

Outgoing Verified Medication Orders from Willow Inpatient Interface Technical Specification Technical Specification

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Message Specifications

The interface is used to transmit verified pharmacy orders to an automated dispense system or a system responsible for preparing or otherwise processing pharmacy orders. It is a real-time interface.

Note:

This document can be shared with third parties to assist with interface implementation.

The interface is a subset of the full standard as defined in the published normative HL7 documentation coinciding with the released software version. It may not support the entire HL7 specification, depending on functional needs.

Message Format for Event Type RDE^O11 (Pharmacy/Treatment Order Message)

RDE^O11	Pharmacy Order Message	Chapter
MSH	Message Header	2
PID	Patient Identification	3
[PV1]	Patient Visit	3
[[		
AL1	Patient Allergy	3
[NTE]	Allergy Notes	
}}		
ORC	Common Order	4
RXE	Pharmacy/Treatment Encoded Order	4
[ZXE]	Additional Dispense Information	N/A
[[TQ1]]	Frequency Information	4
[[PRT]]	Participation	7

RDE^O11	Pharmacy Order Message	Chapter
RXR	Pharmacy/Treatment Route	4
{		
RXC	Pharmacy/Treatment Component	4
[ZTA]	Additional Dispense Information at the Component Level	N/A
}		
[[OBX]]	Observation Notes	4
[ZRX]	Cart Fill Information	N/A
[[ZII]]	TPN Ion Information	4

ORR	Pharmacy Acknowledgment	Chapter
MSH	Message Header	2
MSA	Message Acknowledgment	2
[ERR]	Error Information	2

Sample Messages

Willow Inpatient Orders

Example: Orders with Literal Specified Frequency

```
MSH|^~\&|WILLOW|EPIC||PHARM1|20030331133729|100279|RDE^O11|20021|P|2.7||
PID|||003618337^^^200^ID||DOE^JOAN^^^^||19231228|F||W|1050 EPIC LANE^APT
103^NORTHFIELD^IA^50705^US^^^||319-444-9310||ENG|W|CAT|||||
ORC|NW|14181899^EPC|||||^DAILY&0900^^200303311345^^WILLOW^|200711160959|||100279^SHORT^ELA^S^^^|
RXE|^DAILY&0900^^200303311345^^WILLOW^|MTPS50^METOPROLOL SUCCINATE 50 MG PO
TB24^MEDNDC|50||3^mg|||||||^SHORT^ELA^S^^^|||||
RXR|PO^Oral|||
```

Example: Orders without Literal Specified Frequency

```
MSH|^~\&|WILLOW|EPIC||PHARM1|20030331133729|100279|RDE^O11|20021|P|2.7||
PID|||003618337^^^200^ID||DOE^JOAN^^^^||19231228|F||W|1050 EPIC LANE^APT
```

```

103^NORTHFIELD^IA^50705^US^^^|319-444-9310||ENG|W|CAT|||||
ORC|NW|14181899^EPC|||||^DAILY^^200303311345^^WILLOW^|200711160959||100279^SHORT^ELA^S^^^|
RXE|^DAILY&0900^^200303311345^^WILLOW^|MTPS50^METOPROLOL SUCCINATE 50 MG PO
TB24^MEDNDC|50||3^mg|||||||^SHORT^ELA^S^^^|||||||
RXR|PO^Oral|||

```

Example: Complex IV Solution Order as a Single Orderable

```

MSH|^~\&|WILLOW|EPIC||PHARM1|20030331131137|101240|RDE^O11|20000|P|2.7||
PID|||005322128^^^200^ID||DOE^JUDY^^^^|19250317|F||W|300 BESTON
RD^DEERFIELD^IL^60015^US^^^COOK|COOK|847-832-4777||ENG|W|NON|||||
ORC|NW|14181243^EPC|||||^NOW THEN
Q8HR^X1^200303311300^200303312059^WILLOW^|200711160959||101240^BURNES^DENISE^W^^^|||
RXE|^NOW THEN Q8HR^X1^200303311300^200303312059^WILLOW^|D5HBMK20^D5%W + 0.45% NACL + KCL 20 MEQ
1000ML^MEDNDC|||^||||||^BURNES^DENISE^W^^^|||||||
RXR|IV^Intravenous|||
RXC||D5HBMK20^D5%W + 0.45% NACL + KCL 20 MEQ 1000ML^MEDNDC||

