **DT:** The Data Type, refer to HL7 documentation if needed
  - **OPT:** Whether the field is optional or required. Please note that the Anesthesia Touch Platform has additional requirements information for fields: although a field may be optional in the HL7 specification it may be required by the Anesthesia Touch Platform to support the applications
  - **RP#:** Repetition Defines if the field will repeat or the number of times it may repeat
  - **TBL#:** If the data field has a table of values defined, the table identifier is provided. Refer to HL7 documentation if needed
  - **ITEM#:** The HL7 data field's unique identifier
  - **Element Name:** A description of the contents of the data field, which may be elaborated in the Anesthesia Touch Platform Comments
- **Anesthesia Touch Platform Comments**
  - **Req'd:** If the data field is required for Anesthesia Touch functionality, it will be marked "Y" (Yes) if required and "O" if it can be optionally captured
  - **Format:** An example or the requirements for the data field to be processed by the Anesthesia Touch Platform
  - **Comments:** Additional notes on the data field from the perspective of Anesthesia Touch

Inbound ADT Message Format

Plexus TG recognizes the following ADT Message Segments:

Segment	Description	Anesthesia Touch Platform Comments
MSH	Message Header	The sending and receiving application, facility, and date and time are the primary content Anesthesia Touch Platform expects in the Message Header. The message type and control ID as well as the HL7 version are required for processing.
EVN	Event Type Segment	This is no longer typically used and is available for backwards compatibility only.
NTE	Notes and Comments	This segment is not currently used in the Anesthesia Touch Platform.
PID	Patient Identification Segment	Used for patient information such as Account Number and Medical Record Number. Additional demographics (e.g., address, language) are captured if provided.
PV1	Patient Visit Segment	Required for the patient's admittance date and time and can be used to capture patient and staff information (for the procedure).
GT1	Guarantor Segment	Guarantor information is not used within the Anesthesia Touch platform, but if included is often passed to billing as needed
IN1	Insurance Information Segment	Insurer information is not used within the Anesthesia Touch platform, but if included is often passed to billing as needed

In addition, the Anesthesia Touch Platform will accept Allergies and Height and Weight in ADT Messages, with the following segments:

Segment	Description	Anesthesia Touch Platform Comments
AL1	Patient Allergies	If included,

OBX	Event Type Segment	The OBX Segment can be used to send height and weight, such as
		`OBX|2|NM|1010.3||124|cm||||C|`
		and
		`OBX|1|NM|1010.1||100.3|kg||||C|`

ADT Inbound Message Types

The Anesthesia Touch Platform will accept most ADT message types and update patient information regardless of the message type.

As an example, common message types include ADT^A01 (Admit), ADT^A02 (Transfer), ADT^A03 (Discharge), ADT^A04 (Registration), ADT^08 (Update), and ADT^A11 (Cancellation).

MSH - Message Header

MSH HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
1	1	T	R			00001	Field Separator	Y	|	Literal
2	4	ST	R			00002	Encoding Characters	Y	^~\&	Literal
3	227	HD	O		0361	00003	Sending Application	Y	Ex. Registration	
4	227	HD	O		0362	00004	Sending Facility	Y	Ex. TestHospital	
5	227	HD	O		0361	00005	Receiving Application	Y	Plexus	Literal
6	227	HD	O		0362	00006	Receiving Facility	Y	ex. TestHospital	Literal
7	24	DTM	R			00007	Date/Time of Message	Y	YYYYMMDDHHMM	
8	40	ST	O			00008	Security			Not Used
9	15	MSG	R			00009	Message Type	Y	ex. ADT^A04	MessageType^TriggerEventType
10	199	ST	R			00010	Message Control ID	Y		Unique ID for this message
11	3	PT	R			00011	Processing ID			Not Used
12	60	VID	R			00012	Version ID	Y	ex. 2.4	Literal
13	15	NM	O			00013	Sequence Number			Not Used
14	180	ST	O			00014	Continuation Pointer			Not Used
15	2	ID	O		0155	00015	Accept Ack.Type			Not Used
16	2	ID	O		0155	00016	Application Acknowledgment Type			Not Used
17	3	ID	O		0399	00017	Country Code			Not Used
18	16	ID	O	Y	0211	00692	Character Set			Not Used

