## Annexure III School Health Program Data Set

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Generic | Time 05.001.0001 | Time will be measured as HH:MM:SS format. The default value for minutes and seconds is 00. (e.g. HH:00:00). This will be in 24 hour format. | HH:MM:SS | 8 | |
| Generic | Fax Number 05.001.0006 | Fax Number of a person or an organization. | | | Refer to Landline Number (G00.06-01-05) Mobile Number (G00.06-02-05) |
| Generic | Comments 05.001.0007 | A free text for comments. This is to be used sparingly if the user is unable to find relevant standard data element/code directory values or to provide additional information | Varchar | 99 | |
| Generic | Unit of Measurement 05.001.0018 | Unit of measure<br>Values : Refer Code Directory CD05.025 | Varchar | 25 | |
| Generic | Healthcare Application Number 05.001.0019 | This is a unique identifier for healthcare applications rolled out by State, Central government and other healthcare providers.<br>Values: Refer Code Directory CD05.013 | Integer | 5 | |
| Generic | Code System Qualifier Type 05.001.0020 | This data element specifies the primary, secondary or alternate code system being used by the application in a particular context. e.g. If two versions of the same coding system is used they would be classified as Primary and Secondary (Primary : ICD 10, | Char | 1 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | Secondary: ICD 9). In another example, CPT is an alternate to CCI.<br>Values:<br>P - Primary<br>S - Secondary<br>A - Alternate | | | |
| Generic | Code System Qualifier 05.001.0021 | The data element specifies different types of Coding System across health domain which are being referred and used in applications e.g. ICD10 (International Classification of diseases),LOINC (Logical observation identifiers names and codes), etc.<br>Values: Refer Code Directory CD05.032 | Varchar | 15 | |
| Generic | System of Medicine 05.001.0022 | There are various system of medicine such as Allopathy, Ayurveda, Yoga, Naturopathy, Unani, Siddha, Chinese etc.<br>Values: Refer Code Directory CD05.030 | Integer | 2 | |
| Generic | Document ID 05.001.0023 | Identifier of the clinical document e.g. Patient discharge summary, clinical note, referral note etc. that is prepared to be exchanged. Document also include DICOM Images, Result text files, binary files or scanned documents etc. | Varchar | 50 | |
| Generic | Reference Document ID 05.001.0024 | Identifier of the external document that was referenced | Varchar | 50 | |
| Generic | Non-Clinical Document Type 05.001.0025 | Type of Non Clinical document that need to be exchanged such as supplier contracts, Claim forms etc. | Integer | 2 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | Values: Refer Code Directory CD05.034 | | | |
| Generic | Reference Document 05.001.0026 | A reference from which this document may be retrieved. Note: Depending on the architectural variant applied, only references to documents which have been registered, so as to ensure that the registry/repository/system access control mechanisms are used to access these documents | Varchar | 254 | |
| Generic | Non-Clinical Document 05.001.0027 | This data element is used to record information regarding any non-clinical documents such as Consent Forms, Pre-Authorization Forms, Claims etc. | Varchar | 4096 | |
| Person | Alternate Unique Identification Number (UID) Type 05.002.0001 | This describes the type of the ID proof which will be used in case the UID number (also called as Aadhaar number) is not available with a person. e.g. values for this data element are PAN card, Passport Number, Voter ID ,National Population Registration Number, Others etc. It can also be used in addition to the UID. Values: Refer Code Directory CD05.007 | Integer | 2 | "Alternate UID Type" can be considered as a Prospective Generic Data element as it may be used across the domains. |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Person | Alternate Unique Identification Number(UID)<br>05.002.0002 | Alternate Unique Identification Number (UID) is any identity which may be used if primary Unique Identification number is not available with a person or in addition to the primary Unique ID.<br>PAN card - Permanent Account Number (PAN) is a ten-digit alphanumeric number, issued in the form of a laminated card, by the Income Tax Department. This is a laminated card which contains Person's Name, Father's Name, Date of Birth, Permanent Account Number, Signature, Photograph and Date of issue of PAN Card. It is an important national ID.<br>Passport Number - The Consular Passport & Visa (CPV) Division of the Ministry of External Affairs, functioning as the central passport organization, is responsible for issuance of Indian passports on demand to all eligible Indian citizens.<br>Voter ID - An election card is a unique identity card which has the individual's name and personal data, such as address, Date of birth, and father's name. A photograph is also included in it.<br>Ration card - included with photo for Identity proof. It is applicable to Head of Family only | Varchar | Max. size =18<br>10 - PAN Card<br>08 - Passport No.<br>18 - Voter ID<br>18 - Any other Identifier | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Person | Time of Birth 05.002.0003 | This data element identifies a person's Time of Birth. | HH:MM:SS | 8 | |
| Person | Economic Status Code 05.002.0005 | This data element identifies a person's economic status. With respect to government policies, economic status related data element is required and following are the major types;<br>Values:<br>1 - Below Poverty Line<br>2 - Above Poverty Line<br>3 - Others | Integer | 1 | |
| Person | Nationality Code 05.002.0006 | The code indicating the nationality of a person.<br>Values:<br>1 - Indian<br>2- Others<br>Default value will be 1. | Integer | 1 | |
| Person | Person Name Type 05.002.0008 | A person's name may be recorded as one of the following types<br>Values:<br>M- Maiden Name<br>B-Birth Name<br>A-Alias<br>L-Legal Name<br>Default value will be Legal Name. | Char | 1 | |
| Person | Phone Owner 05.002.0009 | The person who is listed as the owner of the number provided in the medical records.<br>Self phone number is preferred, in case not available then phone number of a neighbour or relative can be noted down in records.<br>Record phone number of ANM and ASHA, in case no other phone number is available. | Integer | 2 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | (If Phone owner code is other than self, name and relationship code of person should be captured.)<br>Values:<br>1- Self (patient)<br>2- ANM<br>3- Doctor or any other health provider<br>4- Neighbour<br>5- Family member | | | |
| Person | Contact Type 05.002.0010 | A patient can have multiple type of contacts such as: in case of emergency, in context of insurance, in case of patient's will. The values of this data element can be the following - immediate emergency contacts, next of kin, family relations, guardians, agents, etc.<br>Values: Refer Code Directory CD05.054 | Integer | 2 | |
| Person | Contact Person Name 05.002.0011 | Name of Contact Person whose data is required in health domain applications. Multiple names are allowed to retain birth name, maiden name, legal names and aliases as required | | | Refer to Name of the Person (G01.02) |
| Person | Contact Relationship Code 05.002.0012 | The relationship with a contact person identified in 'Contact Person Name' data element | | | Refer to Relationship Code (G01.08-01) |
| Person | Contact Person Address 05.002.0013 | Address of the contact person identified in 'Contact Person Name' data element | | | Refer to Address of a Premises (G02.03) |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Person | Contact Person landline telephone number 05.002.0014 | Landline number of the contact person identified in 'Contact Person Name' data element | | | Refer to Landline Number (G00.06-01-05) |
| Person | Contact Person Mobile number 05.002.0015 | Mobile number of the contact person identified in 'Contact Person Name' data element | | | Refer to Mobile Number (G00.06-02-05) |
| Person | Contact Person Email Address/URL 05.002.0016 | Email of a Contact person/organization identified in 'Contact Person Name' data element | | | Refer to Email (G00.09) |
| Person | Author Name 05.002.0017 | Name of Author who has authored the clinical information that need to be exchanged. e.g. provider who has authored patient discharge summary or referral notes. | | | Refer to Name of the Person (G01.02) |
| Person | Author Landline Telephone Number 05.002.0018 | Landline number of Author who is identified in 'Author Name' data element | | | Refer to Landline Number (G00.06-01-05) |
| Person | Author Mobile number 05.002.0019 | Mobile number of Author who is identified in 'Author Name' data element | | | Refer to Mobile Number (G00.06-02-05) |
| Person | Author Email Address/URL 05.002.0020 | Email of Author who is identified in 'Author Name' data element | | | Refer to Email (G00.09) |
| Person | Gender Identification Code (G01.03) | Gender Identification Code of a person | | | Refer to (G01.03) |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Facility | Unique Facility Identification Number 05.008.0001 | Unique Facility Identification assigned to healthcare facility providing care to patient. This code will be unique to identify and search a facility (both in public or private organizations) based on unique ID.<br>Values: Refer Code Directory CD05.001 | Integer | 10 | |
| Facility | Facility Type Code 05.008.0002 | Code describe the type of facility such as district hospital, sub center etc.<br>Values: Refer Code Directory CD05.002 | Integer | 2 | |
| Facility | Facility Address Type 05.008.0003 | This data element is extended in health domain to include more address type values. The value list has been coded using a character code to identify the address type.<br>Values: Refer Code Directory CD05.120 | Char | 1 | Refer to Address Type (G02.03-00-01). |
| Facility | Facility Address 05.008.0004 | Address of Facility | | | Refer to Address of a Premises (G02.03) |
| Facility | Facility Global Unique Identifier (GUID) 05.008.0025 | Facility GUID is a 16-bit number( byte string), which will be generated by any number of programs and database systems according to a standardized algorithm. An example of a UUID in its standard form is 40e74fae-c0ab-11dfb090-0017f2300bf5. GUID are essentially guaranteed to always be unique, no matter where or by whom they are generated. Although facility is assigned a | bits | 16 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | sequential integer code which will be generated by database system and used as a unique facility identifier, still the implementation of unique integer code as facility identifier is very much dependent on database system which generate these numbers and does not ensure an essential guarantee to be always unique e.g. in case if database is ported from one DBMS system to another, the unique sequential numbers (or auto increment primary keys of tables will change) In order to avoid this problem, we propose to use guid along with unique facility identification code to be used as attributes in Facility master | | | |
| Episode | Episode ID 05.009.0001 | Identifier assigned to a Patient Episode.<br>An episode of care consists of all clinically related services for one patient for a discrete diagnostic condition from the onset of symptoms until the treatment is complete. Thus, for every new problem or set of problems that a person visits his clinical care provider, it is considered a new episode. Within that episode the patient will have one to many encounters with his clinical care providers till the treatment for that episode is complete. Even before the resolution of an episode, the person may have a new | Varchar | 50 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | episode that is considered as a distinctly separate event altogether. Thus, there may be none, one or several ongoing active episodes. All resolved episodes are considered inactive. Hence they become part of the patient's past history. A notable point here is that all chronic diseases are considered active and may never get resolved during the life-Time of the person, e.g., diabetes mellitus, hypertension, etc. | | | |
| Episode | Episode Type 05.009.0002 | This data element describes the type of the episode. It can have the following values:<br>1 - New<br>2 - Ongoing<br>3 - Active<br>4 - Inactive | Integer | 1 | |