```

Example: Complex IV Solution Order Split into Multiple Components

```

MSH|^~\&|WILLOW|EPIC||PHARM1|20020128101300||RDE^O11|798|P|2.7||
PID|||1234567^^^200^ID||DOE^JANE^^^^|19940704|F||10000 SW CORNELL^^BEAVERTON^OR^97005^|503-123-
2233|||||||
ORC|NW|52947^EPC|||||^Q6H^^200201290900^200201300900^^|200711160959|100^RAGOLINNI^MATT^^^^|400^H
OLMES^OLIVER^W^^^|||
RXE|14566^AMPICILLIN 1G IV^T|||||||400^HOLMES^OLIVER^W^^^|||||10|2^CC/MIN
RXC|B|61825202001^SODIUM CHLORIDE 0.9% IV SOLN|50|1^ML
RXC|A|38779082109^AMPICILLINPOWDER|1|4^GM

```

Supported Segments and Fields

MSH - Message Header

Element Name	Type	Usage	Notes
2 - Encoding Characters	ST	R	Value is: ^~\&
3 - Sending Application	HD	O	Format: Free text, configurable
4 - Sending Facility			Format: Free text, configurable
5 - Receiving Application	HD	O	Format: Free text, configurable
6 - Receiving Facility	HD	O	Format: Free text, configurable
7 - Date/Time of Message	DTM	R	Sending UTC offset is configurable. Example: 20140203133854-0500
8 - Security	ST	O	This field contains the user that triggered the interface message.
9 - Message Type	MSG	R	Sending <message structure> is configurable. Format: <Message type>^<Trigger event>^<message structure> Example: ADT^A08^ADT_A08 or ADT^A08
10 - Message Control ID	ST	R	The value sent in this field is returned in the

Supported Segments and Fields (continued)

			acknowledgment message (MSA).
11 - Processing ID	PT	R	This field can contain the following values: • D-Debugging • P-Production • T-Training
12 - Version ID	VID	R	HL7 version number. Example: 2.5.1
13 - Sequence Number	NM	O	Optional field used in the sequence number protocol Format: Numeric
14 - Not Supported			
15 - Accept Acknowledgment Type	ID	O	This field indicates whether request enhanced acknowledgments are requested. If null, original acknowledgments are requested. Potential values include: • AL-Always send acknowledgment • NE-Never send acknowledgment • ER-Only send acknowledgments on errors • SU-Only send acknowledgments on success
16 - Application Acknowledgment Type	ID	O	This field indicates whether request enhanced application acknowledgments are requested. If null, original application acknowledgments are requested. Values: • AL-Always send acknowledgment • NE-Never send acknowledgment • ER-Only send acknowledgments on errors • SU-Only send acknowledgments on success
17 - Country Code	ID	O	This field contains the country code.
18 - Character Set	ID	O	Configurable. Supports options for Unicode UTF-8, ASCII, or ISO 8859-1. Default is no translation.
19 - Not Supported			
20 - Not Supported			
21 - Message Profile Identifier	ID	O	
22 - Sending Responsible Organization	XON	O	Free text
23 - Receiving Responsible Organization	XON	O	Free text

Supported Segments and Fields (continued)

