HL7 Message Guide for Nutrition Services Suite (NSS) ADT and Diet Order Interfaces
CONTENTS

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1 Health Level 7 (HL7) Interface Specifications

Intended for use with HL7 Standards, Versions 2.1 and higher (ADT) and 2.2 and higher (Orders).

HL7 Minimum Lower Layer Protocol (M LLP)
The HL7 encoded messages must be enclosed by special characters using the HL7 Minimal Lower Layer Protocol. Maximum transaction size allowed: 20K.

\(<SB><HL7\ message><EB><CR>\)

where \(<SB> = 0B\ hex, \<EB> = 1C\ hex, \<CR> = Carriage\ Return.\)

HL7 Acknowledgments
Positive (ACK) or negative (NAK) acknowledgments can be provided to the HIS upon receipt of each transaction. The ACK will signal that the transaction has been received and can therefore trigger the next transaction to be sent. A NAK will signal that the transaction may have an error.

CBORD's HL7 Acknowledgments are formatted in accordance with HL7 Standards, Version 2.1 and higher.

<table>
<thead>
<tr>
<th>Segment</th>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
<td></td>
<td>Message Header</td>
</tr>
<tr>
<td>MSA</td>
<td>1</td>
<td>Acknowledgment code (AA, AE, AR)</td>
</tr>
<tr>
<td>MSA</td>
<td>2</td>
<td>Message Control ID</td>
</tr>
<tr>
<td>MSA</td>
<td>4</td>
<td>Expected Sequence Number</td>
</tr>
<tr>
<td>ERR</td>
<td>1^3</td>
<td>Application Level Error (optional)</td>
</tr>
</tbody>
</table>

HL7 Sequence Number Checking
Sequence number checking is optional. If a sequence number is found to be in error, the CBORD acknowledgment code in MSA:1 (MSA segment, field 1) will be AR. The expected sequence number will be in MSA:4. The response of the sending system should be to send the transaction with the correct sequence number.

To resynchronize sequence numbers in an HL7 environment:

If the CBORD interface receives a transaction with a sequence number of -1, it will respond with a -1 as the expected sequence number in MSA:4 and will accept any sequence number greater than 0 in the next message it receives. (The resynchronizing sequence number comes from the sending application.)

If that next message received by CBORD contains a sequence number less than 1 (except for -1 which is used to start the resynchronization process), it will respond with the next expected sequence number. The “next expected sequence number” is an increment of 1 over the sequence number of that last message processed prior to the resynchronizing sequence. (The resynchronizing sequence number comes from CBORD.)

The HL7 acknowledgment code used in each of the above instances is AA. During resynchronization, data is not processed from the transaction and the interface console window is only used to display the status of the resynchronization. Upon restart of the interface, any sequence number is accepted.

HL7 Null Definition
A null (empty, unvalued) field is recognized by its field separators (before and after) being contiguous with no characters in between.
### 1.1 HL7 ADT Specifications

<table>
<thead>
<tr>
<th>HL7 Event Types</th>
<th>Action Taken By CBORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>A01   Admit a Patient</td>
<td>Admit</td>
</tr>
<tr>
<td>A02   Transfer a Patient</td>
<td>Transfer</td>
</tr>
<tr>
<td>A03   Discharge a Patient</td>
<td>Discharge</td>
</tr>
<tr>
<td>A04   Register a Patient</td>
<td>Admit</td>
</tr>
<tr>
<td>A05   Pre-admit a Patient</td>
<td>Admit</td>
</tr>
<tr>
<td>A06   Transfer Outpatient to Inpatient</td>
<td>Admit</td>
</tr>
<tr>
<td>A07   Transfer Inpatient to Outpatient</td>
<td>Discharge</td>
</tr>
<tr>
<td>A08   Update Patient Information</td>
<td>Update</td>
</tr>
<tr>
<td>A09   Patient Departing</td>
<td>Discharge</td>
</tr>
<tr>
<td>A10   Patient Arriving</td>
<td>Admit</td>
</tr>
<tr>
<td>A11   Cancel Admit</td>
<td>Discharge</td>
</tr>
<tr>
<td>A12   Cancel Transfer</td>
<td>Transfer</td>
</tr>
<tr>
<td>A13   Cancel Discharge</td>
<td>Cancel Discharge</td>
</tr>
<tr>
<td>A17   Swap Patients' Locations</td>
<td>2 Transfers. Requires 2 PID and 2 PV1 segments (one pair per patient)</td>
</tr>
<tr>
<td>A18   Merge Patient Information</td>
<td>Update Patient Identifiers for current visit, unless Identifier is already in use.</td>
</tr>
<tr>
<td>A34   Update Patient ID</td>
<td></td>
</tr>
<tr>
<td>A35   Update Patient Account Number</td>
<td></td>
</tr>
<tr>
<td>A36   Update Patient ID and Account Number</td>
<td></td>
</tr>
<tr>
<td>A21   Leave of Absence – Exit</td>
<td>Discharge</td>
</tr>
<tr>
<td>A22   Leave of Absence – Return</td>
<td>Cancel Discharge</td>
</tr>
<tr>
<td>A31   Update Patient Information</td>
<td>Update</td>
</tr>
<tr>
<td>A32   Cancel Patient Arriving</td>
<td>Discharge</td>
</tr>
<tr>
<td>A33   Cancel Patient Departing</td>
<td>Cancel Discharge</td>
</tr>
<tr>
<td>A52   Cancel Leave of Absence</td>
<td>Cancel Discharge</td>
</tr>
<tr>
<td>A53   Cancel Patient Return from Leave of Absence</td>
<td>Discharge</td>
</tr>
</tbody>
</table>
HL7 ADT Message Layouts

The order of the segments, per record types, is defined below. Following these descriptions of the message structures, you will find more detailed definitions of the segments that are supported.