| Encounter | Encounter ID 05.010.0001 | A patient encounter is a record of a patient's arrival in the health facility for any form of diagnostic and/or therapeutic event.<br>It is essential to retain permanent records of all patient encounters.<br>Unique ID to be assigned for each patient encounter.<br>A clinical encounter is defined as (1) an instance of direct provider/practitioner to patient interaction, regardless of the setting, between a patient and a practitioner vested with primary responsibility for diagnosing, evaluating or treating the patient's condition, or both, or | Varchar | 18 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | providing social worker services. (2) A contact between a patient and a practitioner who has primary responsibility for assessing and treating the patient at a given contact, exercising independent judgment. Encounter serves as a focal point linking clinical, administrative and financial information. Encounters occur in many different settings - ambulatory care, inpatient care, emergency care, home health care, field and virtual (telemedicine). It must be ensured that no encounter number is arbitrarily assigned. The system will need to ensure this. When linking records from diverse systems, episode and encounter reconciliation through appropriate merging and demerging will need to take place. | | | |
| Encounter | Encounter Type 05.010.0002 | This is a coded value describing the type of the Encounter e.g Outpatient, Inpatient etc.<br>Values: Refer Code Directory CD05.047 | Integer | 2 | |
| Encounter | Encounter Type Free Text 05.010.0003 | Free text describing the Encounter Type. This is valid for Encounter Type value 'Others' | Varchar | 99 | |
| Encounter | Encounter Time 05.010.0004 | Time of Patient Encounter with a care provider | HH:MM:SS | 8 | |
| Encounter | Encounter Date 05.010.0005 | Date of Patient Encounter with a care provider | | | Refer to Date (G00.01) |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Examination | Examination Type 05.016.0001 | Physical examination done by Physician e.g. Inspection, Palpation, Percussion, Auscultation<br>Values: Refer Code Directory CD05.061 | Integer | 3 | |
| Examination | Examination Finding 05.016.0002 | Free text to record examination findings | Varchar | 254 | |
| Examination | Examined System 05.016.0003 | This data element includes systemic examination of human organ system<br>Values: Refer Code Directory CD05.033 | Integer | 2 | |
| Vital Signs | Vital Sign Result Time 05.017.0001 | The time for the vital signs observation | HH:MM:SS | 8 | |
| Vital Signs | Vital Sign Result Type 05.017.0002 | A coded representation of the vital sign observation performed (e.g. Blood Pressure - Systolic and Diastolic, Body Weight/Height etc.)<br>Values: Refer Code Directory CD05.041 | Integer | 2 | |
| Vital Signs | Vital Signs Result Status 05.017.0003 | Status for this vital sign observation, e.g., complete, preliminary<br>Values: Refer Code Directory CD05.038 | Integer | 2 | |
| Vital Signs | Vital Sign Result Value 05.017.0004 | The value of the result. For example Blood pressure diastolic measured as 130 mm of Hg, Temperature measured as 100 deg Celsius. The unit of measurement will be provided in the 'Vital Signs Result Unit' data element | Varchar | 20 | |
| Vital Signs | Vital Sign Result Unit 05.017.0005 | Appropriate unit of measurement for vital signs.<br>Values: Refer Code Directory CD05.025 | Integer | 2 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Vital Signs | Vital Sign Result Interpretation 05.017.0006 | An abbreviated interpretation of the vital sign observation, e.g., normal, abnormal, high, etc.<br>Values: Refer Code Directory CD05.135 | Integer | 2 | |
| Vital Signs | Vital Sign Result Reference Range - lower limit 05.017.0007 | lower limit of Reference range(s) for the vital sign observation<br>Values: Refer Code Directory CD05.039 | Integer | 3 | |
| Vital Signs | Vital Sign Result Reference Range - Upper limit 05.017.0008 | Upper limit of Reference range(s) for the vital sign observation<br>Values: Refer Code Directory CD05.039 | Integer | 3 | |
| Vital Signs | Vital Sign Result Date 05.017.0009 | The date of vital signs observation | | | Refer to Date (G00.01) |
| Vital Signs | Vital Sign Result ID 05.017.0010 | An identifier for this specific vital sign observation | Integer | 10 | |
| Clinical Notes | Author Time 05.019.0001 | The Time at which the clinical information that need to be exchanged was created | HH:MM:SS | 8 | |
| Clinical notes | Author Date 05.019.0002 | The Date at which the clinical information that need to be exchanged was created | | | Refer to Date (G00.01) |
| Clinical Notes | Reference 05.019.0003 | A reference to the original document from which this information was obtained | Varchar | 99 | |
| Clinical Notes | Information Source Name 05.019.0004 | The name of the person or organization that provided the information. This is mostly used in clinical notes e.g. to capture voice of accompaning person etc. | Varchar | 99 | |
| Clinical Notes | Clinical Document 05.019.0005 | This data element is used to record findings/observations regarding any clinical | Varchar | 4096 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | document type, such as clinical observations, chief complaints, past illness, past medical history etc. | | | |
| Clinical Notes | Clinical Document Type 05.019.0006 | Type of clinical document e.g. progress Note - Subjective, Objective, Assessment, Protocol<br>Values: Refer Code Directory CD05.046 | Integer | 2 | |
| Clinical Notes | Discharge Instructions 05.019.0007 | Discharge instructions provide the patient with education on expected progression of illness or injury, treatment and care use of medications and follow-up | Varchar | 254 | |
| Clinical Notes | Care Plan Comment 05.019.0008 | Any additional information containing data defining prospective or intended orders, interventions, encounters, services, and procedures for the patient. This should be used only for short comments in addition to 'Clinical Document' with Document Type 'Care Plan'. | Varchar | 99 | |
| Diagnosis | Health Condition Type 05.020.0001 | Health Condition Type is the classification of WHO International Classification of Diseases.<br>Values: Refer Code Directory CD05.022 | Integer | 3 | |
| Diagnosis | Health Condition name 05.020.0002 | This is a text description of the Health condition suffered by a Patient.<br>Values: Refer Code Directory CD05.019 | Varchar | 99 | |
| Diagnosis | Health Condition Code 05.020.0003 | This value is a ICD-10 code describing the condition according to a specific vocabulary of conditions.<br>Values :Refer Code Directory | Varchar | 10 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | CD05.019 | | | |
| Diagnosis | Health Condition Description 05.020.0004 | This data element describes additional information about the health condition of a Patient in detail. | Varchar | 254 | |
| Diagnosis | Health Condition Category 05.020.0005 | The classification of the category of the health condition.<br>Values:<br>S- Suspected – A case with some compatible clinical findings but not meeting the criteria for a probable case. A case that is not laboratory confirmed. To be done by non-physician health worker.<br>P- Presumptive – A case with associated complications, but has not been laboratory confirmed. Done by Physician.<br>L- Lab Confirmed – A clinically consistent case that is laboratory confirmed<br>C - Clinically Confirmed by a relevant specialist clinician based on facts and observations | Char | 1 | |
| Diagnosis | Diagnosis Priority 05.020.0006 | A number indicating the significance or the priority of the diagnosis code. It is used to distinguish between the primary and other diagnoses.<br>Values:<br>1- Primary<br>2- Secondary<br>DEFAULT IS 1 | Integer | 1 | |
| Diagnosis | Health Condition Status 05.020.0007 | The status of the health condition e.g. Active, Inactive, Resolved, Relapsed, Remitted etc. | Integer | 2 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | Values: Refer Code Directory CD05.021 | | | |
| Diagnosis | Comorbidity Indicator 05.020.0008 | Data element indicates whether comorbidity exists or not<br>Values:<br>0-No<br>1-Yes | Integer | 1 | |
| Diagnosis | Comorbidity Health Condition Code 05.020.0009 | This data element indicates two or more coexisting medical conditions or disease processes that are additional to an initial diagnosis. The simultaneous presence of two or more conditions or diseases may complicate a patient's stay at the healthcare facility, and may have effect on clinical implications, diagnosis, prognosis and therapy. e.g diabetes with hypertension<br>Values: Refer Code Directory CD05.019 | Varchar | 10 | |
| Diagnosis | Present Health Condition Onset Date 05.020.0010 | This is the onset Date of Patient's Present Health Condition based on confirmed diagnosis. If the exact Date of onset is not known then an approximate Date should be written. | | | Refer to Date (G00.01) |
| Diagnosis | Prognosis 05.020.0011 | Prognosis as observed by the health service provider.<br>Values:<br>1-Poor<br>2-Guarded<br>3-Fair<br>4-Good<br>5-Unknown | Integer | 2 | |
| Pharmacy | Drug Classification Code 05.023.0001 | Drug classification according to nature of the Drug such as Antipyretics, Antianalgesics etc. e.g Antipyretics, | Integer | 2 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | Analgesics, AntiBiotics etc.<br>Values: Refer Code Directory CD05.106 | | | |
| Pharmacy | Route of Administration 05.023.0002 | A route of administration is a way of administering a drug to a site in a patient such as Oral, Intra-venous, Intra-muscular etc.<br>Values : Refer Code director CD05.111 | Varchar | 6 | |
| Pharmacy | Medication Frequency 05.023.0003 | Defines how often the medication is to be administered as events per unit of Time. Often expressed as the number of Times per day (e.g. four Times a day), but may also include event-related information (e.g., 1 hour before meals, in the morning, at bedtime). Complimentary to Interval, although equivalent expressions may have different implications (e.g., every 8 hours versus 3 Times a day)<br>Values : Refer Code Directory CD05.023 | Varchar | 5 | |
| Pharmacy | Medication Administration Interval 05.023.0004 | Defines how the product is to be administered as an interval of Time. For example, every 8 hours. Complimentary to Frequency, although equivalent expressions may have different implications (e.g., If a person is taking 3 medicine at a time, then he has to maintain a certain interval between the three of them like 1 hour, 15 mins etc.) | Varchar | 40 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Pharmacy | Dose 05.023.0005 | The amount of the product to be given. This may be a known, measurable unit (e.g., milliliters), an administration unit (e.g., tablet), or an amount of active ingredient (e.g., 250 mg). May define a variable dose, dose range or dose options based upon identified criteria.<br>Units may be present when needed. If present it should be coded as per Units of Measurement code directory (CD05.109)<br>When the coded product or brand name describes the strength or concentration of the medication, and the dosing is in administration units (e.g., 1 tablet, 2 capsules), units should contain the preferred name of the presentation units within braces { } using the Unit of measurement code directory. | Varchar | 60 | |
| Pharmacy | Body Site 05.023.0007 | The anatomic site where the medication is administered. Usually applicable to injected or topical products<br>Values: Refer Code directory CD05.026 | Integer | 3 | |
| Pharmacy | Dose Restriction 05.023.0008 | Defines a maximum or minimum dose limit. This segment can repeat for more than one dose restriction | Varchar | 60 | |
| Pharmacy | Medication Delivery Method 05.023.0009 | A description of how the product is administered/consumed. This can be used in addition to the 'Route of Administration' data element (CD05.111) | Varchar | 99 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Pharmacy | Medication Status 05.023.0010 | If the medication is Active, discontinued etc.<br>Values: Refer Code Directory CD05.123 | Integer | 2 | |
| Pharmacy | Patient Instructions 05.023.0011 | Instructions to the patient e.g. "keep in the refrigerator." More extensive patient education materials can also be included | Varchar | 254 | |
| Pharmacy | Prescription ID 05.023.0012 | The prescription identifier assigned by the pharmacy. | Varchar | 20 | |