PID - Patient Identification

Element Name	Type	Usage	Notes
1 - Set ID	SI	O	
2 - Patient ID	CX	O	This field is for backward compatibility only.
3 - Patient ID	CX	R	Outgoing interfaces also support sending the specific patient identifiers specified in Chapter 3 of the Netherlands HL7 specification, HL7 Versie 2.4 NL; the Burgerservicenummer, Passport Identification, and Driver's License Number, in the following format: Burgerservicenummer: 066123456^^^NLMINBIZA^NNNLD^^20090101 Reisdocument (paspoort/identiteitskaart): AA1234567^^^NLMINBIZA^PPN^^20090101 Rijbewijs: 1234567890^^^NLRDW^DL^^20090101
4 - Alternate Patient ID	CX	O	This field is for backward compatibility only.
5 - Patient Name	XP	R	This field can contain the following values: • Patient name • Prefix • Suffix • Academic title
6 - Mother's Maiden Name	XP	O	
7 - Date/Time of Birth	DTM	O	Date of birth is always sent in this field. Time of birth is sent when available.
8 - Sex	IS	O	This field is mapped using a translation table.
9 - Patient Alias	XP	O	If multiple aliases are listed, this interface only sends the first in the alias list.
10 - Race	CWE	O	
11 - Patient Address	XAD	O	
12 - County Code	IS	O	
13 - Phone Number – Home	XTN	O	
14 - Phone Number – Work	XTN	O	
15 - Primary Language	CWE	O	This field contains the patient's written or spoken language. The interface sends the abbreviation in PID-15.1 and the category title in PID-15.2.
16 - Marital Status	CWE	O	This field is mapped using a translation table.
17 - Religion	CWE	O	This field is mapped using a translation table.
18 - Patient Account Number			

Supported Segments and Fields (continued)

19 - National Identifier – Patient	ST	O	Format: xxx-xx-xxxx or xxxxxxxxxx
20 - Driver's License Number – Patient	DLN	O	
21 - Mother's Identifier	CX	O	
22 - Ethnic Group	CWE	O	
23 - Birth Place	ST	O	• Birth city • Birth state Format: Standard HL7 address format or string

24 - Not Supported
 25 - Not Supported
 26 - Not Supported
 27 - Not Supported
 28 - Not Supported
 29 - Not Supported
 30 - Not Supported

31 - Patient Account Number

32 - Identity Reliability Code

PV1 - Visit Information

Element Name	Type	Usage	Notes
1 - Not Supported			
2 - Patient Class	CWE	O	
3 - Assigned Patient Location	PL	O	Format: <Point of care/Department>^<Room>^<Bed>^<Facility>^<Bed Status>^^<Building>^<Floor>^^^<ID Type>
4 - Not Supported			
5 - Not Supported			
6 - Not Supported			
7 - Attending Doctor	XCN	O	Format:<Provider ID>^<Name> or <Provider ID>^<Last name>^<First name>^<MI>^^^<Assigning authority>^^^<Identifier type code>
8 - Referring Doctor	XCN	O	Format:<Provider ID>^<Name> or <Provider ID>^<Last name>^<First name>^<MI>^^^<Assigning authority>^^^<Identifier type code>
9 - Consulting Doctor	XCN	O	Format: <Provider ID>^<Name> or <Provider ID>^<Last name>^<First name>^<MI>^^^<Assigning authority>^^^<Identifier type code>
10 - Not Supported			
11 - Temporary Location	PL	O	The interface supports fields 1, 2, 3, 4, 6, 7, and 8 and sends the full segment as ^<Point of Care/Department/Unit>^<Room>^<Bed>^<Facility>^

Supported Segments and Fields (continued)

^<Type>^<Building>^<Floor>

For example, a patient in unit 5NW of the WeCare Hospital, room 19, would be sent as:

