Supplemental Information

SUPPLEMENTAL TABLE 1 Recommended Data Elements for Revised EIF and Mapping to USCDI V1[35]

Revised EIF Section	Recommended EIF Elements	USCDI V1 Data Class	USCDI V1 Data Elements
Personal identification and demographics		Patient demographics	
	First name		First name
	Middle name		Middle name
	Last name		Last name
	Suffix		Suffix
	Birth date		Date of birth
	Gender		
	Birth sex		Birth sex
	Race		Race
	Ethnicity		Ethnicity
	Address		Current address
	Phone numbers (mobile, home, other, and indicate preferred)		Phone number
	E-mail		E-mail address
	Primary or preferred language		Preferred language
	Nickname or preferred name		
	Preferred pronouns		
	Mode of communication		
	Date information last updated	Provenance	Author time stamp
			Author organization
Critical information for initial encounter		Assessment and plan of treatment	
	Advanced directive or code status		Assessment and plan of treatment
	Procedures and therapies to avoid		Assessment and plan of treatment
	Specific emergency management		Assessment and plan of treatment
	Patient calming techniques		Assessment and plan of treatment
	Baseline functional or mental status		Assessment and plan of treatment
	Baseline vital signs (heart rate, respiratory rate, systolic blood pressure, diastolic blood pressure, pulse oximetry weight, height)	Vital signs	Heart rate, respiratory rate, diastolic blood pressure, systolic blood pressure, pulse oximetry, weight, height
	Inhaled oxygen concentration and other settings		Inhaled oxygen concentration
	Allergies - medicines	Allergies and intolerances	Substance (drug class); substance (medication); reaction
	Allergies − food and environmental	Health concerns	Health concerns
	Blood type		Health concerns
	Prosthesis or technologies	Unique device identifier(s) for a patient's implantable device(s)	Unique device identifier(s) for a patient's implantable device(s)
Caregivers or emergency contacts	(May list multiple)	Care team member(s)	
	Name		Care team member(s)
	Primary caregiver (Y or N)		Care team member(s)
	Relationship to patient		Care team member(s)
	Primary or preferred language		Care team member(s)
	Preferred phone number		Care team member(s)
	Alternate phone number		Care team member(s)
	Preferred address		Care team member(s)
	Preferred e-mail address		Care team member(s)
Medical professionals	(May list multiple)	Care team member(s)	
	Name		Care team member(s)
	Primary care provider or medical home (Y or N)		Care team member(s)
	Provider specialty		Care team member(s)
	Provider phone number		Care team member(s)
	Provider address		Care team member(s)
	Usual site for tertiary care		Care team member(s)
	Site of tertiary care address		Care team member(s)

Revised EIF Section	Recommended EIF Elements	USCDI V1 Data Class	USCDI V1 Data Elements
Pharmacies	Site of tertiary care phone number (May list multiple)	Care team member(s)	Care team member(s)
	Pharmacy name		Care team member(s)
	Preferred pharmacy (Y or N)		Care team member(s)
	Pharmacy address		Care team member(s)
	Pharmacy phone number		Care team member(s)
Medical summary		Clinical notes or problems	
	Current problems or diagnoses		Consultation note; discharge summary note; history and physical; progress note; problems
	Procedures or surgeries (description and dates)		Procedure note
	Recent imaging results		Imaging narrative
	Goals	Goals	Goals
	Recent laboratory results	Laboratory or clinical notes	Tests; values or results; laboratory report narrative
	Immunizations	Immunizations	Immunizations
	Current medications (name, dose, route, frequency)	Medications	Medications

USCDI V1[35] data elements not recommended for inclusion in Revised EIF: phone number type, smoking status, BMI percentile, weight-for-length percentile, head occipital-frontal circumference, pathology report narrative.