| Pharmacy | Order Date 05.023.0013 | The Date when the ordering provider wrote the order/prescription | | | Refer to Date (G00.01) |
| Pharmacy | Order Time 05.023.0014 | The Time when the ordering provider wrote the order/prescription | HH:MM:SS | 8 | |
| Pharmacy | Order Expiration Date 05.023.0015 | The Date after which the order is no longer valid. Dispenses and administrations are not continued past this Date for an order instance | | | Refer to Date (G00.01) |
| Pharmacy | Order Expiration Time 05.023.0016 | The Time, when the order is no longer valid. Dispenses and administrations are not continued past this date for an order instance | HH:MM:SS | 8 | |
| Pharmacy | Indication 05.023.0017 | It is the limited number of objective measures that can describe the drug use situation in a health facility or in other words, it is defined as the reasons to prescribe a drug. e.g.. The presence of bacterial Infection was an indication for the use of antibiotics.<br>Values : Refer Code directory CD05.019 | Varchar | 10 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Pharmacy | Contraindication 05.023.0018 | It is defined as the reason that makes it inadvisable to prescribe a particular drug or treatment.<br>E.g. An allergic reaction to penicillin is a contraindication to the future use of the drug.<br>Values: Refer Code directory CD05.019 | Varchar | 10 | |
| Pharmacy | Medication Fills 05.023.0019 | The number of Times that the ordering provider has authorized the pharmacy to dispense this medication | Integer | 3 | |
| Pharmacy | Quantity Ordered Value 05.023.0020 | The amount of product indicated by the ordering provider to be dispensed. e.g number of dosage units or volume of a liquid substance.<br>Note: This is comprised of both a numeric value and a unit of measure is captured in "Pharmacy Units" | Integer | 10 | |
| Pharmacy | Pharmacy Units 05.023.0021 | The unit value of the ordered quantity.<br>Values: Refer Code Directory CD05.109 | Varchar | 25 | |
| Pharmacy | Quantity Dispensed 05.023.0022 | The actual quantity of product supplied in this dispense.<br>Note: this is comprised of both a numeric value and a unit of measure is captured in "Pharmacy Units"<br>e.g. Half Tablet, Lotion half bottle. | Integer | 10 | |
| Pharmacy | Medication dispense Date 05.023.0023 | Date of medication dispense | | | Refer to Date (G00.01) |
| Pharmacy | Medication Instructions 05.023.0024 | The instructions, typically from the ordering provider, to the patient on the proper means and timing for the use | Varchar | 254 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | of the product. A criteria that specifies when an action is, or is not, to be taken. For example, “if blood sugar is above 250 mg/dl” | | | |
| Pharmacy | Fulfillment Instructions 05.023.0025 | Instructions to the dispensing pharmacist or nurse. For example, “instruct patient on the use of occlusive dressing” | Varchar | 254 | |
| Pharmacy | Fulfillment History 05.023.0026 | History of dispenses for this order. | Varchar | 4096 | |
| Pharmacy | Fill No. 05.023.0027 | The fill number for the history entry. Identifies this dispense as a distinct event of the prescription | Varchar | 20 | |
| Pharmacy | Fill Status 05.023.0028 | The fill event status is typically 'complete' indicating the fill event has been, or is expected to be picked up. A status of 'aborted' indicates that the dispense was never picked up (e.g., “returned to stock”)<br>Values:<br>1- Complete<br>2- Partial<br>3- Not filled<br>4- Rejected<br>5- Not available | Integer | 2 | |
| Pharmacy | Medication Stopped Indicator 05.023.0029 | Used to express a “hard stop,” such as the last sequence in a tapering dose, where the last sequence is 'then D/C' or where the therapy/drug is used to treat a condition and that treatment is for a fixed duration with a hard stop, such as antibiotic treatment, etc.<br>Values:<br>0-No<br>1-Yes | Integer | 1 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | | Default Value will be 0. | | | |
| Immunization Order | Immunization Refusal Reason 05.024.0001 | The reason for that the immunization event did not occur.<br>Values: Refer Code Directory CD05.037 | Integer | 2 | |
| Immunization Order | Immunization Administration Time 05.024.0002 | The Time that substance was administered or refused, i.e., when the immunization was administered to the patient, or refused by the patient or patient caregiver. | HH:MM:SS | 8 | |
| Immunization Order | Medication Series No. 05.024.0003 | Indicate which in a series of administrations a particular administration represents (e.g. "hepatitis B vaccine number 2")<br>For example, if a particular vaccine had to be administered twice then value of 2 indicates that this the second Time it is being administered | Integer | 2 | |
| Immunization Order | Immunization Performer Identification Number 05.024.0004 | The person that administered the immunization to the patient (may include both a name and an identifier) | Varchar | 18 | |
| Immunization Order | Immunization Product Code 05.024.0005 | A code describing the immunization product from a controlled vocabulary.<br>Values: Refer Code Directory CD05.036 | Integer | 3 | |
| Immunization Order | Immunization Product Free text | The name of the Immunization substance or product without reference to a specific vendor | Varchar | 99 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | 05.024.0006 | (e.g., generic or other non-proprietary name). If a Coded Product Name is present, this is the text associated with the coded concept | | | |
| Immunization Order | Immunization Information Source 05.024.0007 | The immunization information source is a value which indicates where the information about a specific immunization record came from.<br>Values : Refer to Code directory CD05.046 | Integer | 3 | |
| Immunization Order | Immunization Administered Date 05.024.0008 | The Date of substance was administered or refused, i.e., when the immunization was administered to the patient, or refused by the patient or patient caregiver | | | Refer to Date (G00.01) |
| Procedures | Procedure Name 05.026.0001 | Name of procedure.<br>Values: Refer Code Directory CD05.043 | Varchar | 254 | |
| Procedures | Procedure Modifier 05.026.0002 | It is defined as body site on which this procedure was going to be performed.<br>Values: Refer Code Directory CD05.026 | Integer | 3 | |
| Procedures | Procedure Code 05.026.0003 | A coded value for Procedure performed on Patient taken from various vocabularies<br>Values: Refer Code Directory CD05.043 | Varchar | 10 | |
| Procedures | Procedure Type 05.026.0004 | This is a coded value describing the type of the Procedure.<br>Values: Refer Code Directory CD05.044 | Integer | 3 | |
| Procedures | Procedure Type Description 05.026.0005 | Free text describing the Procedure | Varchar | 99 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Procedures | Procedure Time 05.026.0006 | Time of Procedure performed | HH:MM:SS | 8 | |
| Procedures | Procedure Date 05.026.0007 | Date that the Procedure was performed | | | Refer to Date (G00.01) |
| Blood Bank | Blood Group 05.027.0013 | A blood type (also called a blood group) is a classification of blood based on the presence or absence of inherited antigenic substances on the surface of red blood cells (RBCs). The two most important ones are ABO and the Rh antigen; they determine someone's blood type (A, B, AB and O, with + and - denoting Rh status).<br>Values: Refer Code Directory CD05.006 | Integer | 1 | |
| Inventory | Inventory Item ID 05.031.0002 | An identifier assigned to identify an item in inventory - drugs, disposables etc. | Varchar | 50 | |
| Inventory | Inventory Group ID 05.031.0003 | An identifier for grouping inventory identifiers. For example, a hardware store may sell a set of tools that consists of multiple inventory items with a single Inventory ID. | Integer | 10 | |
| Inventory | Generic Drug Code 05.031.0004 | A code describing the prescription or non prescription generic drug product from a controlled vocabulary.<br>A generic drug is the simplified chemical name of the drug. There can be multiple brand names for the same generic drug.<br>Values: Refer Code Directory CD05.104 | Integer | 5 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Inventory | Brand Drug Name 05.031.0005 | The branded or trademarked name of a generic drug. This may include additional information such as strength, dose form, etc.<br>Values: Refer Code Directory CD05.105 | Varchar | 99 | |
| Inventory | Brand Drug Code 05.031.0006 | A drug that has a trade name and is protected by a patent (can be produced and sold only by the company holding the patent)<br>Values: Refer Code Directory CD05.105 | Integer | 10 | |
| Inventory | Drug Class 05.031.0007 | Classification of drugs as per NFI e.g. Antipyretics, Analgesics, Macrolide etc.<br>Values: Refer Code Directory CD05.106 | Integer | 2 | |
| Inventory | Physical Form of Drug 05.031.0010 | Physical form is in which a drug is produced and dispensed, such as a tablet, a capsule, or an injectable etc.<br>Please refer Code Directory CD05.108 | Varchar | 6 | |
| Inventory | Brand Non-Drug Name 05.031.0019 | Brand name of a non drug Inventory item.<br>Values: Refer Code Directory CD05.045 | Varchar | 20 | |
| Inventory | Brand Non-Drug Code 05.031.0020 | Brand code of a non drug Inventory item.<br>Values: Refer Code Directory CD05.045 | Varchar | 99 | |
| Complications | Date of Complication 05.033.0001 | Date of Complication | | | Refer to Date (G00.01) |
| Complications | Complication Type 05.033.0002 | Categorization of Complication WHO ICD-10 Classification.<br>Values : Refer Code Directory CD05.022 | Integer | 2 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Complications | Complication Name 05.033.0003 | Name of the complication Values: Refer Code Directory CD05.019 | Varchar | 99 | |
| Complications | Complication Code 05.033.0004 | ICD -10 Code for Complication Name Values: Refer Code Directory CD05.019 | Varchar | 10 | |
| Complications | Complication Description 05.033.0005 | Additional free text area to capture the complication name if the same is not listed in WHO ICD -10 Classification of Diseases | Varchar | 200 | |
| Disability | Date of Disability 05.036.0001 | Date of Disability | | | Refer to Date (G00.01) |
| Disability | Disability Type 05.036.0002 | Categorization of Disability as per WHO International Classification of Functioning, Disability and Health (ICF). Values : Refer Code Directory CD05.058 | Integer | 1 | |
| Disability | Disability Name 05.036.0003 | Name of the Disability Condition (Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these) Values : Refer Code Directory CD05.059 | Varchar | 99 | |
| Disability | Disability Code 05.036.0004 | ICF Code for Disability Condition values : Refer Code Directory CD05.059 | Varchar | 10 | |
| Disability | Disability Description 05.036.0005 | Additional free text area to capture the disability name if the same is not listed in WHO International Classification of Functioning, Disability and Health (ICF) | Varchar | 200 | |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Outreach | Outreach Service Delivery Place Name 05.014.0001 | Name of the Place where outreach services are given | | | Refer to Name of Land Region (G02.02) |
| Outreach | Outreach Service Delivery Place Address 05.014.0002 | Address of the place where outreach services are given. | | | Refer to Address of a Premises (G02.03) |
| Outreach | Outreach Service Delivery Place Type 05.014.0003 | Type of place where outreach services are given.<br>Values: Refer Code Directory CD05.047 | Integer | 2 | |
| Outreach | Outreach Service Purpose 05.014.0004 | Purpose for which home based care was organized. Values for this will come from the code directory.<br>Values: Refer Code Directory CD05.127 | Integer | 2 | |
| Outreach | Outreach Service Provider Name 05.014.0005 | Name of the Health Service Provider who is engaged for providing services during outreach. | | | Refer to Name of the Person (G01.02) |
| Outreach | Outreach Service Provider Type 05.014.0006 | Type of the Health Provider engaged in outreach service<br>Values: Refer Code Directory CD05.010 | Integer | 2 | |
| Outreach | Outreach Service Provider Identification Number 05.014.0007 | ID of the health service provider engaged in outreach service. | Varchar | 18 | |
| Outreach | Outreach Services Treatment Plan Start | Treatment Initiation Date of a patient receiving care through outreach services | | | Refer to Date (G00.01) |