MSH HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
19	250	CWE	O			00693	Principal Language Of Message			Not Used
20	20	ID	O		0356	01317	Alternate Character Set Handling Scheme			Not Used
21	427	EI	O	Y		01598	Message Profile Identifier			Not Used
22	567	XON	O			01823	Sending Responsible Organization			Not Used
23	567	XON	O			01824	Receiving Resp. Organization			Not Used
24	227	HD	O			01825	Sending Network Address			Not Used
25	227	HD	O			01826	Receiving Network Address			Not Used

EVN – Event Header

EVN HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
1	3	ID	B		0003	00099	Event Type Code			Not Used
2	24	DTM	R			00100	Recorded Date/Time			Not Used
3	24	DTM	O			00101	Date/Time Planned Event			Not Used
4	3	IS	O		0062	00102	Event Reason Code			Not Used
5	250	XCN	O	Y	0188	00103	Operator ID			Not Used
6	24	DTM	O			01278	Event Occurred			Not Used
7	241	HD	O			01534	Event Facility			Not Used

NTE – Notes and Comments

NTE HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
1	4	SI	O			00096	Set ID - NTE			Not Used
2	8	ID	O		0105	00097	Source of Comment			Not Used
3	65536	FT	O	Y		00098	Comment			Not Used
4	250	CWE	O		0364	01318	Comment Type			Not Used
5	3220	XCN	O			00224	Entered By			Not Used
6	24	DTM	O			00661	Entered Date/Time			Not Used
7	24	DTM	O			01004	Effective Start Date			Not Used
8	24	DTM	O			02185	Expiration Date			Not Used

PID – Patient Identifier Segment

PID HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
1	4	SI	O			00104	Set ID - PID	Y	NM	Literal
2	20	CX	B			00105	Patient ID	Y		Alternate ID/Account Number/Patient External ID
3	250	CX	R	Y		00106	Patient Identifier List	Y		MRN
4	20	CX	B	Y		00107	Alternate Patient ID - PID	O		Optionally captured if available. Originating system MRN
5	250	XPN	R	Y	0200	00108	Patient Name	Y	Last^First^Middle	
6	250	XPN	O	Y		00109	Mother's Maiden Name	O		Optionally captured if available
7	24	DTM	O			00110	Date/Time of Birth	Y	YYYYMMDD	
8	1	IS	O		0001	00111	Administrative Sex	Y		M – Male F – Female U - Unknown
9	250	XPN	B	Y		00112	Patient Alias			Not Used
10	705	CWE	O	Y	0005	00113	Race	O	Please supply Plexus with lookup table	Optionally captured if available
11	250	XAD	O	Y		00114	Patient Address	O	Line1^Line2^City^State^Zip	Optionally captured if available

PID HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
12	4	IS	B		0289	00115	County Code			Not Used
13	250	XTN	O	Y		00116	Phone Number - Home	O	(###)###-####	Optionally captured if available
14	250	XTN	O	Y		00117	Phone Number - Business	O	(###)###-####	Optionally captured if available
15	705	CWE	O		0296	00118	Primary Language	O	Please supply Plexus with lookup table	Optionally captured if available
16	705	CWE	O		0002	00119	Marital Status	O		Optionally captured if available
17	705	CWE	O		0006	00120	Religion			Not Used
18	250	CX	O			00121	Patient Account Number	O		Account Number. Optionally captured if available
19	16	ST	B			00122	SSN Number - Patient	O	#########	Optionally captured if available
20	25	DLN	B			00123	Driver's License Number - Patient			Not Used
21	250	CX	O	Y		00124	Mother's Identifier			Not Used
22	705	CWE	O	Y	0189	00125	Ethnic Group			Not Used
23	250	ST	O			00126	Birth Place			Not Used
24	1	ID	O		0136	00127	Multiple Birth Indicator			Not Used
25	2	NM	O			00128	Birth Order			Not Used
26	705	CWE	O	Y	0171	00129	Citizenship			Not Used
27	705	CWE	O		0172	00130	Veterans Military Status			Not Used
28	705	CWE	B		0212	00739	Nationality			Not Used
29	24	DTM	O			00740	Patient Death Date and Time			Not Used
30	1	ID	O		0136	00741	Patient Death Indicator			Not Used
31	1	ID	O		0136	01535	Identity Unknown Indicator			Not Used
32	20	IS	O	Y	0445	01536	Identity Reliability Code			Not Used
33	24	DTM	O			01537	Last Update Date/Time			Not Used
34	241	HD	O			01538	Last Update Facility			Not Used
35	705	CWE	C		0446	01539	Species Code			Not Used
36	705	CWE	C		0447	01540	Breed Code			Not Used
37	80	ST	O			01541	Strain			Not Used
38	705	CWE	O	2	0429	01542	Production Class Code			Not Used