5NW^019^^WE CARE^^^^

12 - Not Supported

13 - Not Supported

14 - Not Supported

15 - Not Supported

16 - Not Supported

17 - Admitting Doctor

XCN

O

Format:<Provider ID>^<Name> or

<Provider ID>^<Last name>^<First

name>^<MI>^^^^^<Assigning

authority>^^^^^<Identifier type code>

18 - Not Supported

19 - Visit Number

CX

O

20 - Not Supported

21 - Not Supported

22 - Not Supported

23 - Not Supported

24 - Not Supported

25 - Not Supported

26 - Not Supported

27 - Not Supported

28 - Not Supported

29 - Not Supported

30 - Not Supported

31 - Not Supported

32 - Not Supported

33 - Not Supported

34 - Not Supported

35 - Not Supported

36 - Not Supported

37 - Not Supported

38 - Not Supported

39 - Not Supported

40 - Not Supported

41 - Not Supported

42 - Not Supported

43 - Not Supported

44 - Admit Date/Time

DTM

O

45 - Not Supported

46 - Not Supported

47 - Not Supported

48 - Not Supported

49 - Not Supported

50 - Alternate Visit ID

ORC - Common Order

Element Name	Type	Usage	Notes
1 - Order Control	ID	R	Medication ordering event.

Values:

Supported Segments and Fields (continued)

- NW - New order/service
- DC - Discontinue order/service request
- HD - Hold order request
- RL - Release previous hold

With configuration, one of the following values can be sent when a verified medication order is updated:

- XO - Change order/service request
- XX - Order/service changed
- SC - Status changed

2 - Placer Order Number	EI	R	<Epic order number>^<assigning authority> The Epic order number is always numeric. The assigning authority default is "EPC", but is configurable.
3 - Filler Order Number	EI	O	
4 - Not Supported			
5 - Not Supported			
6 - Not Supported			
7 - Quantity/Timing	TQ	O	• Interval. This contains the frequency and explicit times if they are defined. The format sent is configurable • Duration. Format is X# for total number of doses, calculated by Willow Inpatient. • Start date and time. Standard HL7 date/time format. • End date and time. Standard HL7 date/time format. • Priority. Value sent is configurable • Condition. Used to indicate PRN. Value sent is configurable. • ADS Vendor "Days of the Week String" is optional Format: ^<Interval>^<Duration>^<Start Date/Time>^<End Date/Time>^Priority^<Condition> Examples: ^ONCE^^200510140900^200510200900^R^P RN ^DAILY@0900,1500^X16^200510140900^200510200900 ^R^1
8 - Parent	CM	O	
9 - Date and Time of Transaction	DTM	R	Ordering date and time
10 - Entered By	XCN	O	<ID number>^<Last name>^<First name>^<MI>^^^^^^^<ID type>

Supported Segments and Fields (continued)

11 - Verified By	XCN	O	<ID number>^<Last name>^<First name>^<MI>^^^^^^^<ID type>
12 - Medications Prescribing Provider	XCN	R	<ID number>^<Last name>^<First name>^<MI>^^^^^<Assigning authority>^^^^<ID type>
13 - Not Supported			
14 - Call Back Phone Number	XTN	O	The phone number of the patient's encounter departmentnnnnnn-nnnn^^^^<Country code>^<City/area code>^<Number>^<Extension>
15 - Order Effective Date/Time	DTM	O	Sent for Leave of Absence events only. Contains the date and time for a Leave of Absence event.
16 - Order Control Code Reason	CWE	O	Reason for discontinuation <code>^<text>^<coding system>
17 - Not Supported			
18 - Entering Device	CWE	O	Dispensing Workstation Format: <LWS ID>^<LWS Name>
19 - Not Supported			
20 - Not Supported			
21 - Ordering Facility Name	XON	O	Organization name
22 - Ordering Facility Address	XAD	O	Format: <Street Address>^<Street Address 2>^<City>^<State or Province>^<ZIP or Postal Code>^<Country (ID)>
23 - Ordering Facility Phone Number	XTN	O	Format: (nnn)nnn-nnnn
24 - Ordering Provider Address	XAD	O	Format: <Street Address>^<Street Address 2>^<City>^<State or Province>^<ZIP or Postal Code>^<Country (ID)>
25 - Not Supported			
26 - Not Supported			
27 - Not Supported			
28 - Not Supported			
29 - Order Type	IS	O	