A01 Admit a Patient; A04 Register a Patient, A05 Pre-admit a Patient, A08 Update Patient Information, A13 Cancel Discharge, A31 Update Patient Information

<table>
<thead>
<tr>
<th>Supported Segments</th>
<th>Required</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
<td>Y</td>
<td>Message Header</td>
</tr>
<tr>
<td>EVN</td>
<td>C</td>
<td>Event</td>
</tr>
<tr>
<td>PID</td>
<td>Y</td>
<td>Patient Identification</td>
</tr>
<tr>
<td>PD1</td>
<td></td>
<td>Patient Demographic Information (not used)</td>
</tr>
<tr>
<td>NK1</td>
<td></td>
<td>Next of Kin (not used)</td>
</tr>
<tr>
<td>PV1</td>
<td>Y</td>
<td>Patient Visit</td>
</tr>
<tr>
<td>PV2</td>
<td></td>
<td>Patient Visit – additional information</td>
</tr>
<tr>
<td>DB1</td>
<td></td>
<td>Disability (not used)</td>
</tr>
<tr>
<td>OBX</td>
<td></td>
<td>Observations/Patient Profile</td>
</tr>
<tr>
<td>AL1</td>
<td></td>
<td>Allergies</td>
</tr>
<tr>
<td>NTE</td>
<td></td>
<td>Allergy Notes</td>
</tr>
<tr>
<td>DG1</td>
<td></td>
<td>Diagnosis Information</td>
</tr>
<tr>
<td>DRG</td>
<td></td>
<td>Diagnosis Related Group (not used)</td>
</tr>
<tr>
<td>PR1</td>
<td></td>
<td>Procedures (not used)</td>
</tr>
<tr>
<td>ROL</td>
<td></td>
<td>Role (not used)</td>
</tr>
<tr>
<td>GT1</td>
<td></td>
<td>Guarantor (not used)</td>
</tr>
<tr>
<td>IN1</td>
<td></td>
<td>Insurance (not used)</td>
</tr>
<tr>
<td>IN2</td>
<td></td>
<td>Insurance Additional Info. (not used)</td>
</tr>
<tr>
<td>IN3</td>
<td></td>
<td>Insurance Additional Info - Cert. (not used)</td>
</tr>
<tr>
<td>ACC</td>
<td></td>
<td>Accident Information (not used)</td>
</tr>
<tr>
<td>UB1</td>
<td></td>
<td>Universal Bill Information (not used)</td>
</tr>
<tr>
<td>UB2</td>
<td></td>
<td>Universal Bill 92 Information (not used)</td>
</tr>
</tbody>
</table>

*Y/C = Yes / Conditional
### A06 Transfer Outpatient to Inpatient, A07 Transfer Inpatient to Outpatient

<table>
<thead>
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<th>Required</th>
<th>Description</th>
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<tbody>
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<td>Message Header</td>
</tr>
<tr>
<td>EVN</td>
<td>C</td>
<td>Event</td>
</tr>
<tr>
<td>PID</td>
<td>Y</td>
<td>Patient Identification</td>
</tr>
<tr>
<td>PD1</td>
<td></td>
<td>Patient Demographic Information (not used)</td>
</tr>
<tr>
<td>MRG</td>
<td></td>
<td>Merge (not used)</td>
</tr>
<tr>
<td>NK1</td>
<td></td>
<td>Next of Kin (not used)</td>
</tr>
<tr>
<td>PV1</td>
<td>Y</td>
<td>Patient Visit</td>
</tr>
<tr>
<td>PV2</td>
<td></td>
<td>Patient Visit – additional information</td>
</tr>
<tr>
<td>DB1</td>
<td></td>
<td>Disability (not used)</td>
</tr>
<tr>
<td>OBX</td>
<td></td>
<td>Observations/Patient Profile</td>
</tr>
<tr>
<td>AL1</td>
<td></td>
<td>Allergies</td>
</tr>
<tr>
<td>NTE</td>
<td></td>
<td>Allergy Notes</td>
</tr>
<tr>
<td>DG1</td>
<td></td>
<td>Diagnosis Information</td>
</tr>
<tr>
<td>DRG</td>
<td></td>
<td>Diagnosis Related Group (not used)</td>
</tr>
<tr>
<td>PR1</td>
<td></td>
<td>Procedures (not used)</td>
</tr>
<tr>
<td>ROL</td>
<td></td>
<td>Role (not used)</td>
</tr>
<tr>
<td>GT1</td>
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<td>Guarantor (not used)</td>
</tr>
<tr>
<td>IN1</td>
<td></td>
<td>Insurance (not used)</td>
</tr>
<tr>
<td>IN2</td>
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<td>Insurance Additional Info. (not used)</td>
</tr>
<tr>
<td>IN3</td>
<td></td>
<td>Insurance Additional Info. - Cert. (not used)</td>
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<tr>
<td>ACC</td>
<td></td>
<td>Accident Information (not used)</td>
</tr>
<tr>
<td>UB1</td>
<td></td>
<td>Universal Bill Information (not used)</td>
</tr>
<tr>
<td>UB2</td>
<td></td>
<td>Universal Bill 92 Information (not used)</td>
</tr>
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</table>