PID HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
39	705	CWE	O	Y	0171	01840	Tribal Citizenship			Not Used

PV1 – Patient Visit

PV1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
1	4	SI	O			00131	Set ID - PV1	Y	NM	Literal
2	1	IS	R		0004	00132	Patient Class	O		Value: Meaning E: Emergency I: Inpatient O: Outpatient P: Preadmit R: Recurring Pat B: Obstetrics Optionally captured if available
3	80	PL	O			00133	Assigned PatientLocation	O		Optionally captured if available
4	2	IS	O		0007	00134	Admission Type			Not Used
5	250	CX	O			00135	Preadmit Number			Not Used
6	80	PL	O			00136	Prior Patient Location	O		Optionally captured if available
7	250	XCN	O	Y	0010	00137	Attending Doctor	O		If for OR appointment, surgeon is the attending doctor. Optionally captured if available
8	250	XCN	O	Y	0010	00138	Referring Doctor	O		Optionally captured if available
9	250	XCN	B	Y	0010	00139	Consulting Doctor			Not Used
10	3	IS	O		0069	00140	Hospital Service			Not Used
11	80	PL	O			00141	Temporary Location			Not Used
12	2	IS	O		0087	00142	Preadmit Test Indicator			Not Used
13	2	IS	O		0092	00143	Re-admission Indicator			Not Used
14	6	IS	O		0023	00144	Admit Source			Not Used
15	2	IS	O	Y	0099	00145	Ambulatory Status			Not Used

PV1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
16	2	IS	O		0099	00146	VIP Indicator	O		Optionally captured if available
17	250	XCN	O	Y	0010	00147	Admitting Doctor			Not Used
18	2	IS	O		0018	00148	Patient Type	O		Optionally captured if available
19	250	CX	O			00149	Visit Number	O		Optionally captured if available. Account Number
20	50	FC	O	Y	0064	00150	Financial Class			Not Used
21	2	IS	O		0032	00151	Charge Price Indicator			Not Used
22	2	IS	O		0045	00152	Courtesy Code			Not Used
23	2	IS	O		0046	00153	Credit Rating			Not Used
24	2	IS	O	Y	0044	00154	Contract Code			Not Used
25	8	DT	O	Y		00155	Contract Effective Date			Not Used
26	12	NM	O	Y		00156	Contract Amount			Not Used
27	3	NM	O	Y		00157	Contract Period			Not Used
28	2	IS	O		0073	00158	Interest Code			Not Used
29	4	IS	O		0110	00159	Transfer to Bad Debt Code			Not Used
30	8	DT	O			00160	Transfer to Bad Debt Date			Not Used
31	10	IS	O		0021	00161	Bad Debt Agency Code			Not Used
32	12	NM	O			00162	Bad Debt Transfer Amount			Not Used
33	12	NM	O			00163	Bad Debt Recovery Amount			Not Used
34	1	IS	O		0111	00164	Delete Account Indicator			Not Used
35	8	DT	O			00165	Delete Account Date			Not Used
36	3	IS	O		0112	00166	Discharge Disposition			Not Used
37	47	DLD	O		0113	00167	Discharged to Location			Not Used
38	705	CWE	O		0114	00168	Diet Type			Not Used
39	2	IS	O		0115	00169	Servicing Facility			Not Used
40	1	IS	B		0116	00170	Bed Status			Not Used
41	2	IS	O		0117	00171	Account Status	O		Optionally captured if available
42	80	PL	O			00172	Pending Location			Not Used
43	80	PL	O			00173	Prior Temporary Location			Not Used
44	24	DTM	O			00174	Admit Date/Time	Y		