RXE - Pharmacy/Treatment Encoded Order

Element Name	Type	Usage	Notes
1 - Quantity/Timing	TQ	R	The interface supports components 2-7 of RXE-1. Interval. This contains the frequency and explicit times if they are defined. The format sent is configurable

Supported Segments and Fields (continued)

- Duration. Format is X# for total number of doses, calculated by Willow Inpatient.
- Start date and time. Standard HL7 date/time format.
- End date and time. Standard HL7 date/time format.
- Priority. Value sent is configurable
- Condition. Used to indicate PRN. Value sent is configurable.
- ADS Vendor "Days of the Week String" is configurable

Format:

`^<Interval>^<Duration>^<Start Date/Time>^<End Date/Time>^Priority^<Condition>`

Examples:

`^ONCE^^200510140900^200510200900^R^PRN`

`^DAILY@0900,1500^X16^200510140900^200510200900^R^1`

2 - Give Code	CWE	R	<code><ID>^<Medication Name>^<Coding System>^^^^^<Order Display Name></code> The interface can also be configured to send the brand name in the fifth component: <code><ID>^<Medication Name>^<Coding System>^^<Medication Brand Name>^^^^<Order Display Name></code>
3 - Give Amount – Minimum	NM	R	
4 - Give Amount – Maximum	NM	O	
5 - Give Units	CWE	R	Format: <code><ID>^<Text></code>
6 - Give Dosage Form	CWE	O	<code><ID>^<Text></code>
7 - Provider's Administration Instructions	CWE	O	Pharmacy administration instructions. May be configured as either a TX (Text Data) or CWE (Coded With Exceptions) data type.
8 - Not Supported			
9 - Substitution Status	ID	O	
10 - Dispense Amount	NM	O	Medication dispense amount as entered by the user or calculated from the strength of the medication and the dosage required.
11 - Dispense Unit	CWE	O	
12 - Dispense Refills	NM	O	
13 - Ordering Provider's DEA Number	XCN	O	
14 - Pharmacist's/Treatment	XCN	O	

Supported Segments and Fields (continued)

Supplier's Verifier ID				
15 - Prescription Number	ST	O		
16 - Number of Refills Remaining	NM	O		
17 - Number of Refills/Doses Dispensed	NM	O		
18 - D/T of Most Recent Refill of Dose Dispensed	DTM	O		
19 - Total Daily Dose	CQ	O		
20 - Needs Human Review	ID	O		
21 - Pharmacy/Treatment Supplier's Special Dispensing Instructions	CWE	O		If the medication is marked as the patient's own medication and no dosage is indicated: <code>PHM^Patient supplied medication</code>. If the medication is marked as the patient's own medications and the number of doses is indicated: <code>PHM^Patient supplied medication&<number of doses></code>
22 - Give Per (Time Unit)	ST	O		
23 - Give Rate Amount	ST	O		If the medication is a continuous IV, this field contains the rate value.
24 - Give Rate Units	CWE	O		If the medication is a continuous IV, this field contains the rate units, e.g., mg/hr. Format: <code><ID>^<Rate Unit></code>
25 - Give Strength	NM	O		If the medication is concentration dosed, this field contains the strength value.
26 - Give Strength Units	CWE	O		If the medication is concentration dosed, this field contains the strength units. e.g., 3^mg Format: <code><Units Identifier>^<Units Text></code>
27 - Give Indication	CWE	O		Each of the PRN reasons followed by the PRN comment and each indication of use followed by a comment. This field can contain an additional field component to indicate the type of information being sent. Example: - One PRN reason with comment: <code><PRN Code>^<PRN Title>^PRN~CMT^<PRN Comment>^PRNCMT</code> - If the interface is configured to send the indication of use as well, one PRN reason with comment and one indication of use with comment: <code><PRN Code>^<PRN Title>^PRN~CMT^<PRN Comment>^PRNCMT<Indication Code>^<Indication Name>^IND~^<Indication Comment>^INDTXT</code> HL7 has defined this field as a CWE field. If the ADS or