<table>
<thead>
<tr>
<th>Supported Segments</th>
<th>Required</th>
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</tr>
<tr>
<td>EVN</td>
<td>C</td>
<td>Event</td>
</tr>
<tr>
<td>PID</td>
<td>Y</td>
<td>Patient Identification</td>
</tr>
<tr>
<td>PD1</td>
<td></td>
<td>Patient Demographic Information (not used)</td>
</tr>
<tr>
<td>PV1</td>
<td>Y</td>
<td>Patient Visit</td>
</tr>
<tr>
<td>PV2</td>
<td></td>
<td>Patient Visit – additional information</td>
</tr>
<tr>
<td>DB1</td>
<td></td>
<td>Disability (not used)</td>
</tr>
<tr>
<td>OBX</td>
<td></td>
<td>Observations/Patient Profile</td>
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</tbody>
</table>

*Y/C = Yes / Conditional*
A03 Discharge a Patient

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<td>Message Header</td>
</tr>
<tr>
<td>EVN</td>
<td>C</td>
<td>Event</td>
</tr>
<tr>
<td>PID</td>
<td>Y</td>
<td>Patient Identification</td>
</tr>
<tr>
<td>PD1</td>
<td></td>
<td>Patient Demographic Information (not used)</td>
</tr>
<tr>
<td>PV1</td>
<td>Y</td>
<td>Patient Visit</td>
</tr>
<tr>
<td>PV2</td>
<td></td>
<td>Patient Visit – additional information</td>
</tr>
<tr>
<td>DB1</td>
<td></td>
<td>Disability (not used)</td>
</tr>
<tr>
<td>DG1</td>
<td></td>
<td>Diagnosis Information</td>
</tr>
<tr>
<td>DRG</td>
<td></td>
<td>Diagnosis Related Group (not used)</td>
</tr>
<tr>
<td>PR1</td>
<td></td>
<td>Procedures (not used)</td>
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<tr>
<td>ROL</td>
<td></td>
<td>Role (not used)</td>
</tr>
<tr>
<td>OBX</td>
<td></td>
<td>Observations/Patient Profile</td>
</tr>
</tbody>
</table>

A09 Patient Departing, A10 Patient Arriving, A11 Cancel Admit, A12 Cancel Transfer

<table>
<thead>
<tr>
<th>Supported Segments</th>
<th>Required</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
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<td>Message Header</td>
</tr>
<tr>
<td>EVN</td>
<td>C</td>
<td>Event</td>
</tr>
<tr>
<td>PID</td>
<td>Y</td>
<td>Patient Identification</td>
</tr>
<tr>
<td>PD1</td>
<td></td>
<td>Patient Demographic Information (not used)</td>
</tr>
<tr>
<td>PV1</td>
<td>Y</td>
<td>Patient Visit</td>
</tr>
<tr>
<td>PV2</td>
<td></td>
<td>Patient Visit – additional information</td>
</tr>
<tr>
<td>DB1</td>
<td></td>
<td>Disability (not used)</td>
</tr>
<tr>
<td>OBX</td>
<td></td>
<td>Observations/Patient Profile</td>
</tr>
<tr>
<td>DG1</td>
<td></td>
<td>Diagnosis Information</td>
</tr>
</tbody>
</table>

*Y/C = Yes / Conditional
### A17 Swap Patient Locations

<table>
<thead>
<tr>
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<th>Required</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
<td>Y</td>
<td>Message Header</td>
</tr>
<tr>
<td>EVN</td>
<td>C</td>
<td>Event</td>
</tr>
<tr>
<td>PID</td>
<td>Y</td>
<td>Patient Identification for Patient 1</td>
</tr>
<tr>
<td>PD1</td>
<td></td>
<td>Patient Demographic Information (not used)</td>
</tr>
<tr>
<td>PV1</td>
<td>Y</td>
<td>Patient Visit for Patient 1</td>
</tr>
<tr>
<td>PV2</td>
<td></td>
<td>Patient Visit for Patient 1 - additional info</td>
</tr>
<tr>
<td>DB1</td>
<td></td>
<td>Disability (not used)</td>
</tr>
<tr>
<td>OBX</td>
<td></td>
<td>Observations/Patient Profile for Patient 1</td>
</tr>
<tr>
<td>PID</td>
<td>Y</td>
<td>Patient Identification for Patient 2</td>
</tr>
<tr>
<td>PD1</td>
<td></td>
<td>Patient Demographic Information (not used)</td>
</tr>
<tr>
<td>PV1</td>
<td>Y</td>
<td>Patient Visit for Patient 2</td>
</tr>
<tr>
<td>PV2</td>
<td></td>
<td>Patient Visit for Patient 2 - additional info</td>
</tr>
<tr>
<td>DB1</td>
<td></td>
<td>Disability (not used)</td>
</tr>
<tr>
<td>OBX</td>
<td></td>
<td>Observations/Patient Profile for Patient 2</td>
</tr>
</tbody>
</table>