PV1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
45	24	DTM	O			00175	Discharge Date/Time	O		Optionally captured if available
46	12	NM	O			00176	Current Patient Balance			Not Used
47	12	NM	O			00177	Total Charges			Not Used
48	12	NM	O			00178	Total Adjustments			Not Used
49	12	NM	O			00179	Total Payments			Not Used
50	250	CX	O		0203	00180	Alternate Visit ID	O		Optionally captured if available. Account Number
51	1	IS	O		0326	01226	Visit Indicator			Not Used
52	250	XCN	B	Y	0010	01274	Other Provider			Not Used

GT1 – Guarantor

GT1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
1	4	SI	R			00405	Set ID - GT1		NM	Literal
2	250	CX	O	Y		00406	Guarantor Number		1	Not Used
3	250	XPN	R	Y		00407	Guarantor Name		Last^First^Middle	Not Used
4	250	XPN	O	Y		00408	Guarantor Spouse Name			Not Used
5	250	XAD	O	Y		00409	Guarantor Address		Street1^Street2^City^State^Zip	Not Used
6	250	XTN	O	Y		00410	Guarantor Ph Num - Home		(###)###-####	Not Used
7	250	XTN	O	Y		00411	Guarantor Ph Num - Business		(###)###-####	Not Used
8	24	DTM	O			00412	Guarantor Date/Time Of Birth		YYYYMMDD	Not Used
9	1	IS	O		0001	00413	Guarantor Administrative Sex			Not Used
10	2	IS	O		0068	00414	Guarantor Type			Not Used
11	250	CWE	O		0063	00415	Guarantor Relationship			Not Used
12	11	ST	O			00416	Guarantor SSN		#########	Not Used
13	8	DT	O			00417	Guarantor Date - Begin			Not Used
14	8	DT	O			00418	Guarantor Date - End			Not Used
15	2	NM	O			00419	Guarantor Priority			Not Used
16	250	XPN	O	Y		00420	Guarantor Employer Name			Not Used

GT1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
17	250	XAD	O	Y		00421	Guarantor Employer Address		Street1^Street2^City^State^Zip	Not Used
18	250	XTN	O	Y		00422	Guarantor Employer Phone Number		(###)###-####	Not Used
19	250	CX	O	Y		00423	Guarantor Employee ID Number			Not Used
20	2	IS	O		0066	00424	Guarantor Employment Status			Not Used
21	250	XON	O	Y		00425	Guarantor Organization Name			Not Used
22	1	ID	O		0136	00773	Guarantor Billing Hold Flag			Not Used
23	250	CWE	O		0341	00774	Guarantor Credit Rating Code			Not Used
24	24	DTM	O			00775	Guarantor Death Date And Time			Not Used
25	1	ID	O		0136	00776	Guarantor Death Flag			Not Used
26	250	CWE	O		0218	00777	Guarantor Charge Adjustment Code			Not Used
27	10	CP	O			00778	Guarantor Household Annual Income			Not Used
28	3	NM	O			00779	Guarantor Household Size			Not Used
29	250	CX	O	Y		00780	Guarantor Employer ID Number			Not Used
30	250	CWE	O		0002	00781	Guarantor Marital Status Code			Not Used
31	8	DT	O			00782	Guarantor Hire Effective Date			Not Used
32	8	DT	O			00783	Employment Stop Date			Not Used
33	2	IS	O		0223	00755	Living Dependency			Not Used
34	2	IS	O	Y	0009	00145	Ambulatory Status			Not Used
35	705	CWE	O	Y	0171	00129	Citizenship			Not Used
36	705	CWE	O		0296	00118	Primary Language			Not Used
37	2	IS	O		0220	00742	Living Arrangement			Not Used
38	705	CWE	O		0215	00743	Publicity Code			Not Used

