



## USCDI v4 Summary of Data Classes and Data Elements

### Allergies and Intolerances

- Substance (Medication)
- Substance (Drug Class)
- Substance (Non-Medication)
- Reaction

### Care Team Member(s)

- Care Team Member Name
- Care Team Member Identifier
- Care Team Member Role
- Care Team Member Location
- Care Team Member Telecom

### Clinical Notes

- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

### Clinical Tests

- Clinical Test
- Clinical Test Result/Report

### Diagnostic Imaging

- Diagnostic Imaging Test
- Diagnostic Imaging Report

### Encounter Information

- Encounter Type
- Encounter Identifier
- Encounter Diagnosis
- Encounter Time
- Encounter Location
- Encounter Disposition

### Facility Information

- Facility Identifier
- Facility Type
- Facility Name

### Goals and Preferences

- Patient Goals
- SDOH Goals
- Treatment Intervention Preference
- Care Experience Preference

### Health Insurance Information

- Coverage Status
- Coverage Type
- Relationship to Subscriber
- Member Identifier
- Subscriber Identifier
- Group Identifier
- Payer Identifier

### Health Status Assessment

- Health Concerns
- Functional Status
- Disability Status
- Mental/Cognitive Status
- Pregnancy Status
- Alcohol Use
- Substance Use
- Physical Activity
- SDOH Assessment
- Smoking Status

### Immunizations

- Immunizations

### Laboratory

- Tests
- Values/Results
- Specimen Type
- Result Status
- Result Unit of Measure
- Result Reference Range
- Result Interpretation
- Specimen Source Site
- Specimen Identifier
- Specimen Condition Acceptability

### Medical Devices

- Unique Device Identifier - Implantable

### Medications

- Medications
- Dose
- Dose Unit of Measure
- Indication
- Fill Status
- Medication Instructions
- Medication Adherence

### Patient Demographics/Information

- First Name
- Last Name
- Middle Name (Including middle initial)
- Name Suffix
- Previous Name
- Date of Birth
- Date of Death
- Race
- Ethnicity
- Tribal Affiliation

### Patient Demographics/Information (cont.)

- Sex
- Sexual Orientation
- Gender Identity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address
- Related Person's Name
- Relationship Type
- Occupation
- Occupation Industry

### Patient Summary and Plan

- Assessment and Plan of Treatment

### Problems

- Problems
- SDOH Problems/Health Concerns
- Date of Diagnosis
- Date of Resolution

### Procedures

- Procedures
- Performance Time
- SDOH Interventions
- Reason for Referral

### Provenance

- Author Time Stamp
- Author Organization

### Vital Signs

- Systolic Blood Pressure
- Diastolic Blood Pressure
- Average Blood Pressure
- Heart Rate
- Respiratory Rate
- Body Temperature
- Body Height
- Body Weight
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2 - 20 years)
- Weight-for-length Percentile (Birth - 24 Months)
- Head Occipital-frontal Circumference Percentile (Birth-36 Months)