### A18, A34, A35, A36 Update Patient Information (Update Patient Identifiers)

<table>
<thead>
<tr>
<th>Supported Segments</th>
<th>Required</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>MSH</td>
<td>Y</td>
<td>Message Header</td>
</tr>
<tr>
<td>EVN</td>
<td>C</td>
<td>Event</td>
</tr>
<tr>
<td>PID</td>
<td>Y</td>
<td>Patient Identification</td>
</tr>
<tr>
<td>PD1</td>
<td></td>
<td>Patient Demographic Information (not used)</td>
</tr>
<tr>
<td>MRG</td>
<td>Y</td>
<td>Merge</td>
</tr>
<tr>
<td>PV1</td>
<td>C</td>
<td>Patient Visit</td>
</tr>
</tbody>
</table>

*Y/C = Yes / Conditional*
## ADT Segments Definitions

These segment definitions include required and commonly used fields among CBORD users. For more detail on segment definitions, please refer to HL7 Standards, Versions 2.1 and higher. Most fields are variable-length fields, although field lengths in online display and reports from the Nutrition Services Suite may be limited.

### MSH - Message Header Segment

<table>
<thead>
<tr>
<th>MSH Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “MSH”</td>
<td>Message Control</td>
</tr>
<tr>
<td>1</td>
<td>Field Separator</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Encoding Characters</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sending Application</td>
<td>C</td>
<td>Constant Required if Acknowledgments are used.</td>
<td>Filter; Acknowledgments</td>
</tr>
<tr>
<td>4</td>
<td>Sending Facility</td>
<td>C</td>
<td>Constant Required for some methods of multiple database updates.</td>
<td>Filter</td>
</tr>
<tr>
<td>5</td>
<td>Receiving Application</td>
<td>O</td>
<td>Constant “CBORD”</td>
<td>Filter</td>
</tr>
<tr>
<td>6</td>
<td>Receiving Facility</td>
<td>C</td>
<td>Constant Required for some methods of multiple database updates.</td>
<td>Filter</td>
</tr>
<tr>
<td>7</td>
<td>Date/Time of Message</td>
<td>R</td>
<td>CCYYMMDDHHMM</td>
<td>Message Control</td>
</tr>
<tr>
<td>9</td>
<td>Message Type</td>
<td>R</td>
<td>Component 1=ADT Component 2=HL7 Event type code</td>
<td>Record Type</td>
</tr>
<tr>
<td></td>
<td>Event Type</td>
<td>C</td>
<td>If Event type is not provided, the use of the EVN segment must be defined at implementation.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Message Control ID</td>
<td>R</td>
<td>Will be returned in ACK.</td>
<td>Message Control</td>
</tr>
<tr>
<td>12</td>
<td>Version ID</td>
<td>O</td>
<td></td>
<td>Message Control</td>
</tr>
<tr>
<td>13</td>
<td>Sequence Number</td>
<td>C</td>
<td>Required for sequence number checking.</td>
<td>Message Control</td>
</tr>
</tbody>
</table>

*R/O/C = Required / Optional / Conditional

### EVN - Event Segment

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<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
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<tbody>
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<td>0</td>
<td>Segment Identifier</td>
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<td>Constant “EVN”</td>
<td>Message Control</td>
</tr>
<tr>
<td>1</td>
<td>Event Type</td>
<td>C</td>
<td>Required if Event Type is not valued in component 2 of MSH field 9.</td>
<td>Record Type</td>
</tr>
<tr>
<td>2</td>
<td>Event Date/Time</td>
<td>O</td>
<td>CCYYMMDDHHMM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Segment Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
</tbody>
</table>

*R/O/C = Required / Optional / Conditional
### PID - Patient Identification Segment

<table>
<thead>
<tr>
<th>PID Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “PID”</td>
<td>Message Control</td>
</tr>
<tr>
<td>3</td>
<td>Patient ID (Internal ID)</td>
<td>R</td>
<td>MRN. CBORD will use 24 characters.</td>
<td>Patient ID</td>
</tr>
<tr>
<td>4</td>
<td>Alternate Patient ID</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Patient Name</td>
<td>R</td>
<td>Component 1 – Last Name</td>
<td>Patient Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R</td>
<td>Component 2 – First Name</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>O</td>
<td>Component 3 – Middle Name or Initial</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>O</td>
<td>Component 4 - Suffix (SR, JR, MD or PH)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>C</td>
<td>CBORD will use 250 characters, display 24, for each Last Name and First Name. The first repetition of this field will be used as the primary patient name.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The second repetition of this field will be used according to the value in Component 7. See HL7 Table 0200 - Name Type Code for the complete value set.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>D = Customary name (“Known As”)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N = Nickname or Preferred Name</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Date of Birth</td>
<td>O</td>
<td>CCYYMMDD</td>
<td>Birth Date</td>
</tr>
<tr>
<td>8</td>
<td>Sex</td>
<td>O</td>
<td>Valid values: M, F, P, L, O or U P = Female and will check Pregnant box L = Female and will check Lactating box O = Other U = Unknown</td>
<td>Sex</td>
</tr>
<tr>
<td>10</td>
<td>Race Code</td>
<td>O</td>
<td>Valid values: 1002-5 American Indian or Alaska Native 2028-9 Asian 2054-5 Black or African American 2076-8 Native Hawaiian or Other Pacific Islander 2106-3 White 2131-1 Other Race If value is not provided, the field in CBORD will be set to null/empty.</td>
<td>Race</td>
</tr>
<tr>
<td>15</td>
<td>Language Code</td>
<td>O</td>
<td>Valid values for: English = en or eng Spanish = es or spa French = fr or fra</td>
<td>Patient’s Language</td>
</tr>
<tr>
<td>17</td>
<td>Religion</td>
<td>O</td>
<td>Component 2 - Description</td>
<td>Religion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CBORD will use a total of 40 characters obtained from the Description.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Patient Account No.</td>
<td>O</td>
<td>CBORD will use 24 characters.</td>
<td>Billing ID</td>
</tr>
<tr>
<td>19</td>
<td>Patient SSN</td>
<td>O</td>
<td>Social Security ID. Numeric only.</td>
<td>Patient SSN</td>
</tr>
<tr>
<td></td>
<td>Segment Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
</tbody>
</table>