GT1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
39	1	ID	O		0136	00744	Protection Indicator			Not Used
40	2	IS	O		0231	00745	Student Indicator			Not Used
41	705	CWE	O		0006	00120	Religion			Not Used
42	250	XPN	O	Y		00109	Mother's Maiden Name			Not Used
43	705	CWE	O		0212	00739	Nationality			Not Used
44	705	CWE	O	Y	0189	00125	Ethnic Group			Not Used
45	250	XPN	O	Y		00748	Contact Person's Name			Not Used
46	250	XTN	O	Y		00749	Contact Person's Telephone Number			Not Used
47	705	CWE	O		0222	00747	Contact Reason			Not Used
48	3	IS	O		0063	00784	Contact Relationship			Not Used
49	20	ST	O			00785	Job Title			Not Used
50	20	JCC	O			00786	Job Code/Class			Not Used
51	250	XON	O	Y		01299	Guarantor Employer's Organization Name			Not Used
52	2	IS	O		0295	00753	Handicap			Not Used
53	2	IS	O		0311	00752	Job Status			Not Used
54	50	FC	O			01231	Guarantor Financial Class			Not Used
55	250	CWE	O	Y	0005	01291	Guarantor Race			Not Used
56	250	ST	O			01851	Guarantor Birth Place			Not Used
57	2	IS	O		0099	00146	VIP Indicator			Not Used

IN1 – Insurance

IN1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
1	4	SI	R			0426	Set ID - IN1		NM	Literal
2	250	CWE	R		0072	0368	Insurance Plan ID		1	Not Used
3	250	CX	R	Y		0428	Insurance Company ID			Not Used
4	250	XON	O	Y		0429	Insurance Company Name			Not Used

IN1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
5	250	XAD	O	Y		0430	Insurance Company Address		Street1^Street2^City^State^Zip	Not Used
6	250	XPN	O	Y		0431	Insurance Co Contact Person			Not Used
7	250	XTN	O	Y		0432	Insurance Co Phone Number		(###)###-####	Not Used
8	12	ST	O			0433	Group Number			Not Used
9	250	XON	O	Y		0434	Group Name			Not Used
10	250	CX	O	Y		0435	Insured's Group Emp ID			Not Used
11	250	XON	O	Y		0436	Insured's Group Emp Name			Not Used
12	8	DT	O			0437	Plan Effective Date		YYYYMMDD	Not Used
13	8	DT	O			438	Plan Expiration Date			Not Used
14	239	AUI	O			0439	Authorization Information			Not Used
15	3	IS	O		0086	00440	Plan Type			Not Used
16	250	XPN	O	Y		00441	Name Of Insured		Last^First^Middle	Not Used
17	250	CWE	O		0063	00442	Insured's Relationship To Patient			Not Used
18	24	DTM	O			00443	Insured's Date Of Birth		YYYYMMDD	Not Used
19	250	XAD	O	Y		00444	Insured's Address		Street1^Street2^City^State^Zip	Not Used
20	2	IS	O		0135	00445	Assignment Of Benefits			Not Used
21	2	IS	O		0173	00446	Coordination Of Benefits			Not Used
22	2	ST	O			00447	Coord Of Ben. Priority			Not Used
23	1	ID	O		0136	00448	Notice Of Admission Flag			Not Used
24	8	DT	O			00449	Notice Of Admission Date			Not Used
25	1	ID	O		0136	00450	Report Of Eligibility Flag			Not Used
26	8	DT	O			00451	Report Of Eligibility Date			Not Used
27	2	IS	O		0093	00452	Release Information Code			Not Used
28	15	ST	O			00453	Pre-Admit Cert (PAC)			Not Used
29	24	DTM	O			00454	Verification Date/Time			Not Used
30	250	XCN	O	Y		00455	Verification By			Not Used
31	2	IS	O		0098	00456	Type Of Agreement Code			Not Used
32	2	IS	O		0022	00457	Billing Status			Not Used
33	4	NM	O			00458	Lifetime Reserve Days			Not Used