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| | Date<br>05.014.0008 | | | | |
| Outreach | Outreach Services Treatment Plan End Date<br>05.014.0009 | Treatment end Date of a patient receiving care through outreach services | | | Refer to Date (G00.01) |
| Outreach | Referral Support Indicator<br>05.014.0010 | This data element indicates whether the patient is escorted from the field to the facility by a health care service provider.<br>Values:<br>0-No<br>1-Yes | Integer | 1 | |

## Annexure IV Diabetes Management Program Data Set

| Entity | Name of Data Element and its Identifier | Description of Data Element | Data Format | Max Size | Remarks |
|---|---|---|---|---|---|
| Generic | Time 05.001.0001 | Time will be measured as HH:MM:SS format. The default value for minutes and seconds is 00. (e.g. HH:00:00). This will be in 24 hour format. | HH:MM:SS | 8 | |
| Generic | Fax Number 05.001.0006 | Fax Number of a person or an organization. | | | Refer to Landline Number (G00.06-01-05) Mobile Number (G00.06-02-05) |
| Generic | Comments 05.001.0007 | A free text for comments. This is to be used sparingly if the user is unable to find relevant standard data element/code directory values or to provide additional information | Varchar | 99 | |
| Generic | Tax Deduction Account Number (TAN) 05.001.0008 | TAN of the hospital. | Integer | 10 | |
| Generic | Unit of Measurement 05.001.0018 | Unit of measure<br>Values : Refer Code Directory CD05.025 | Varchar | 25 | |
| Generic | Healthcare Application Number 05.001.0019 | This is a unique identifier for healthcare applications rolled out by State, Central government and other healthcare providers.<br>Values: Refer Code Directory CD05.013 | Integer | 5 | |

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|---|---|---|---|---|---|
| Generic | Code System Qualifier Type 05.001.0020 | This data element specifies the primary, secondary or alternate code system being used by the application in a particular context. e.g. If two versions of the same coding system is used they would be classified as Primary and Secondary (Primary : ICD 10, Secondary: ICD 9). In another example, CPT is an alternate to CCI.<br>Values:<br>P - Primary<br>S - Secondary<br>A - Alternate | Char | 1 | |
| Generic | Code System Qualifier 05.001.0021 | The data element specifies different types of Coding System across health domain which are being referred and used in applications e.g. ICD10 (International Classification of diseases),LOINC (Logical observation identifiers names and codes), etc.<br>Values: Refer Code Directory CD05.032 | Varchar | 15 | |
| Generic | System of Medicine 05.001.0022 | There are various system of medicine such as Allopathy, Ayurveda, Yoga, Naturopathy, Unani, Siddha, Chinese etc.<br>Values: Refer Code Directory CD05.030 | Integer | 2 | |
| Generic | Document ID 05.001.0023 | Identifier of the clinical document e.g. Patient discharge summary, clinical note, referral note etc. that is prepared to be exchanged. Document also include DICOM Images, Result text files, binary files or scanned documents etc. | Varchar | 50 | |
| Generic | Reference Document ID 05.001.0024 | Identifier of the external document that was referenced | Varchar | 50 | |
| Generic | Non-Clinical Document Type 05.001.0025 | Type of Non Clinical document that need to be exchanged such as supplier contracts, Claim forms etc.<br>Values: Refer Code Directory | Integer | 2 | |

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|---|---|---|---|---|---|
| | | CD05.034 | | | |
| Generic | Reference Document 05.001.0026 | A reference from which this document may be retrieved.<br>Note: Depending on the architectural variant applied, only references to documents which have been registered, so as to ensure that the registry/repository/system access control mechanisms are used to access these documents | Varchar | 254 | |
| Generic | Non-Clinical Document 05.001.0027 | This data element is used to record information regarding any non-clinical documents such as Consent Forms, Pre-Authorization Forms, Claims etc. | Varchar | 4096 | |
| Person | Alternate Unique Identification Number (UID) Type 05.002.0001 | This describes the type of the ID proof which will be used in case the UID number (also called as Aadhaar number) is not available with a person. e.g. values for this data element are PAN card, Passport Number, Voter ID ,National Population Registration Number, Others etc. It can also be used in addition to the UID.<br>Values: Refer Code Directory CD05.007 | Integer | 2 | |

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|---|---|---|---|---|---|
| Person | Alternate Unique Identification Number(UID)<br>05.002.0002 | Alternate Unique Identification Number (UID) is any identity which may be used if primary Unique Identification number is not available with a person or in addition to the primary Unique ID.<br>PAN card - Permanent Account Number (PAN) is a ten-digit alphanumeric number, issued in the form of a laminated card, by the Income Tax Department. This is a laminated card which contains Person's Name, Father's Name, Date of Birth, Permanent Account Number, Signature, Photograph and Date of issue of PAN Card. It is an important national ID.<br>Passport Number - The Consular Passport & Visa (CPV) Division of the Ministry of External Affairs, functioning as the central passport organization, is responsible for issuance of Indian passports on demand to all eligible Indian citizens.<br>Voter ID - An election card is a unique identity card which has the individual's name and personal data, such as address, Date of birth, and father's name. A photograph is also included in it.<br>ation card - included with photo for Identity proof. It is applicable to Head of Family only | Varchar | Max. size =18<br>10 - PAN Card<br>08 - Passport No.<br>18 - Voter ID<br>18 - Any other Identifier | |
| Person | Time of Birth<br>05.002.0003 | This data element identifies a person's Time of Birth. | HH:MM:SS | 8 | |

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|---|---|---|---|---|---|
| Person | Economic Status Code 05.002.0005 | This data element identifies a person's economic status. With respect to government policies, economic status related data element is required and following are the major types;<br>Values:<br>1 - Below Poverty Line<br>2 - Above Poverty Line<br>3 - Others | Integer | 1 | |
| Person | Nationality Code 05.002.0006 | The code indicating the nationality of a person.<br>Values:<br>1 - Indian<br>2- Others<br>Default value will be 1. | Integer | 1 | |
| Person | Person Name Type 05.002.0008 | A person's name may be recorded as one of the following types<br>Values:<br>M- Maiden Name<br>B-Birth Name<br>A-Alias<br>L-Legal Name<br>Default value will be Legal Name. | Char | 1 | |
| Person | Phone Owner 05.002.0009 | The person who is listed as the owner of the number provided in the medical records.<br>Self phone number is preferred, in case not available then phone number of a neighbor or relative can be noted down in records.<br>Record phone number of ANM and ASHA, in case no other phone number is available.<br>(If Phone owner code is other than self, name and relationship code of person should be captured.)<br>Values:<br>1- Self (patient)<br>2- ANM<br>3- Doctor or any other health provider<br>4- Neighbor<br>5- Family member | Integer | 2 | |

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|---|---|---|---|---|---|
| Person | Contact Type 05.002.0010 | A patient can have multiple type of contacts such as: in case of emergency, in context of insurance, in case of patient's will. The values of this data element can be the following - immediate emergency contacts, next of kin, family relations, guardians, agents, etc. Values: Refer Code Directory CD05.054 | Integer | 2 | |
| Person | Contact Person Name 05.002.0011 | Name of Contact Person whose data is required in health domain applications. Multiple names are allowed to retain birth name, maiden name, legal names and aliases as required | | | Refer to Name of the Person (G01.02) |
| Person | Contact Relationship Code 05.002.0012 | The relationship with a contact person identified in 'Contact Person Name' data element | | | Refer to Relationship Code (G01.08-01) |
| Person | Contact Person Address 05.002.0013 | Address of the contact person identified in 'Contact Person Name' data element | | | Refer to Address of a Premises (G02.03) |
| Person | Contact Person landline telephone number 05.002.0014 | Landline number of the contact person identified in 'Contact Person Name' data element | | | Refer to Landline Number (G00.06-01-05) |
| Person | Contact Person Mobile number 05.002.0015 | Mobile number of the contact person identified in 'Contact Person Name' data element | | | Refer to Mobile Number (G00.06-02-05) |
| Person | Contact Person Email Address/URL 05.002.0016 | Email of a Contact person/organization identified in 'Contact Person Name' data element | | | Refer to Email (G00.09) |
| Person | Author Name 05.002.0017 | Name of Author who has authored the clinical information that need to be exchanged. e.g. provider who has authored patient discharge | | | Refer to Name of the Person |

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|---|---|---|---|---|---|
| | | summary or referral notes. | | | (G01.02) |
| Person | Author Landline Telephone Number 05.002.0018 | Landline number of Author who is identified in 'Author Name' data element | | | Refer to Landline Number (G00.06-01-05) |
| Person | Author Mobile number 05.002.0019 | Mobile number of Author who is identified in 'Author Name' data element | | | Refer to Mobile Number (G00.06-02-05) |
| Person | Author Email Address/URL 05.002.0020 | Email of Author who is identified in 'Author Name' data element | | | Refer to Email (G00.09) |
| Person | Family Member Person Name 05.002.0021 | Name of any family member Person.<br>Multiple names are allowed to retain birth name, maiden name, legal names and aliases as required | | | Refer to Name of the Person (G01.02) |
| Person | Family Member Gender 05.002.0022 | Gender of the family member | | | Refer to Gender Identification Code (G01.03) |
| Person | Family member's Date of Birth 05.002.0023 | Person's Date of Birth<br>The Date of birth is typically a key patient identifier variable and used to enable computation of age at the effective Date of any other data element. It is assumed to be unique and fixed throughout the patient's lifeTime | | | Refer to Date (G00.01) |
| Person | Family Member Medical History 05.002.0024 | Information including current and past problems of the family member. | Varchar | 4096 | |

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|---|---|---|---|---|---|
| Person | Family Member UID Number 05.002.0025 | Unique Person Identifier (UID) of family member. Number to be allocated by UIDAI to every Indian Citizen, which would enable interoperability of data related to a person in various domains. This will be a public Key used for unique person identification, and aid in patient search, patient merge and demerge functionalities | | | Refer to Unique Identification Number (G01.01) |
| Person | Family member Time of Birth 05.002.0026 | Time of Birth of family member mostly used for recording birth time of a child, in the mother's medical record. | HH:MM:SS | 8 | |
| Person | Family Member Relationship 05.002.0027 | Relationship of Family Member to Patient or other Family Member. Record information on relatives including 1st and 2nd degree, such as: Mother Siblings Children Aunts/uncles Cousins Grandchildren Nieces/Nephews | | | Refer G01.08-01 |
| Person | Family Member Relationship Description 05.002.0028 | Free Text Data Entry for each relative used to note special cases. Examples include gamete donor and/or surrogate mother | Varchar | 99 | |
| Person | Family Member Age 05.002.0029 | The real or approximate age of the family member | Age-year(s) (yyy) Integer(3) Age-Month(s) (mm) Integer(2) Age-Day(s) (dd) Integer (2) | 7 | 999,99,99 no preceding zero [years, months, days] |
| Person | Gender Identification Code (G01.03) | Gender Identification Code of a person | | | Refer to (G01.03) |
| Patient | Provider's Patient ID 05.003.0001 | The identifier used by a care provider (Individual or facility) to uniquely identify the patient. | Varchar | 18 | |
| Patient | Patient Name 05.003.0002 | Name of the patient | | | Refer to Name of the |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Person (G01.02) |
| Patient | Patient Age 05.003.0003 | This data element is to be used when patient DOB is not known or in addition to DOB.<br>Age is to be automatically calculated if Date of birth is entered/available; once the patient's DOB is available, all client systems must automatically calculate "age" of the patient. For this, unless the patient's Date of birth is available, the age will be approximated with the assumption that the patient was born on the 1st day of January of the year that the entered age appears to point to.<br>The record display will need to clearly show that this age is an approximated one. | Age-year(s) (yyy) Integer(3) Age-Month(s) (mm) Integer(2) Age-Day(s) (dd) Integer (2) | 7 | Default Value: 999,99,99 no preceding zero [years, months, days] |
| Patient | Patient Address 05.003.0009 | Address of the patient | | | Refer to Address of a Premises (G02.03) |
| Patient | Patient Address Type 05.003.0010 | Address Type<br>This data element is extended in health domain to include more address type values. The value list has been coded using a character code to identify the address type.Values : Refer Code Directory CD05.120 | Char | 1 | Refer to Address Type (G02.03-00-01). |
| Patient | Patient Landline Number 05.003.0011 | Landline number of patient | | | Refer to Landline Number (G00.06-01-05) |
| Patient | Patient Mobile Number 05.003.0012 | Mobile number of patient | | | Refer to Mobile Number (G00.06-02-05) |