*R/O/C = Required / Optional / Conditional*
### MRG - Merge Patient Information Segment

<table>
<thead>
<tr>
<th>MRG Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “MRG”</td>
<td>Message Control</td>
</tr>
<tr>
<td>1</td>
<td>Prior Patient ID List</td>
<td>C</td>
<td>Component 1 – Prior Patient MRN Required to change the patient’s MRN.</td>
<td>Prior Patient Identifier</td>
</tr>
<tr>
<td>3</td>
<td>Prior Patient Account Number</td>
<td>C</td>
<td>Component 1 – Prior Patient Account Number Required to change patient Billing ID.</td>
<td>Prior Billing ID</td>
</tr>
<tr>
<td></td>
<td>Segment Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
</tbody>
</table>

*R/O/C = Required / Optional / Conditional

### PV1 - Patient Visit Segment

<table>
<thead>
<tr>
<th>PV1 Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “PV1”</td>
<td>Message Control</td>
</tr>
<tr>
<td>2</td>
<td>Patient Class</td>
<td>C</td>
<td>“I” designates inpatient transactions, which are most relevant to the CBORD system.</td>
<td>Filter</td>
</tr>
<tr>
<td>3</td>
<td>Patient Location</td>
<td>C</td>
<td>Component 1 – Nursing Station ID Component 2 – Room Component 3 – Bed Max lengths: Nursing Station ID: 8 (Description =15) Room/Bed=20 Values are not auto truncated.</td>
<td>Room/Bed</td>
</tr>
<tr>
<td>7</td>
<td>Attending Doctor</td>
<td>O</td>
<td>Component 2 – Last Name Component 3 – First Name CBORD will use a total of 36 characters obtained from the Doctor’s Last and First Name.</td>
<td>Physician</td>
</tr>
<tr>
<td>15</td>
<td>Ambulatory Status</td>
<td>O</td>
<td>“B6” designates sex of Female and will check Pregnant box.</td>
<td>Pregnant</td>
</tr>
<tr>
<td>16</td>
<td>VIP Indicator</td>
<td>O</td>
<td>Valid values: Y -or- N</td>
<td>VIP</td>
</tr>
<tr>
<td>38</td>
<td>Insulin Indicator</td>
<td>O</td>
<td>Valid values: Y -or- N</td>
<td>Insulin</td>
</tr>
<tr>
<td>44</td>
<td>Admit Date/Time</td>
<td>C</td>
<td>CCYYMMDDHHMM Required for Admission: If value is not provided, CBORD will use EVN or system date/time.</td>
<td>Admit Date/Time</td>
</tr>
<tr>
<td>45</td>
<td>Discharge Date/Time</td>
<td>C</td>
<td>CCYYMMDDHHMM Required for Discharge: If value is not provided, CBORD will use EVN or system date/time.</td>
<td>Discharge Date/Time Filter.</td>
</tr>
<tr>
<td></td>
<td>Segment Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
</tbody>
</table>

*R/O/C = Required / Optional / Conditional
**PV2 - Patient Visit Segment – Additional Information**

<table>
<thead>
<tr>
<th>PV2 Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “PV2”</td>
<td>Message Control</td>
</tr>
<tr>
<td>12</td>
<td>Protocol ID</td>
<td>O</td>
<td>Protocol code</td>
<td>Protocol ID</td>
</tr>
<tr>
<td>40</td>
<td>Level of Care</td>
<td>O</td>
<td>“F” designates Isolation, any other value except null removes Isolation</td>
<td>Isolation</td>
</tr>
<tr>
<td></td>
<td>Segment Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
</tbody>
</table>