IN1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
34	4	NM	O			00459	Delay Before L.R. Day			Not Used
35	20	IS	O		0042	00460	Company Plan Code			Not Used
36	15	ST	O			00461	Policy Number			Not Used
37	12	CP	O			00462	Policy Deductible			Not Used
38			W			00463	Policy Limit - Amount			Not Used
39	4	NM	O			00464	Policy Limit - Days			Not Used
40			W			00465	Room Rate - Semi-Private			Not Used
41			W			00466	Room Rate - Private			Not Used
42	250	CWE	O		0066	00467	Insured's Employment Status			Not Used
43	1	IS	O		0001	00468	Insured's Administrative Sex			Not Used
44	250	XAD	O	Y		00469	Insured's Employer's Address			Not Used
45	2	ST	O			00470	Verification Status			Not Used
46	8	IS	O		0072	00471	Prior Insurance Plan ID			Not Used
47	3	IS	O		0309	01227	Coverage Type			Not Used
48	2	IS	O		0295	00753	Handicap			Not Used
49	250	CX	O	Y		01230	Insured's ID Number			Not Used
50	1	IS	O		0535	01854	Signature Code			Not Used
51	8	DT	O			01855	Signature Code Date			Not Used
52	250	ST	O			01899	Insured's Birth Place			Not Used
53	2	IS	O		0099	01852	VIP Indicator			Not Used

AL1 – Allergies

AL1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
1	4	SI	R			00203	Set ID - AL1	Y	NM	Literal. Should be sequential if multiple segments are sent

AL1 HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
2	705	CWE	O		0127	00204	Allergen Type Code	O		Optionally captured if available. Either HL7 v2.3-style Lookup Table (table number 0127) or CDA style reference (data type CWE) to a SNOMED Code.
3	705	CWE	R			00205	Allergen Code / Mnemonic / Description	Y		First DataBank or SNOMED Allergy Type Code.
4	705	CWE	O		0128	00206	Allergy Severity Code	O		Optionally captured if available. Either HL7 v2.3-style Lookup Table (table number 0128) or CDA style reference (data type CWE) to a SNOMED Code.
5	15	ST	O	Y		00207	Allergy Reaction Code	O		Optionally captured if available.
6	8	DT	B			00208	Identification Date	O		Optionally captured if available.

OBX – for Height and Weight

OBX HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
1	4	SI	O			00569	Set ID – OBX	Y	NM	Literal. Should be sequential if multiple segments are sent (height and weight, 1 and 2)
2	3	ID	C		0125	00570	Value Type	Y	NM	Literal
3	705	CWE	R		9999	00571	Observation Identifier	Y		1010.1 is Weight 1010.3 is Height
4	20	ST	C			00572	Observation Sub-ID	Y		

OBX HL7 Information								Anesthesia Touch Platform Comments		
SEQ	LEN	DT	OPT	RP#	TBL#	ITEM#	Element Name	Req'd	Format	Comments
5	99999	varies	C	Y		00573	Observation Value	Y		Value of Height or Weight. Does not repeat for these values.
6	705	CWE	O		9999	00574	Units	O		Must be "cm" and "kg" or can be omitted to default to these
7	60	ST	O			00575	References Range			Not Used for Height &Weight
8	5	IS	O	Y	0078	00576	Abnormal Flags			Not Used for Height &Weight
9	5	NM	O			00577	Probability			Not Used for Height &Weight
10	2	ID	O	Y	0080	00578	Nature of Abnormal Test			Not Used for Height &Weight
11	1	ID	R		0085	00579	Observation Result Status			Not Used for Height &Weight
12	24	DTM	O			00580	Effective Date of Reference Range			Not Used for Height &Weight
13	20	ST	O			00581	User Defined Access Checks			Not Used for Height &Weight
14	24	DTM	O			00582	Date/Time of the Observation			Not Used for Height &Weight
15	705	CWE	O		9999	00583	Producer's ID			Not Used for Height &Weight
16	3220	XCN	O	Y		00584	Responsible Observer			Not Used for Height &Weight
17	705	CWE	O	Y	9999	00936	Observation Method			Not Used for Height &Weight
18	427	EI	O	Y		01479	Equipment Instance Identifier			Not Used for Height &Weight
19	24	DTM	O			01480	Date/Time of the Analysis			Not Used for Height &Weight
20	705	CWE	O	Y	0163	02179	Observation Site			Not Used for Height &Weight
21	427	EI	O			02180	Observation Instance Identifier			Not Used for Height &Weight
22	705	CNE	C		0725	02182	Mood Code			Not Used for Height &Weight
23	570	XON	O	N		02283	Performing Organization Name			Not Used for Height &Weight
24	2915	XAD	O	N		02284	Performing Organization Address			Not Used for Height &Weight
25	3220	XCN	O	N		02285	Performing Organization Medical Director			Not Used for Height &Weight