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|---|---|---|---|---|---|
| Patient | Patient Class 05.003.0013 | This is used to categorize patients by the site where the encounter occurred , e.g.,1- Emergency, 2- Inpatient, or 3- Outpatient.<br>Values : Refer Code Directory CD05.047 | Integer | 2 | |
| Patient | Patient Arrival Time 05.003.0014 | Time of Patient Arrival at service delivery location | HH:MM:SS | 8 | |
| Patient | Patient Arrival Date 05.003.0015 | Date of Patient Arrival at service delivery location | | | Refer to Date (G00.01) |
| Patient | Reason for Visit 05.003.0016 | Indicates the rationale for the encounter.<br>More than one reason for patient visit can be entered | Varchar | 99 | |
| Patient | Pregnancy Indicator 05.003.0017 | Indicates whether a woman is pregnant or not<br>Values:<br>0-No<br>1-Yes | Integer | 1 | |
| Patient | Duration of Pregnancy 05.003.0018 | Duration of pregnancy in weeks. This is relevant when the pregnancy indicator is 'Yes" | Integer | 2 | |
| Patient | Employer Name 05.003.0019 | Name of the employer where the patient has been employed. | Varchar | 99 | |
| Patient | Employer ID 05.003.0020 | An Identifier to uniquely identify an organization or an employer. | Varchar | 50 | |

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|---|---|---|---|---|---|
| Provider | Unique Individual Health Care Provider Number 05.005.0001 | Unique ID assigned to a person who is providing healthcare directly to the patient. This ID can be assigned by a central or state level Health Registration Authority e.g. Medical Registration number assigned to every health provider by Indian Medical Council.<br>In case any provider does not have an assigned unique individual care ID, they can use their UID or Alternate UID numbers. In case any provider does not have an assigned unique individual care ID, they can use their UID or Alternate UID numbers. Identifier given to the Provider by computer application to uniquely identify each provider.<br>Monitoring of their activities and empowers them while doing their daily/ weekly/monthly job.<br>It helps in reducing errors, simplifying interoperability, increasing efficiency. It is essential in both the delivery and administration of health care. | Varchar | 18 | |
| Provider | Unique Individual Health Care Provider Number Type 05.005.0002 | Code qualifying different coding schema assigned to health care provider ID by different institutional domains.<br>For state council registration numbers the state name has to be taken from G02.01.<br>E.g. 01- Medical Registration numbers assigned by MCI, 02- Nursing Registration number assigned to Nurses or Nursing Midwife by Indian Nursing council, etc.<br>Values: Refer Code Directory CD05.008. | Integer | 2 | |

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|---|---|---|---|---|---|
| Provider | Registration Authority Number 05.005.0003 | Code representing healthcare domain or councils. e.g. Dental Council of India, Medical Council of India, Nursing Council of India etc.<br>Values: Refer Code Directory CD05.012 | Integer | 3 | |
| Provider | Care Provider Address 05.005.0004 | Address of Care Provider | | | Refer to Address of a Premises (G02.03) |
| Provider | Care Provider Address Type 05.005.0005 | This data element is extended in health domain to include more address type values. The value list has been coded using a character code to identify the address type.<br>Values: Refer Code Directory CD05.120 | Char | 1 | Refer to Address Type (G02.03-00-01). |
| Provider | Care Provider Landline Telephone Number 05.005.0006 | Landline number of care provider | | | Refer to Landline Number (G00.06-01-05) |
| Provider | Care Provider Mobile Number 05.005.0007 | Mobile number of care provider | | | Refer to Mobile Number (G00.06-02-05) |
| Provider | Care Provider Email Address/URL 05.005.0008 | Email of a Care provider or organization | | | Refer to Email (G00.09) |
| Provider | Care Provider Name 05.005.0009 | Name of the Care Provider | | | Refer to Name of the Person (G01.02) |

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|---|---|---|---|---|---|
| Provider | Health Service Provider Role code 05.005.0010 | Health Service Provider role uses a coded value to classify Health service providers according to the role they play in the healthcare of the patient and comes from a very limited set of values. The purpose of this data element is to express the information often required during patient registration, identifying the patient's primary care provider, the referring physician or other consultant involved in the care of the patient. Provider ID of Primary care provider must be specified when patient is transferred to a secondary care.<br>Values: Refer Code Directory CD05.009 | Integer | 2 | |
| Provider | Health Service Provider Role Free Text 05.005.0011 | This unstructured text classifies health service providers according to the role they play in the healthcare of the patient | Varchar | 99 | |
| Provider | Health Service Provider Type 05.005.0012 | Health Service Provider type classifies providers according to the type of license or accreditation they hold (e.g. physician, dentist, pharmacist, etc.) or the service they provide.<br>Values: Refer Code Directory CD05.010 | Integer | 2 | |
| Facility | Unique Facility Identification Number 05.008.0001 | Unique Facility Identification assigned to healthcare facility providing care to patient. This code will be unique to identify and search a facility (both in public or private organizations) based on unique ID.<br>Values: Refer Code Directory CD05.001 | Integer | 10 | |
| Facility | Facility Type Code 05.008.0002 | Code describe the type of facility such as district hospital, sub center etc.<br>Values: Refer Code Directory | Integer | 2 | |

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|---|---|---|---|---|---|
| | | CD05.002 | | | |
| Facility | Facility Address 05.008.0004 | Address of Facility | | | Refer to Address of a Premises (G02.03) |
| Facility | Facility Global Unique Identifier (GUID) 05.008.0025 | Facility GUID is a 16-bit number( byte string), which will be generated by any number of programs and database systems according to a standardized algorithm. An example of a UUID in its standard form is 40e74fae-c0ab-11dfb090-0017f2300bf5. GUID are essentially guaranteed to always be unique, no matter where or by whom they are generated. Although facility is assigned a sequential integer code which will be generated by database system and used as a unique facility identifier, still the implementation of unique integer code as facility identifier is very much dependent on database system which generate these numbers and does not ensure an essential guarantee to be always unique e.g. in case if database is ported from one DBMS system to another, the unique sequential numbers (or auto increment primary keys of tables will change) In order to avoid this problem, we propose to use guid along with unique facility identification code to be used as attributes in Facility master. | bits | 16 | |

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|---|---|---|---|---|---|
| Episode | Episode ID 05.009.0001 | Identifier assigned to a Patient Episode.<br>An episode of care consists of all clinically related services for one patient for a discrete diagnostic condition from the onset of symptoms until the treatment is complete. Thus, for every new problem or set of problems that a person visits his clinical care provider, it is considered a new episode. Within that episode the patient will have one to many encounters with his clinical care providers till the treatment for that episode is complete. Even before the resolution of an episode, the person may have a new episode that is considered as a distinctly separate event altogether. Thus, there may be none, one or several ongoing active episodes. All resolved episodes are considered inactive. Hence they become part of the patient's past history. A notable point here is that all chronic diseases are considered active and may never get resolved during the life-Time of the person, e.g., diabetes mellitus, hypertension, etc. | Varchar | 50 | |
| Episode | Episode Type 05.009.0002 | This data element describes the type of the episode. It can have the following values:<br>1 - New<br>2 - Ongoing<br>3 - Active<br>4 - Inactive | Integer | 1 | |

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| Encounter | Encounter ID 05.010.0001 | A patient encounter is a record of a patient's arrival in the health facility for any form of diagnostic and/or therapeutic event.<br>It is essential to retain permanent records of all patient encounters.<br>Unique ID to be assigned for each patient encounter.<br>A clinical encounter is defined as (1) an instance of direct provider/practitioner to patient interaction, regardless of the setting, between a patient and a practitioner vested with primary responsibility for diagnosing, evaluating or treating the patient's condition, or both, or providing social worker services. (2) A contact between a patient and a practitioner who has primary responsibility for assessing and treating the patient at a given contact, exercising independent judgment. Encounter serves as a focal point linking clinical, administrative and financial information. Encounters occur in many different settings - ambulatory care, inpatient care, emergency care, home health care, field and virtual (telemedicine). It must be ensured that no encounter number is arbitrarily assigned. The system will need to ensure this.<br>When linking records from diverse systems, episode and encounter reconciliation through appropriate merging and demerging will need to take place. | Varchar | 18 | |
| Encounter | Encounter Type 05.010.0002 | This is a coded value describing the type of the Encounter e.g Outpatient, Inpatient etc.<br>Values: Refer Code Directory CD05.047 | Integer | 2 | |
| Encounter | Encounter Type Free | Free text describing the Encounter Type. This is valid for Encounter | Varchar | 99 | |

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| | Text 05.010.0003 | Type value 'Others' | | | |
| Encounter | Encounter Time 05.010.0004 | Time of Patient Encounter with a care provider | HH:MM:SS | 8 | |
| Encounter | Encounter Date 05.010.0005 | Date of Patient Encounter with a care provider | | | Refer to Date (G00.01) |
| Outreach | Outreach Service Delivery Place Name 05.014.0001 | Name of the Place where outreach services are given | | | Refer to Name of Land Region (G02.02) |
| Outreach | Outreach Service Delivery Place Address 05.014.0002 | Address of the place where outreach services are given. | | | Refer to Address of a Premises (G02.03) |
| Outreach | Outreach Service Delivery Place Type 05.014.0003 | Type of place where outreach services are given.<br>Values: Refer Code Directory CD05.047 | Integer | 2 | |
| Outreach | Outreach Service Purpose 05.014.0004 | Purpose for which home based care was organized. Values for this will come from the code directory.<br>Values: Refer Code Directory CD05.127 | Integer | 2 | |
| Outreach | Outreach Service Provider Name 05.014.0005 | Name of the Health Service Provider who is engaged for providing services during outreach. | | | Refer to Name of the Person (G01.02) |
| Outreach | Outreach Service Provider Type 05.014.0006 | Type of the Health Provider engaged in outreach service<br>Values: Refer Code Directory CD05.010 | Integer | 2 | |
| Outreach | Outreach Service Provider Identification | ID of the health service provider engaged in outreach service. | Varchar | 18 | |