*R/O/C = Required / Optional / Conditional

**OBX - Observation Segment**

<table>
<thead>
<tr>
<th>OBX Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “OBX”</td>
<td>Message Control</td>
</tr>
<tr>
<td>3</td>
<td>Observation Identifier</td>
<td>O</td>
<td>“Lactating” will check Lactating box.</td>
<td>Lactating</td>
</tr>
<tr>
<td>5</td>
<td>Observation Identifier</td>
<td>R</td>
<td>Component 1:</td>
<td>Data Type</td>
</tr>
<tr>
<td></td>
<td>Observation Result Value</td>
<td>R</td>
<td>For Height: HT</td>
<td>Data Value</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For Weight: WT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Component 3: Value</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Valid value ranges are:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>English Units:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weight: Greater than 0 and not more than 2204 lbs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Height: Greater than 0 and not more than 1549 in.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Metric Units:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weight: Greater than 0 and less than 1000 kg.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Height: Greater than 0 and less than 3935 cm.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>When updating height and weight, both values must be sent inside the same transaction by using multiple OBX segments.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Unit of Measure</td>
<td>O</td>
<td>Component 1 or 2.</td>
<td>Data Value Measure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If no U of M is provided, a constant unit of measure must be defined at implementation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Valid values: IN, CM, LB or KG</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Observation Date/Time</td>
<td>O</td>
<td>CCYYMMDDHHMM</td>
<td>Date/Time of Recorded Profile Data</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If no value is provided, CBORD will use EVN or system date/time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Segment Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
</tbody>
</table>

*R/O/C = Required / Optional / Conditional
## AL1 - Allergies Segment

<table>
<thead>
<tr>
<th>AL1 Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “AL1”</td>
<td>Message Control</td>
</tr>
<tr>
<td>2</td>
<td>Allergy Type</td>
<td>C</td>
<td>Required for Food Allergies: FA</td>
<td>Filter</td>
</tr>
<tr>
<td>3</td>
<td>Allergy Code</td>
<td>R</td>
<td>Multiple repetitions within this field and/or multiple AL1 segments represent concurrent allergies. Maximum Allergy codes may be limited by your reporting requirements, but all allergies are checked for meal compliance. Maximum Allergy code length is 12 characters. The codes are not case sensitive.</td>
<td>Allergy</td>
</tr>
</tbody>
</table>

Segment Separator R Message Control

*R/O/C = Required / Optional / Conditional

## NTE - Note Segment

<table>
<thead>
<tr>
<th>NTE Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “NTE”</td>
<td>Message Control</td>
</tr>
<tr>
<td>3</td>
<td>Note Text</td>
<td>O</td>
<td>Maximum Note length may be limited by your reporting requirements. Maximum Note length is unlimited.</td>
<td>Allergy Notes</td>
</tr>
</tbody>
</table>

Segment Separator R Message Control

*R/O/C = Required / Optional / Conditional

## DG1 - Diagnosis Segment

<table>
<thead>
<tr>
<th>DG1 Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as--</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “DG1”</td>
<td>Message Control</td>
</tr>
<tr>
<td>3</td>
<td>Diagnosis Code</td>
<td>O</td>
<td>ICD9 code. Max Length: 45</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>4</td>
<td>Diagnosis Description</td>
<td>O</td>
<td>Natural language description of diagnosis.</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>5</td>
<td>Diagnosis Start Date/Time</td>
<td>O</td>
<td>CCYYMMDDHHMM For use with coded diagnosis. If value is not provided, CBORD will use MSH Field 7. If value is not found in MSH Field 7, CBORD will use the system date/time.</td>
<td>Diagnosis Start Date/Time</td>
</tr>
</tbody>
</table>

Segment Separator R Message Control

*R/O/C = Required / Optional / Conditional
1.2 HL7 Diet Order Interface Specifications

In NSS a diet order can be composed of several diet restrictions. For example, one order may include 40 gram Protein, 1 gram Sodium, 1 gram Potassium, MAO, Full Liquid, and No Concentrated Sweets. **All concurrent parts (diet restrictions) of a diet order must be entered at once, from one ORM transaction.** Entry of diet restrictions at a later time implies a new diet order that will supersede the last one as of the new one’s start date and time.

All diet restrictions must be represented as coded elements; variable free text may be used in messaging but is not supported in NSS diet restrictions.

Multiple Order Control Segments (ORC) per message are supported. Orders are created based on the information from the ORC segment that they follow.

<table>
<thead>
<tr>
<th>HL7 Event Types</th>
<th>Action Taken By CBORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW New Order</td>
<td>Add new order to the card file.</td>
</tr>
<tr>
<td>CA Cancel Order</td>
<td>Cancel a previously sent order identified by the placer order number. Does not revoke any NTE segments attached to the order.</td>
</tr>
<tr>
<td>DC Discontinue Order</td>
<td>Cancel a previously sent order identified by the placer order number. Does not revoke any NTE segments attached to the order.</td>
</tr>
<tr>
<td>RP Replace Order</td>
<td>Cancel a previously sent order identified by the placer order number. Does not revoke any NTE segments attached to the order. Adds new order to the card file.</td>
</tr>
</tbody>
</table>
HL7 Orders Message Layout

The order of the segments is defined below. Following these descriptions of the message structures, you will find more detailed definitions of the segments that are supported.

NW- New Order, CA- Cancel Order, DC- Discontinue Order, RP – Replace Order
* Please see the CBORD HL7 ADT Interface specifications for segment details.