Supported Segments and Fields (continued)

			downstream system requires free text string in this field, the name and comments will need to be parsed.
28 - Dispense Package Size	NM	O	
29 - Dispense Package Size Unit	CWE	O	
30 - Dispense Package Method	ID	O	Sends the dispensing pharmacy type (PHR 500) abbreviation
31 - Supplementary Code	CWE	O	The interface can be configured to send supplementary medication codes such as RxNorm codes in this field.
32 - Not Supported			
33 - Give Drug Strength Volume	NM	O	If the medication is concentration dosed, this field contains the strength volume value.
34 - Give Drug Strength Volume Units	CWE	O	If the medication is concentration dosed, this field contains the strength volume units. e.g., 1^mL Format:<Units Identifier>^<Units Text>
35 - Controlled Substance Schedule	CWE	O	
36 - Not Supported			
37 - Not Supported			
38 - Not Supported			
39 - Not Supported			
40 - Dispensing Pharmacy	CWE	O	Sends the dispensing pharmacy for the order. ID^Name
41 - Not Supported			
42 - Not Supported			
43 - Not Supported			
44 - Dispense Code	ID	O	Sends the dispense code for the order

ZXE - Additional Pharmacy/Treatment Encoded Order Information

Element Name	Type	Usage	Notes
1 - First Dose - Include Now	CWE	O	
2 - No Label Flag	CWE	O	
3 - Volume Without Overfill	NM	O	
4 - Volume Without Overfill Unit	CWE	O	
5 - Total Volume With Overfill	NM	O	
6 - Total Volume With Overfill Unit	CWE	O	
7 - Dispense Type	ST	O	
8 - Dispense Contact	CWE	O	
9 - Not Supported			
10 - Preparation Type	CWE	O	The preparation type of the medication. Format: <Preparation type>

Supported Segments and Fields (continued)

11 - Preparation Instructions	TX	O	Preparation instructions for the medication. If no preparation instructions are recorded, nothing is sent in this field.
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TQ1 - Frequency Information

Element Name	Type	Usage	Notes
1 - Set ID	SI	R	Increments for each TQ1 segment following the RXE segment.
2 - Not Supported			
3 - Repeat Pattern	RPT		
4 - Explicit Time	TM		
5 - Not Supported			
6 - Not Supported			
7 - Start Date and Time	DTM		Date and time in <YYYYMMDDHHMMSS> format
8 - End Date and Time	DTM		Date and time in <YYYYMMDDHHMMSS> format
9 - Priority Code	CWE		The interface sends either "PRN" or a coded value based on the table mapping configuration.
10 - Condition Text	TX		
11 - Not Supported			
12 - Conjunction	ID		
13 - Occurrence Duration	CQ		Format: <Duration>^<Units>
14 - Total Occurrences	NM	O	

PRT - Participation for Order

Element Name	Type	Usage	Notes
1 - Participation Instance ID	EI		Numeric value that is incremented for each PRT segment sent
2 - Action Code	ID	R	This field sends "SP" for updates sent in Snapshot mode and "UP" for Update in all other scenarios.
3 - Not Supported			
4 - Participation	CWE	R	
5 - Participation Person	XCN		<ID number>^<Last name>^<First name>^<Middle initial>^^^^^<Assigning authority>^^^^<ID type>
6 - Not Supported			
7 - Not Supported			
8 - Not Supported			
9 - Not Supported			
10 - Not Supported			
11 - Not Supported			
12 - Not Supported			
13 - Not Supported			
14 - Participation Address	XAD		• Street

Supported Segments and Fields (continued)

- City
- State
- ZIP/Postal code
- Country
- County

Format:

<Street 1>^<Street 2>^<City>^<State>^<ZIP code>^<Country>^^^<County>

Country and county can be mapped using a translation table

15 - Participant
Telecommunication Address

XTN

- Phone
- Fax
- E-mail address

Format: nnnnnn-nnnn^^<Telecommunication equipment type>^<E-mail address>

Each different type of communication method will be separated by a repetition separator.

