Foot ulcer - history

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at http://meteor.aihw.gov.au

Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000822 Version number: 1

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 01-MAR-05

Definition: Whether or not person has a previous history of foot ulceration on

either foot.

Context: Public health, health care and clinical settings.

Relational and Representational Attributes

Datatype: Numeric

Representational CODE

form:

Representation N

layout:

Minimum Size: 1
Maximum Size: 1

Data Domain: 1 Yes- history of foot ulceration

2 No- no history of foot ulceration

9 Not stated/inadequately described

Guide For Use: Record whether or not the person has a history of foot ulceration.

Collection Methods: Ask the individual if he/she a previous history of foot ulceration.

Alternatively obtain this information from appropriate

documentation.

Related metadata: relates to the data element Foot deformity version 1

relates to the data element Foot lesion - active version 1 relates to the data element Foot ulcer - current version 1

relates to the data element Lower limb amputation due to vascular

disease version 1

relates to the data element Peripheral neuropathy - status version 1 relates to the data element Peripheral vascular disease in feet -

status version 1

Administrative Attributes

Source Document: National Diabetes Outcomes Quality Review Initiative

(NDOQRIN) data dictionary.

Source Organisation: National Diabetes Data Working Group

Comments: Past history of foot ulceration, peripheral neuropathy and foot deformities have been associated with increased risk of foot ulceration and lower limb amputation for patients who suffer from diabetes. The aim is to identify the 'high-risk foot' as indicated by a past history of foot problems, especially ulceration.

> Following the Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus, individuals with a 'high-risk foot' or a significant active foot problem should be examined every six months or at every visit.

Assessment:

- -ask patient about previous foot problems, neuropathic symptoms, rest pain and intermittent claudication
- -inspect the feet (whole foot, nails, between the toes) to identify active foot problems and the 'high-risk foot'
- -assess footwear
- -check peripheral pulses
- -examine for neuropathy by testing reflexes and sensation preferably using tuning fork, 10 g monofilament and/or biothesiometer.

Data Element Links

Information Model Entities linked to this Data Element

NHIM Physical wellbeing

Data Agreements which include this Data Element

DSS - Diabetes (clinical) From 01-Jan-03 to