<table>
<thead>
<tr>
<th>Supported Segments</th>
<th>Required</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSH</td>
<td>Y</td>
<td>Message Header</td>
</tr>
<tr>
<td>*EVN</td>
<td>C</td>
<td>Event</td>
</tr>
<tr>
<td>NTE</td>
<td></td>
<td>Notes (not used)</td>
</tr>
<tr>
<td>*PID</td>
<td>Y</td>
<td>Patient Identification</td>
</tr>
<tr>
<td>NTE</td>
<td></td>
<td>Notes (not used)</td>
</tr>
<tr>
<td>*PV1</td>
<td>Y</td>
<td>Patient Visit</td>
</tr>
<tr>
<td>*PV2</td>
<td></td>
<td>Patient Visit – additional info</td>
</tr>
<tr>
<td>IN1</td>
<td></td>
<td>Insurance (not used)</td>
</tr>
<tr>
<td>IN2</td>
<td>C</td>
<td>Insurance Additional Info. (not used)</td>
</tr>
<tr>
<td>IN3</td>
<td></td>
<td>Insurance Additional Info - Cert. (not used)</td>
</tr>
<tr>
<td>GT1</td>
<td></td>
<td>Guarantor (not used)</td>
</tr>
<tr>
<td>*AL1</td>
<td></td>
<td>Allergies</td>
</tr>
<tr>
<td>*NTE</td>
<td></td>
<td>Allergy Notes</td>
</tr>
<tr>
<td>ORC</td>
<td>Y</td>
<td>Order Control</td>
</tr>
<tr>
<td>ODS</td>
<td>C</td>
<td>Order Dietary Service (required for NW and RP)</td>
</tr>
<tr>
<td>NTE</td>
<td></td>
<td>Notes</td>
</tr>
<tr>
<td>*DG1</td>
<td></td>
<td>Diagnosis Information</td>
</tr>
<tr>
<td>*OBX</td>
<td></td>
<td>Observations/Patient Profile</td>
</tr>
<tr>
<td>NTE</td>
<td></td>
<td>Notes (not used)</td>
</tr>
<tr>
<td>ODT</td>
<td></td>
<td>Order Dietary Tray</td>
</tr>
<tr>
<td>NTE</td>
<td></td>
<td>Notes (not used)</td>
</tr>
<tr>
<td>RXO</td>
<td></td>
<td>Order Enteral (Tube Feeding - TF) (not used)</td>
</tr>
<tr>
<td>NTE</td>
<td></td>
<td>Notes (not used)</td>
</tr>
<tr>
<td>RXR</td>
<td></td>
<td>Pharmacy/Treatment Route (not used)</td>
</tr>
<tr>
<td>RXC</td>
<td></td>
<td>Pharm/Treat Component Order (not used)</td>
</tr>
<tr>
<td>NTE</td>
<td></td>
<td>Notes (not used)</td>
</tr>
</tbody>
</table>

*Y/C = Yes / Conditional
Order Segments Definitions

These segment definitions include required and commonly used fields among CBORD users. For more detail on segment definitions, please refer to HL7 Standards, Versions 2.2 and higher. Most fields are variable-length fields, although field lengths in online display and reports from the Nutrition Services Suite may be limited.

MSH - Message Header Segment

<table>
<thead>
<tr>
<th>MSH Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “MSH”</td>
<td>Message Control</td>
</tr>
<tr>
<td>1</td>
<td>Field Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
<tr>
<td>2</td>
<td>Encoding Characters</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
<tr>
<td>3</td>
<td>Sending Application</td>
<td>C</td>
<td>Constant. Required if Acknowledgments are used.</td>
<td>Filter; Acknowledgments</td>
</tr>
<tr>
<td>4</td>
<td>Sending Facility</td>
<td>C</td>
<td>Constant Required for some methods of multiple database updates.</td>
<td>Filter</td>
</tr>
<tr>
<td>5</td>
<td>Receiving Application</td>
<td>O</td>
<td>Constant “CBORD”</td>
<td>Filter</td>
</tr>
<tr>
<td>6</td>
<td>Receiving Facility</td>
<td>C</td>
<td>Constant Required for some methods of multiple database updates.</td>
<td>Filter</td>
</tr>
<tr>
<td>7</td>
<td>Date/Time of Message</td>
<td>R</td>
<td>CCYMMDDHHMM</td>
<td>Message Control</td>
</tr>
<tr>
<td>9</td>
<td>Message Type Event Type</td>
<td>R</td>
<td>Component 1=ORM Component 2=001</td>
<td>Record Type</td>
</tr>
<tr>
<td>10</td>
<td>Message Control ID</td>
<td>R</td>
<td>Will be returned in ACK.</td>
<td>Message Control</td>
</tr>
<tr>
<td>12</td>
<td>Version ID</td>
<td>O</td>
<td></td>
<td>Message Control</td>
</tr>
<tr>
<td>13</td>
<td>Sequence Number</td>
<td>C</td>
<td>Required for sequence number checking.</td>
<td>Message Control</td>
</tr>
</tbody>
</table>