RXR - Route Information

Element Name	Type	Usage	Notes
1 - Route	CWE	R	<ID>^<Text>
2 - Site	CWE	O	<ID>^<Text>
3 - Not Supported			
4 - Administration Method	CWE	O	<ID>^<Text>

RXC - Component Information

Element Name	Type	Usage	Notes
1 - RX Component Type	ID	R	For a mixture, indicates whether the component is the Base or an Additive. Format: B or A
2 - Component Code	CWE	R	Format:< ID>^<Medication name>^<Coding System>
3 - Component Amount	NM	R	Amount to be dispensed
4 - Component Units	CWE	R	Uses a translation table. Format is <ID>^<Text>.
5 - Component Strength	NM	O	Typically available/sent only for TPN or similar orders.
6 - Component Strength Units	CWE	O	Typically entered/sent only for TPN or similar orders. Uses a translation table. Format is <ID>^<Text>.

Supported Segments and Fields (continued)

7 - Supplementary Code	CWE	O	If the order is a mixture, the brand name of the first component is sent in this field. The interface can be configured to send supplementary medication codes such as RxNorm codes in this field.
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OBX - Observation Notes

Element Name	Type	Usage	Notes
1 - Set ID	NM	O	Incremented once per time a label is sent to an APFS.
2 - Value Type	ID	O	Supported Codes: NM - Numeric
3 - Question ID	CWE	R	
4 - Not Supported			
5 - Answers		O	
6 - Units	CWE	O	

ZRX - Cart Fill Information

Element Name	Type	Usage	Notes
1 - Cart Fill Flag	CWE	O	This field is sent only for robot orders to signify a first dose or cart fill. This field is typically set to F for cart fills and N for a first dose.
2 - Cart Fill Date and Time	DTM	O	If the message is a cart fill, the value is the date and time the cart starts on the unit. If the message is a first dose, the value is the current date and time.
3 - Formatted Barcode Text	ST	O	The formatted barcode for the dispense can be sent with or without dispense information based on configuration.
4 - Expiration Date and Time	DTM	O	The expiration date and time can be sent across the interface if the medication is configured with stability and stability units.
5 - Not Supported			
6 - Number Refills Dispensed - Encoded	NM	O	
7 - Not Supported			
8 - Not Supported			
9 - Label Comments	TX	O	
10 - Due Date and Time	DTM	O	Dispense due date and time. This field is blank for manual dispenses because the due date and time are unknown for manual dispenses.

ZTA - Additional Dispense Information

Element Name	Type	Usage	Notes
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Supported Segments and Fields (continued)

1 - Single Dispense Amount	NM	O	
2 - Single Dispense Unit	IS	O	
3 - Not Supported			
4 - Not Supported			
5 - Therapeutic Class	ST	O	
6 - Ingredient Overfilled Flag	CWE	O	This field will contain a value of 1 if the ingredient is overfilled.
7 - Converted Overfilled Dispense	ST	O	
8 - Converted Overfilled Dispense - Unit	CWE	O	Uses a translation table. Format is <ID>^<Text>.
9 - Ingredient Volume Without Overfill	NM	O	
10 - Ingredient Volume Without Overfill - Unit	CWE	O	Uses a translation table. Format is <ID>^<Text>.
11 - Ingredient Volume With Overfill	NM	O	
12 - Ingredient Volume With Overfill - Unit	CWE	O	Uses a translation table. Format is <ID>^<Text>.
13 - Formatted Dispense Amount	ST	O	

ZII - TPN Ion Information

Element Name	Type	Usage	Notes
1 - Set ID	SI	O	Sequentially numbered for each ZII segment. One ZII segment is sent for each ion in a total parenteral nutrition (TPN) order. Format: Numeric
2 - Ion Name	CWE	O	Name of the ion.
3 - Ion Amount	NM	O	The ordered amount for an ion.
4 - Units	CWE	O	The units corresponding to the ordered ion amount in ZII-3. Uses a translation table. Format is <ID>^<Text>.