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| | Number 05.014.0007 | | | | |
| Outreach | Outreach Services Treatment Plan Start Date 05.014.0008 | Treatment Initiation Date of a patient receiving care through outreach services | | | Refer to Date (G00.01) |
| Outreach | Outreach Services Treatment Plan End Date 05.014.0009 | Treatment end Date of a patient receiving care through outreach services | | | Refer to Date (G00.01) |
| Outreach | Referral Support Indicator 05.014.0010 | This data element indicates whether the patient is escorted from the field to the facility by a health care service provider.<br>Values:<br>0-No<br>1-Yes | Integer | 1 | |
| Examination | Examination Type 05.016.0001 | Physical examination done by Physician e.g. Inspection, Palpation, Percussion, Auscultation<br>Values: Refer Code Directory CD05.061 | Integer | 3 | |
| Examination | Examination Finding 05.016.0002 | Free text to record examination findings | Varchar | 254 | |
| Examination | Examined System 05.016.0003 | This data element includes systemic examination of human organ system<br>Values: Refer Code Directory CD05.033 | Integer | 2 | |
| Vital Signs | Vital Sign Result Time 05.017.0001 | The time for the vital signs observation | HH:MM:SS | 8 | |
| Vital Signs | Vital Sign Result Type 05.017.0002 | A coded representation of the vital sign observation performed (e.g. Blood Pressure - Systolic and Diastolic, Body Weight/Height etc.)<br>Values: Refer Code Directory CD05.041 | Integer | 2 | |

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| Vital Signs | Vital Signs Result Status 05.017.0003 | Status for this vital sign observation, e.g., complete, preliminary<br>Values: Refer Code Directory CD05.038 | Integer | 2 | |
| Vital Signs | Vital Sign Result Value 05.017.0004 | The value of the result. For example Blood pressure diastolic measured as 130 mm of Hg, Temperature measured as 100 deg Celsius. The unit of measurement will be provided in the 'Vital Signs Result Unit' data element | Varchar | 20 | |
| Vital Signs | Vital Sign Result Unit 05.017.0005 | Appropriate unit of measurement for vital signs.<br>Values: Refer Code Directory CD05.025 | Integer | 2 | |
| Vital Signs | Vital Sign Result Interpretation 05.017.0006 | An abbreviated interpretation of the vital sign observation, e.g., normal, abnormal, high, etc.<br>Values: Refer Code Directory CD05.135 | Integer | 2 | |
| Vital Signs | Vital Sign Result Reference Range - lower limit 05.017.0007 | lower limit of Reference range(s) for the vital sign observation<br>Values: Refer Code Directory CD05.039 | Integer | 3 | |
| Vital Signs | Vital Sign Result Reference Range - Upper limit 05.017.0008 | Upper limit of Reference range(s) for the vital sign observation<br>Values: Refer Code Directory CD05.039 | Integer | 3 | |
| Vital Signs | Vital Sign Result Date 05.017.0009 | The date of vital signs observation | | | Refer to Date (G00.01) |
| Vital Signs | Vital Sign Result ID 05.017.0010 | An identifier for this specific vital sign observation | Integer | 10 | |

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| Allergy | Allergy Product Code 05.018.0001 | This is the code of the product or agent that causes the intolerance (Allergy, sensitivity or Intolerance)<br>1. Food and non-medicinal allergies/Sensitivities should be coded as Ingredient Name.<br>2. Allergies/Drug Sensitivity to a class of medication should be coded as Medication Drug Class. There can be multiple medication drug class codes causing allergies/drug sensitivity.<br>3. Allergies/Drug Sensitivity to a specific medication should be coded as Medication Brand Name Medication Clinical Drug Names.<br>Values: Refer Code Directory CD05.018 | Integer | 5 | |
| Allergy | Allergy Product Description 05.018.0002 | This is the name or other description of the product or agent that causes the intolerance | Varchar | 99 | |
| Allergy | Allergy Reaction Code 05.018.0003 | This value is a code describing the reaction. Allergic reactions are sensitivities to allergens that come into contact with the skin, nose, eyes, respiratory tract, and gastrointestinal tract e.g. Allergic Rhinitis, Allergic Sinusitis, Allergic Conjunctivitis, Broncho-constriction, wheezing and dyspnoea, Ear Infection etc.<br>Values : Refer Code Directory CD05.019 | Varchar | 10 | |
| Allergy | Allergy Reaction Name 05.018.0004 | This value is the name or description describing the reaction. Allergic reactions are sensitivities to allergens that come into contact with the skin, nose, eyes, respiratory tract, and gastrointestinal tract<br>Values :Refer Code Directory CD05.019 | Varchar | 99 | |
| Allergy | Allergy Reaction Description | This is any additional information regarding reaction that may be caused by the product or agent | Varchar | 99 | |

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| | 05.018.0005 | | | | |
| Allergy | Allergy Severity Code 05.018.0006 | This value is a code describing the level of severity of the allergy or intolerance. e.g. Mild, Moderate, Severe etc.<br>Values: Refer Code Directory CD05.020 | Integer | 2 | |
| Allergy | Allergy Severity Description 05.018.0007 | This is any additional information regarding severity that may be caused by the product or agent | Varchar | 99 | |
| Allergy | Allergy Status 05.018.0008 | The status of the allergy intolerance such as Active, Inactive, remitted etc.<br>Values: Refer Code Directory CD05.021 | Integer | 2 | |
| Allergy | Allergy History 05.018.0009 | History of allergies as narrated by the patient or if any past document available. | Varchar | 4096 | |
| Allergy | Adverse Event Type 05.018.0010 | Describes the type of product and intolerance suffered by the patient. The type of product shall be classified with respect to whether the adverse event occurs in relationship with a medication, food, or environmental or other product. The adverse event should also be classified more specifically as an allergy, non-allergy intolerance, or just adverse reaction if that level of detail is not known. e.g. After initial allergic reaction to bug bite, the site turning into an abscess.<br>Values: Refer Code Directory CD05.019 | Varchar | 10 | |
| Allergy | Adverse Event Date 05.018.0011 | This is the date on which adverse event was noted. | | | Refer to Date (G00.01) |
| Clinical Notes | Author Time 05.019.0001 | The Time at which the clinical information that need to be exchanged was created. | HH:MM:SS | 8 | |
| Clinical notes | Author Date 05.019.0002 | The Date at which the clinical information that need to be | | | Refer to Date |

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| | | exchanged was created | | | (G00.01) |
| Clinical Notes | Reference 05.019.0003 | A reference to the original document from which this information was obtained | Varchar | 99 | |
| Clinical Notes | Information Source Name 05.019.0004 | The name of the person or organization that provided the information. This is mostly used in clinical notes e.g. to capture voice of accompanying person etc. | Varchar | 99 | |
| Clinical Notes | Clinical Document 05.019.0005 | This data element is used to record findings/observations regarding any clinical document type, such as clinical observations, chief complaints, past illness, past medical history etc. | Varchar | 4096 | |
| Clinical Notes | Clinical Document Type 05.019.0006 | Type of clinical document e.g. progress Note - Subjective, Objective, Assessment, Protocol Values: Refer Code Directory CD05.046 | Integer | 2 | |
| Clinical Notes | Discharge Instructions 05.019.0007 | Discharge instructions provide the patient with education on expected progression of illness or injury, treatment and care use of medications and follow-up | Varchar | 254 | |
| Clinical Notes | Care Plan Comment 05.019.0008 | Any additional information containing data defining prospective or intended orders, interventions, encounters, services, and procedures for the patient. This should be used only for short comments in addition to 'Clinical Document' with Document Type 'Care Plan'. | Varchar | 99 | |
| Clinical Notes | Patient Age at onset of health condition 05.019.0009 | The age of the patient or subject at onset of the condition. | Age-year(s) (yyy) Integer(3) Age-Month(s) (mm) Integer(2) Age-Day(s) (dd) Integer (2) | 7 | 999,99,99 no preceding zero [years, months, days] |
| Diagnosis | Health | Health Condition Type is the | Integer | 3 | |

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| | Condition Type 05.020.0001 | classification of WHO International Classification of Diseases. Values: Refer Code Directory CD05.022 | | | |
| Diagnosis | Health Condition name 05.020.0002 | This is a text description of the Health condition suffered by a Patient. Values: Refer Code Directory CD05.019 | Varchar | 99 | |
| Diagnosis | Health Condition Code 05.020.0003 | This value is a ICD-10 code describing the condition according to a specific vocabulary of conditions. Values :Refer Code Directory CD05.019 | Varchar | 10 | |
| Diagnosis | Health Condition Description 05.020.0004 | This data element describes additional information about the health condition of a Patient in detail. | Varchar | 254 | |
| Diagnosis | Health Condition Category 05.020.0005 | The classification of the category of the health condition.<br>Values:<br>S- Suspected – A case with some compatible clinical findings but not meeting the criteria for a probable case. A case that is not laboratory confirmed. To be done by non-physician health worker.<br>P- Presumptive – A case with associated complications, but has not been laboratory confirmed. Done by Physician.<br>L- Lab Confirmed – A clinically consistent case that is laboratory confirmed<br>C - Clinically Confirmed by a relevant specialist clinician based on facts and observations | Char | 1 | |
| Diagnosis | Diagnosis Priority 05.020.0006 | A number indicating the significance or the priority of the diagnosis code. It is used to distinguish between the primary and other diagnoses.<br>Values:<br>1- Primary<br>2- Secondary | Integer | 1 | |

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| | | DEFAULT IS 1 | | | |
| Diagnosis | Health Condition Status 05.020.0007 | The status of the health condition e.g. Active, Inactive, Resolved, Relapsed, Remitted etc.<br>Values: Refer Code Directory CD05.021 | Integer | 2 | |
| Diagnosis | Comorbidity Indicator 05.020.0008 | Data element indicates whether comorbidity exists or not<br>Values:<br>0-No<br>1-Yes | Integer | 1 | |
| Diagnosis | Comorbidity Health Condition Code 05.020.0009 | This data element indicates two or more coexisting medical conditions or disease processes that are additional to an initial diagnosis. The simultaneous presence of two or more conditions or diseases may complicate a patient's stay at the healthcare facility, and may have effect on clinical implications, diagnosis, prognosis and therapy. e.g diabetes with hypertension<br>Values: Refer Code Directory CD05.019 | Varchar | 10 | |
| Diagnosis | Present Health Condition Onset Date 05.020.0010 | This is the onset Date of Patient's Present Health Condition based on confirmed diagnosis. If the exact Date of onset is not known then an approximate Date should be written. | | | Refer to Date (G00.01) |
| Diagnosis | Prognosis 05.020.0011 | Prognosis as observed by the health service provider.<br>Values:<br>1-Poor<br>2-Guarded<br>3-Fair<br>4-Good<br>5-Unknown | Integer | 2 | |
| Lab | Result Time 05.021.0002 | The time of Result observation | HH:MM:SS | 8 | |
| Lab | Result Type 05.021.0003 | A coded representation of the observation performed.<br>Values: Refer to Code directory CD05.024 | Varchar | 10 | |
| Lab | Result Status 05.021.0004 | Status for this observation, e.g., complete, preliminary | Char | 2 | |