*R/O/C = Required / Optional / Conditional
### ORC - Order Control Segment

<table>
<thead>
<tr>
<th>ORC Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “ORC”</td>
<td>Message Control</td>
</tr>
<tr>
<td>1</td>
<td>Order Control</td>
<td>R</td>
<td>NW, CA, DC, RP</td>
<td>Record Type</td>
</tr>
<tr>
<td>2</td>
<td>Placer Order Number</td>
<td>R</td>
<td>Alphanumeric. Maximum length is 22.</td>
<td>Placer Order Number</td>
</tr>
<tr>
<td>7</td>
<td>Quantity/Timing</td>
<td>C</td>
<td>Component 1 - Quantity For use with Supplements. If value is not provided, CBORD will use a default quantity of one for each supplement. If value is provided, it will be used for each supplement that is specified within that ORC grouping.</td>
<td>Quantity and Timing data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R</td>
<td>Component 4 - Start Date/Time CCYMMDDHHMM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>O</td>
<td>Component 5 – End Date/Time CCYMMDDHHMM</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Entered By</td>
<td>O</td>
<td>Maximum length is 7. Value is auto truncated.</td>
<td>Authorization</td>
</tr>
<tr>
<td>11</td>
<td>Verified By</td>
<td>O</td>
<td>If no value is provided in ORC Field 10, CBORD will use this field.</td>
<td>Authorization</td>
</tr>
<tr>
<td>12</td>
<td>Ordering Provider</td>
<td>O</td>
<td>If no value is provided in ORC Field 11, CBORD will use this field.</td>
<td>Authorization</td>
</tr>
<tr>
<td>15</td>
<td>Order Effective</td>
<td>C</td>
<td>CCYMMDDHHMM If no value is provided in ORC Field 7 component 4, CBORD will use this field. If no value is then provided in this field, CBORD will use the system date/time.</td>
<td>Start Date</td>
</tr>
</tbody>
</table>

*R/O/C = Required / Optional / Conditional*
### ODS - Order Dietary Service Segment

<table>
<thead>
<tr>
<th>ODS Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “ODS”</td>
<td>Message Control</td>
</tr>
<tr>
<td>1</td>
<td>Dietary Service Type</td>
<td>R</td>
<td>D = Diet</td>
<td>Message Control</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S = Supplement</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Service Period</td>
<td>C</td>
<td>For use with Supplements. If value is not provided, CBORD will apply supplements to All Meals. Meal Periods: 1 = Breakfast 2 = 10 AM Snack 3 = Lunch 4 = 2 PM Snack 5 = Dinner 6 = HR Snack 7 = Catering, AM 8 = Brunch 9 = Catering, Afternoon 10 = Catering, Late 11 = All Day *User defined Meal Periods can be created in NSS to represent multiple meal period groups (i.e. BLD = Breakfast/Lunch/Dinner). Value must contain at least one alpha character for interfacing. A single Meal Period or User defined Meal Period, will be applied to the Supplements defined in the same ODS segment. Within an ORC grouping, ODS segments with the same Meal Periods will be combined as one order. Multiple repetitions within this field represent concurrent Meal Periods. Translation is then used to translate multiple Meal Periods into a single User defined Meal Period.</td>
<td>Meal period</td>
</tr>
<tr>
<td>3</td>
<td>Dietary Service</td>
<td>R</td>
<td>Multiple repetitions within this field represent concurrent Diet Restrictions or Supplements, as designated by the first field of the ODS segment. Multiple ODS segments are supported. Maximum Diet Restriction codes may be limited by your reporting requirements, but all Diet Restrictions are checked for meal compliance. Maximum Diet Restriction code length is 12 characters. Maximum Supplement code length is 25 characters. Diet Restriction and Supplement codes are not case sensitive.</td>
<td>Diet Restrictions or Supplements</td>
</tr>
<tr>
<td>4</td>
<td>Segment Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
</tbody>
</table>

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### NTE - Note Segment

<table>
<thead>
<tr>
<th>NTE Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “NTE”</td>
<td>Message Control</td>
</tr>
<tr>
<td>3</td>
<td>Note Text</td>
<td>O</td>
<td>Maximum Note length may be limited by your reporting requirements.</td>
<td>Diet Order Notes or Supplement Notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maximum Note length is unlimited.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note will be associated with the ODS that it follows, either a Diet Order or Supplement Order as defined above.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Segment Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
</tbody>
</table>

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### ODT - Order Dietary Tray Segment

<table>
<thead>
<tr>
<th>ODT Field</th>
<th>Field Name</th>
<th>R/O/C*</th>
<th>Comments</th>
<th>Used by CBORD as</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Segment Identifier</td>
<td>R</td>
<td>Constant “ODT”</td>
<td>Message Control</td>
</tr>
<tr>
<td>1</td>
<td>Tray Type</td>
<td>O</td>
<td>Service “location” coded for the service type:</td>
<td>Service Type</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MSG = Tray Ticket Message</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PMN = Personal Menu Note</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Early = Early Tray</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Late = Late Tray</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RS = Room Service</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NoRS = No Room Service</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Service Period</td>
<td>O</td>
<td>Repetition 1: Start Meal</td>
<td>Service Meal Period</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Repetition 2: End Meal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For use with Services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If value is not provided, CBORD will apply service to All Meals.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meal Periods:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 = Breakfast</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 = 10 AM Snack</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 = Lunch</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 = 2 PM Snack</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 = Dinner</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6 = HR Snack</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 = Catering, AM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8 = Brunch</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 = Catering, Afternoon</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10 = Catering, Late</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>11 = All Day</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Text Instruction</td>
<td>C</td>
<td>Free Text message for the Tray Ticket Note or Personal Menu Note if indicated by Tray Type ODT.1</td>
<td>Tray Text</td>
</tr>
<tr>
<td></td>
<td>Segment Separator</td>
<td>R</td>
<td></td>
<td>Message Control</td>
</tr>
</tbody>
</table>

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