AL1 - AL1 Segment Configuration

Element Name	Type	Usage	Notes
1 - Set ID	SI	R	Numeric value incremented for each allergy sent.
2 - Allergen Type Code	CWE	O	Allergy type
3 - Allergen Code/Mnemonic/Description	CWE	R	External allergy code Format: <Code>^<Description>^<Code type>^<Alternate text>
4 - Allergy Severity Code	CWE	O	Allergy severity This field is mapped using a translation table.

Supported Segments and Fields (continued)

5 - Allergy Reaction Code	ST	O	Allergy reactions Allergy reaction comments Format: <Code> ^ <Description> or <String> Allergy reactions are typically entered in the Allergy module as coded.
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6 - Identification Code	DT	O	The allergy identification date
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7 - Not Supported

8 - Not Supported

9 - Sensitivity to Causative Agent Code	CWE	O	Allergy sensitivity or type (in application) This field is mapped using a translation table.
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ZAL -

Element Name	Type	Usage	Notes
1 - Allergy - Set Id	SI	R	Numeric value incremented for each allergy sent.
2 - Not Supported			
3 - Allergy - Alternate Mnemonics	CWE	R	External allergy code Format: <Code> ^ <Description> ^ <Code type> ^ ^ <Alternate text> This field may repeat.
4 - Allergy - Severity Code	CWE	O	Allergy severity This field is mapped using a translation table.
5 - Not Supported			
6 - Not Supported			
7 - Allergy - Unique Identifier	EI	R	Typically, Epic's allergen Identifier. Unique across all patients, numeric, no field length. Could also be of format ID ^ coding system.
8 - Not Supported			
9 - Allergy - Sensitivity Code	CWE	O	Allergy sensitivity or type (in application) This field is mapped using a translation table.
10 - Allergy - Alternate Group Codes	CWE	O	Format: <Code> ^ <Description> ^ <Code type> ^ ^ <Alternate text> This field may repeat.
11 - Allergy - Onset Date	DT	O	Date the allergy was initially noted.
12 - Not Supported			
13 - Allergy - Reported Date/time	DTM	O	The date and time the allergy was entered.
14 - Allergy - Reported By	XP	O	The user who last modified the individual allergy.

Supported Segments and Fields (continued)

Person	Format: <ID>^<Name> or (preferred) <ID>^^^^^^^<Assigning authority>^^^^<ID type>
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15 - Not Supported

16 - Not Supported

17 - Not Supported

18 - Allergy - Statused By Person	XCN	O	The user/provider that last verified the patient allergy data. Format: <ID>^<Name> or (preferred) <ID>^^^^^^^<Assigning authority>^^^^<ID type>
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19 - Not Supported

20 - Allergy - Statused At Date/time	DTM	O	Verification date and time
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NTE - Comments following AL1

Element Name	Type	Usage	Notes
1 - Set ID	SI	O	Incremented for each NTE sent Format: Numeric

2 - Not Supported

3 - Comment	FT	O
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4 - Comment Type	CWE	O
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5 - Not Supported

6 - Entered Date/Time	DTM	O
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ZHH - Home Health and Hospice Information

Element Name	Type	Usage	Notes
1 - Not Supported			
2 - Hospice-Covered Flag			A value of "Y" or "N" is sent in this field to indicate whether hospice care will cover the medication.

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