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| | | Values: Refer to Code directory CD05.038 | | | |
| Lab | Result Value 05.021.0005 | The value of the result, including units of measure if applicable. | Varchar | 20 | |
| Lab | Result Interpretation 05.021.0006 | An abbreviated interpretation of the observation, e.g., normal, abnormal, high, etc. Values: Refer to Code directory CD05.135 | Integer | 2 | |
| Lab | Result Reference Range - lower limit 05.021.0007 | Lower limit of Reference range(s) for the observation Values: Refer to Code directory CD05.039 | Integer | 7 | |
| Lab | Result Reference Range - Upper limit 05.021.0008 | Upper limit of Reference range(s) for the observation Values: Refer to Code directory CD05.039 | Integer | 7 | |
| Lab | Result Category 05.021.0009 | Category of Result observation - e.g. Vital signs, Laboratory observations, radiology results etc. Values: Refer Code directory CD05.040 | Varchar | 10 | |
| Lab | Accession Source 05.021.0010 | Source of Accession e.g. Accession done at facility or within facility (Facility or organization or ward/Department/floor code directories). If there are multiple levels of accession, then this data element can be repeated. | Varchar | 99 | |
| Lab | Specimen Type 05.021.0011 | The precise nature of the specimen observed/received. Values: Refer to Code directory CD05.049 | Integer | 3 | |
| Lab | Specimen Collection Method 05.021.0012 | Describes the procedure or process by which the specimen was collected Values: Refer to Code directory CD05.050 | Integer | 2 | |
| Lab | Specimen Source Site Modifier 05.021.0013 | Additional Modifiers or qualifies description(s) about the specimen source site. e.g. Sometimes in cases of tumours it is difficult to identify accurate body site. | Varchar | 99 | |

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| Lab | Specimen Risk 05.021.0014 | Describes any known or suspected specimen hazards, e.g. exceptionally infectious agent or blood from a hepatitis patient. The code directory has been populated with sample values for reference. Values: Refer Code Directory CD05.051 | Integer | 2 | |
| Lab | Lab ID 05.021.0023 | It is an identifier for the local Labs. This identifier will come from the application level Lab Master. This has to be used in case the Lab identifier can not be taken from facility master code directory CD05.001. This can include the private sector Labs also. Values: Refer code directory CD05.122 | Integer | 10 | |
| Lab | Lab Type 05.021.0024 | This data element defines the types of Labs. Values : 1- Clinical Pathology 2- Clinical Microbiology 3 - Clinical Biochemistry | Integer | 1 | |
| Lab | Lab Result ID 05.021.0025 | An identifier for this specific observation | Varchar | 10 | |
| Pharmacy | Drug Classification Code 05.023.0001 | Drug classification according to nature of the Drug such as Antipyretics, Antianalgesics etc. e.g Antipyretics, Analgesics, Antibiotics etc. Values: Refer Code Directory CD05.106 | Integer | 2 | |
| Pharmacy | Route of Administration 05.023.0002 | A route of administration is a way of administering a drug to a site in a patient such as Oral, Intra-venous, Intra-muscular etc. Values : Refer Code director CD05.111 | Varchar | 6 | |

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| Pharmacy | Medication Frequency 05.023.0003 | Defines how often the medication is to be administered as events per unit of Time. Often expressed as the number of Times per day (e.g. four Times a day), but may also include event-related information (e.g., 1 hour before meals, in the morning, at bedtime).<br>Complimentary to Interval, although equivalent expressions may have different implications (e.g., every 8 hours versus 3 Times a day)<br>Values : Refer Code Directory CD05.023 | Varchar | 5 | |
| Pharmacy | Medication Administration Interval 05.023.0004 | Defines how the product is to be administered as an interval of Time. For example, every 8 hours.<br>Complimentary to Frequency, although equivalent expressions may have different implications (e.g., If a person is taking 3 medicine at a time, then he has to maintain a certain interval between the three of them like 1 hour, 15 mins etc.) | Varchar | 40 | |
| Pharmacy | Dose 05.023.0005 | The amount of the product to be given. This may be a known, measurable unit (e.g., millilitres), an administration unit (e.g., tablet), or an amount of active ingredient (e.g., 250 mg). May define a variable dose, dose range or dose options based upon identified criteria.<br>Units may be present when needed. If present it should be coded as per Units of Measurement code directory (CD05.109)<br>When the coded product or brand name describes the strength or concentration of the medication, and the dosing is in administration units (e.g., 1 tablet, 2 capsules), units should contain the preferred name of the presentation units | Varchar | 60 | |

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| | | within braces { } using the Unit of measurement code directory. | | | |
| Pharmacy | Body Site 05.023.0007 | The anatomic site where the medication is administered. Usually applicable to injected or topical products<br>Values: Refer Code directory CD05.026 | Integer | 3 | |
| Pharmacy | Dose Restriction 05.023.0008 | Defines a maximum or minimum dose limit. This segment can repeat for more than one dose restriction | Varchar | 60 | |
| Pharmacy | Medication Delivery Method 05.023.0009 | A description of how the product is administered/consumed. This can be used in addition to the 'Route of Administration' data element (CD05.111) | Varchar | 99 | |
| Pharmacy | Medication Status 05.023.0010 | If the medication is Active, discontinued etc.<br>Values: Refer Code Directory CD05.123 | Integer | 2 | |
| Pharmacy | Patient Instructions 05.023.0011 | Instructions to the patient e.g. "keep in the refrigerator." More extensive patient education materials can also be included | Varchar | 254 | |
| Pharmacy | Prescription ID 05.023.0012 | The prescription identifier assigned by the pharmacy. | Varchar | 20 | |
| Pharmacy | Order Date 05.023.0013 | The Date when the ordering provider wrote the order/prescription | | | Refer to Date (G00.01) |
| Pharmacy | Order Time 05.023.0014 | The Time when the ordering provider wrote the order/prescription | HH:MM:SS | 8 | |
| Pharmacy | Order Expiration Date 05.023.0015 | The Date after which the order is no longer valid. Dispenses and administrations are not continued past this Date for an order instance | | | Refer to Date (G00.01) |
| Pharmacy | Order Expiration Time 05.023.0016 | The Time, when the order is no longer valid. Dispenses and administrations are not continued past this date for an order instance | HH:MM:SS | 8 | |

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| Pharmacy | Indication 05.023.0017 | It is the limited number of objective measures that can describe the drug use situation in a health facility or in other words, it is defined as the reasons to prescribe a drug.<br>e.g.. The presence of bacterial Infection was an indication for the use of antibiotics.<br>Values : Refer Code directory CD05.019 | Varchar | 10 | |
| Pharmacy | Contraindication 05.023.0018 | It is defined as the reason that makes it inadvisable to prescribe a particular drug or treatment.<br>E.g. An allergic reaction to penicillin is a contraindication to the future use of the drug.<br>Values: Refer Code directory CD05.019 | Varchar | 10 | |
| Pharmacy | Medication Fills 05.023.0019 | The number of Times that the ordering provider has authorized the pharmacy to dispense this medication | Integer | 3 | |
| Pharmacy | Quantity Ordered Value 05.023.0020 | The amount of product indicated by the ordering provider to be dispensed. e.g number of dosage units or volume of a liquid substance.<br>Note: This is comprised of both a numeric value and a unit of measure is captured in "Pharmacy Units" | Integer | 10 | |
| Pharmacy | Pharmacy Units 05.023.0021 | The unit value of the ordered quantity.<br>Values: Refer Code Directory CD05.109 | Varchar | 25 | |
| Pharmacy | Quantity Dispensed 05.023.0022 | The actual quantity of product supplied in this dispense. Note: this is comprised of both a numeric value and a unit of measure is captured in "Pharmacy Units"<br>e.g. Half Tablet, Lotion half bottle. | Integer | 10 | |
| Pharmacy | Medication dispense Date 05.023.0023 | Date of medication dispense | | | Refer to Date (G00.01) |

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| Pharmacy | Medication Instructions 05.023.0024 | The instructions, typically from the ordering provider, to the patient on the proper means and timing for the use of the product. A criteria that specifies when an action is, or is not, to be taken. For example, “if blood sugar is above 250 mg/dl” | Varchar | 254 | |
| Pharmacy | Fulfillment Instructions 05.023.0025 | Instructions to the dispensing pharmacist or nurse. For example, “instruct patient on the use of occlusive dressing” | Varchar | 254 | |
| Pharmacy | Fulfillment History 05.023.0026 | History of dispenses for this order. | Varchar | 4096 | |
| Pharmacy | Fill No. 05.023.0027 | The fill number for the history entry. Identifies this dispense as a distinct event of the prescription | Varchar | 20 | |
| Pharmacy | Fill Status 05.023.0028 | The fill event status is typically 'complete' indicating the fill event has been, or is expected to be picked up. A status of 'aborted' indicates that the dispense was never picked up (e.g., “returned to stock”)<br>Values:<br>1- Complete<br>2- Partial<br>3- Not filled<br>4- Rejected<br>5- Not available | Integer | 2 | |
| Pharmacy | Medication Stopped Indicator 05.023.0029 | Used to express a “hard stop,” such as the last sequence in a tapering dose, where the last sequence is 'then D/C' or where the therapy/drug is used to treat a condition and that treatment is for a fixed duration with a hard stop, such as antibiotic treatment, etc.<br>Values:<br>0-No<br>1-Yes<br>Default Value will be 0. | Integer | 1 | |
| Immunization Order | Immunization Refusal Reason 05.024.0001 | The reason for that the immunization event did not occur.<br>Values: Refer Code Directory CD05.037 | Integer | 2 | |

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| Immunization Order | Immunization Administration Time 05.024.0002 | The Time that substance was administered or refused, i.e., when the immunization was administered to the patient, or refused by the patient or patient caregiver. | HH:MM:SS | 8 | |
| Immunization Order | Medication Series No. 05.024.0003 | Indicate which in a series of administrations a particular administration represents (e.g. "hepatitis B vaccine number 2") For example, if a particular vaccine had to be administered twice then value of 2 indicates that this the second Time it is being administered | Integer | 2 | |
| Immunization Order | Immunization Performer Identification Number 05.024.0004 | The person that administered the immunization to the patient (may include both a name and an identifier) | Varchar | 18 | |
| Immunization Order | Immunization Product Code 05.024.0005 | A code describing the immunization product from a controlled vocabulary. Values: Refer Code Directory CD05.036 | Integer | 3 | |
| Immunization Order | Immunization Product Free text 05.024.0006 | The name of the Immunization substance or product without reference to a specific vendor (e.g., generic or other non-proprietary name). If a Coded Product Name is present, this is the text associated with the coded concept | Varchar | 99 | |
| Immunization Order | Immunization Information Source 05.024.0007 | The immunization information source is a value which indicates where the information about a specific immunization record came from. Values : Refer to Code directory CD05.046 | Integer | 3 | |
| Immunization Order | Immunization Administered Date 05.024.0008 | The Date of substance was administered or refused, i.e., when the immunization was administered to the patient, or refused by the patient or patient caregiver | | | Refer to Date (G00.01) |

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| Clinical Orders | Clinical Orders Description 05.025.0003 | This data element is the free text description of clinical orders. e.g. Warm saline gargles three Times a day. In addition, quantity related orders such as 'take two glasses of milk daily in Diet Orders', 'One tablespoon of Jaggery in breakfast daily' can also be ordered | Varchar | 254 | |
| Clinical Orders | Order ID 05.025.0004 | The order identifier from the perspective of the ordering Provider. Also known as the 'placer number' versus the pharmacies prescription number (or 'filler number') | Varchar | 12 | |
| Clinical Orders | Parent Order ID 05.025.0005 | The Order number of the Parent Order which may have spawned Child orders. Used to maintain the connection of the original order | Varchar | 10 | |
| Clinical Orders | Order Verifying Care Provider ID 05.025.0006 | The identity of the person (Unique Individual Care provider ID) who verified the accuracy of the entered request If Individual Care provider ID is not available, the Order Verified by person UID can be used in Alternate UID data element. | Varchar | 18 | |
| Clinical Orders | Order Group ID 05.025.0007 | An order group is a list of orders associated with an -placer group number. A group is established when the placer supplies a placer group number with the original order | Varchar | 10 | |
| Clinical Orders | Order Status 05.025.0008 | Report the status of an order either upon request or when the status changes<br>Values : Refer Code directory CD05.121 | Char | 2 | |
| Clinical Orders | Time of Order Transaction 05.025.0009 | Time of the order transaction | HH:MM:SS | 8 | |
| Clinical Orders | Order Setting Facility Type 05.025.0010 | Indicates the care setting in which the order is executed<br>Values: Refer Code Directory CD05.002 | Integer | 2 | |

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| Clinical Orders | Requested Order Start Time 05.025.0011 | The Time when the ordering provider is requesting the execution of orders | HH:MM:SS | 8 | |
| Clinical Orders | Order Priority 05.025.0012 | The priority of the order<br>Values: Refer Code Directory CD05.048 | Integer | 2 | |
| Clinical Orders | Placer Order ID 05.025.0013 | The order identifier from the perspective of the system placing the order | Varchar | 10 | |
| Clinical Orders | Filler Order ID 05.025.0014 | The order identifier from the perspective of the system fulfilling the order | Varchar | 10 | |
| Clinical Orders | Date of Order Transaction 05.025.0016 | The Date of the order transaction | | | Refer to Date (G00.01) |
| Clinical Orders | Requested Order Start Date 05.025.0017 | The Date when the ordering provider is requesting the execution of orders | | | Refer to Date (G00.01) |
| Procedures | Procedure Name 05.026.0001 | Name of procedure.<br>Values: Refer Code Directory CD05.043 | Varchar | 254 | |
| Procedures | Procedure Modifier 05.026.0002 | It is defined as body site on which this procedure was going to be performed.<br>Values: Refer Code Directory CD05.026 | Integer | 3 | |
| Procedures | Procedure Code 05.026.0003 | A coded value for Procedure performed on Patient taken from various vocabularies<br>Values: Refer Code Directory CD05.043 | Varchar | 10 | |
| Procedures | Procedure Type 05.026.0004 | This is a coded value describing the type of the Procedure.<br>Values: Refer Code Directory CD05.044 | Integer | 3 | |
| Procedures | Procedure Type Description 05.026.0005 | Free text describing the Procedure | Varchar | 99 | |
| Procedures | Procedure Time 05.026.0006 | Time of Procedure performed | HH:MM:SS | 8 | |

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| Procedures | Procedure Date 05.026.0007 | Date that the Procedure was performed | | | Refer to Date (G00.01) |
| Blood Bank | Blood Group 05.027.0013 | A blood type (also called a blood group) is a classification of blood based on the presence or absence of inherited antigenic substances on the surface of red blood cells (RBCs). The two most important ones are ABO and the Rh antigen; they determine someone's blood type (A, B, AB and O, with + and - denoting Rh status).<br>Values: Refer Code Directory CD05.006 | Integer | 1 | |
| Inventory | Inventory Item ID 05.031.0002 | An identifier assigned to identify an item in inventory - drugs, disposables etc. | Varchar | 50 | |
| Inventory | Inventory Group ID 05.031.0003 | An identifier for grouping inventory identifiers. For example, a hardware store may sell a set of tools that consists of multiple inventory items with a single Inventory ID. | Integer | 10 | |
| Inventory | Generic Drug Code 05.031.0004 | A code describing the prescription or non prescription generic drug product from a controlled vocabulary.<br>A generic drug is the simplified chemical name of the drug. There can be multiple brand names for the same generic drug.<br>Values: Refer Code Directory CD05.104 | Integer | 5 | |
| Inventory | Brand Drug Name 05.031.0005 | The branded or trademarked name of a generic drug. This may include additional information such as strength, dose form, etc.<br>Values: Refer Code Directory CD05.105 | Varchar | 99 | |
| Inventory | Brand Drug Code 05.031.0006 | A drug that has a trade name and is protected by a patent (can be produced and sold only by the company holding the patent)<br>Values: Refer Code Directory CD05.105 | Integer | 10 | |

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| Inventory | Drug Class 05.031.0007 | Classification of drugs as per NFI e.g. Antipyretics, Analgesics, Macrolide etc.<br>Values: Refer Code Directory CD05.106 | Integer | 2 | |
| Inventory | Physical Form of Drug 05.031.0010 | Physical form is in which a drug is produced and dispensed, such as a tablet, a capsule, or an Injectable etc.<br>Please refer Code Directory CD05.108 | Varchar | 6 | |
| Inventory | Inventory Item Name 05.031.0018 | Name of a non drug Inventory item.<br>Values: Refer Code Directory CD05.114 | Varchar | 99 | |
| Inventory | Brand Non-Drug Name 05.031.0019 | Brand name of a non drug Inventory item.<br>Values: Refer Code Directory CD05.045 | Varchar | 20 | |
| Inventory | Brand Non-Drug Code 05.031.0020 | Brand code of a non drug Inventory item.<br>Values: Refer Code Directory CD05.045 | Varchar | 99 | |
| Inventory | Patient Issue Date 05.031.0137 | The Date of a patient issue of inventory item. | | | Refer to Date (G00.01) |
| Inventory | Patient Item Return ID 05.031.0139 | An identifier for the return made by patient towards a patient issue of inventory item. This is generated by the local inventory management system. | Varchar | 50 | |
| Inventory | Patient Item Return Date 05.031.0140 | The Date of return made by patient towards a patient issue of inventory item. | | | Refer to Date (G00.01) |
| Inventory | Patient Item Return Reason 05.031.0141 | Reason for returning the inventory item by a patient. | Varchar | 254 | |
| Remission | Date of Remission 05.032.0001 | Date of Remission | | | Refer to Date (G00.01) |
| Remission | Remission Type 05.032.0002 | Categorization of Remission WHO ICD-10 Classification<br>Values : Refer Code Directory CD05.022 | Integer | 2 | |

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| Remission | Remission Name 05.032.0003 | Name of Remission Condition. Remission is defined as the state of absence of disease activity in patients with a chronic illness, with the possibility of return of disease activity. Values: Refer Code Directory CD05.019 | Varchar | 99 | |
| Remission | Remission Code 05.032.0004 | ICD -10 Code for Remission Condition Name Values: Refer Code Directory CD05.019 | Varchar | 10 | |
| Remission | Remission Description 05.032.0005 | Additional free text area to capture the Remission name if the same is not listed in WHO ICD -10 Classification of Diseases | Varchar | 254 | |
| Complications | Date of Complication 05.033.0001 | Date of Complication | | | Refer to Date (G00.01) |
| Complications | Complication Type 05.033.0002 | Categorization of Complication WHO ICD-10 Classification. Values : Refer Code Directory CD05.022 | Integer | 2 | |
| Complications | Complication Name 05.033.0003 | Name of the complication Values: Refer Code Directory CD05.019 | Varchar | 99 | |
| Complications | Complication Code 05.033.0004 | ICD -10 Code for Complication Name Values: Refer Code Directory CD05.019 | Varchar | 10 | |
| Complications | Complication Description 05.033.0005 | Additional free text area to capture the complication name if the same is not listed in WHO ICD -10 Classification of Diseases | Varchar | 200 | |
| Relapse | Date of Relapse 05.034.0001 | Date of Relapse | | | Refer to Date (G00.01) |
| Relapse | Relapse Type 05.034.0002 | Categorization of Relapse WHO ICD-10 Classification Values : Refer Code Directory CD05.022 | Integer | 2 | |
| Relapse | Relapse Name 05.034.0003 | Name of Relapse Condition. Relapse is defined as recurrence of a past (typically medical) condition or in other words, to fall back into | Varchar | 99 | |

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| | | an illness after a period of remission.<br>Patients are said to relapse if they improve while on treatment, but become ill again after stopping treatment.<br>Values: Refer Code Directory CD05.019 | | | |
| Relapse | Relapse Code 05.034.0004 | ICD -10 Code for Relapse Condition Name<br>Values: Refer Code Directory CD05.019 | Varchar | 10 | |
| Relapse | Relapse Description 05.034.0005 | Additional free text area to capture the Relapse name if the same is not listed in WHO ICD -10 Classification of Diseases | Varchar | 254 | |
| Morbidity | Date of Morbidity 05.035.0001 | Date of confirmation of Morbidity | | | Refer to Date (G00.01) |
| Morbidity | Morbidity Type 05.035.0002 | Categorization of Morbid Conditions as per WHO ICD-10 Classification.<br>Values: Refer Code Directory CD05.022 | Integer | 2 | |
| Morbidity | Morbidity Name 05.035.0003 | Name of the Morbid Condition. (Morbid conditions refers to the state of being diseased or unhealthy within a population)<br>Values: Refer Code Directory CD05.055 | Varchar | 99 | |
| Morbidity | Morbidity Code 05.035.0004 | ICD -10 code for the Morbid condition.<br>Values: Refer Code Directory CD05.055 | Varchar | 10 | |
| Morbidity | Morbidity Description 05.035.0005 | Additional free text area to capture the morbid condition in case the same is not listed WHO tabulation lists for morbidity | Varchar | 200 | |
| Disability | Date of Disability 05.036.0001 | Date of Disability | | | Refer to Date (G00.01) |
| Disability | Disability Type 05.036.0002 | Categorization of Disability as per WHO International Classification of Functioning, Disability and Health (ICF).<br>Values : Refer Code Directory | Integer | 1 | |

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| | | CD05.058 | | | |
| Disability | Disability Name 05.036.0003 | Name of the Disability Condition (Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these)<br>Values : Refer Code Directory CD05.059 | Varchar | 99 | |
| Disability | Disability Code 05.036.0004 | ICF Code for Disability Condition values : Refer Code Directory CD05.059 | Varchar | 10 | |
| Disability | Disability Description 05.036.0005 | Additional free text area to capture the disability name if the same is not listed in WHO International Classification of Functioning, Disability and Health (ICF) | Varchar | 200 | |
| Mortality | Date of Mortality 05.037.0001 | Date of Death | | | Refer to Date (G00.01) |
| Mortality | Mortality Category 05.037.0002 | Category of Mortality - General and Infant Mortality.<br>Values:<br>1- General Mortality<br>2- Infant Mortality | Integer | 1 | |
| Mortality | Mortality Type 05.037.0003 | It is the classification of Mortality Type<br>Values:<br>1 - Verbal Autopsy<br>2 - Clinical Confirmation | Integer | 1 | |
| Mortality | Mortality Name 05.037.0004 | Cause of Death (Mortality Name is defined as cause of death or condition of illness that leads to death)<br>If the mortality type is 2 (Clinical Confirmation) then the values are taken from:<br>Values: Refer Code Directory CD05.056 or CD05.057<br>If the mortality type is 1 (Verbal Autopsy) then the values are taken from:<br>Values : Refer Code Directory CD05.124 | Varchar | 99 | |

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| Mortality | Mortality Code 05.037.0005 | Cause of Death (Mortality Name is defined as cause of death or condition of illness that leads to death)<br>If the mortality type is 2 (Clinical Confirmation) then the values are taken from:<br>Values : Refer Code Directory CD05.056 and CD05.057<br>If the mortality type is 1 (Verbal Autopsy) then the values are taken from:<br>Values : Refer Code Directory CD05.124 | Varchar | 10 | |
| Mortality | Mortality Description 05.037.0006 | Additional free text area to capture the cause of death case the same is not listed WHO tabulation lists for mortality/Verbal Autopsy code list. | Varchar | 254 | |