# Acute coronary syndrome stratum

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## Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 001021 Version number: 1

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 01-MAR-05

Definition: Risk stratum of the patient presenting with clinical features

consistent with an acute coronary syndrome (chest pain or

overwhelming shortness of breath (SOB)) defined by accompanying

clinical, electrocardiogram (ECG) and biochemical features.

Context: Health care and clinical settings.

The clinical, electrocardiogram and biochemical characteristics are

important to enable early risk stratification.

## Relational and Representational Attributes

Datatype: Numeric

Representational CODE

form:

Representation N

layout:

Minimum Size: Maximum Size: 1

Data Domain: 1 with ST elevation (myocardial infarction)

with non-ST elevation ACS with high-risk featureswith non-ST elevation ACS with intermediate-risk

features

4 with non-ST elevation ACS with low-risk features

9 not reported

Guide For Use: Code 1 with ST elevation (myocardial infarction), used where

persistent ST elevation of >=1mm in two contiguous limb leads, or ST elevation of >=2mm in two contiguous chest leads, or with

left bundle branch block (BBB) pattern on the ECG.

This classification is intended for identification of patients

potentially eligible for reperfusion therapy, either pharmacologic

or catheter-based. Other considerations such as the time to

presentation and the clinical appropriateness of instituting reperfusion are not reflected in this data element.

Code 2 with non-ST elevation ACS with high-risk features, used when presentation with clinical features consistent with an acute coronary syndrome (chest pain or overwhelming SOB) with high-risk features which include either:

classical rise and fall of at least one cardiac biomarker (troponin or CK-MB),

persistent or dynamic ECG changes of ST segment depression >= 0.5mm or new T wave inversion in three or more contiguous leads,

transient (< 20 minutes) ST segment elevation (>= 0.5 mm) in more than 2 contiguous leads,

haemodynamic compromise: Blood pressure < 90 mmHg systolic, cool peripheries, diaphoresis, Killip Class > 1, and/or new onset mitral regurgitation, and/or syncope, or

presence of known diabetes without persistent ST elevation of > 1mm in two or more contiguous leads or new or presumed new bundle branch block (BBB) pattern on the initial ECG, i.e. not meeting the definition for ST elevation MI.

This classification is intended for identification of patients potentially eligible for early invasive management and the use of intravenous glycoprotein IIb/IIIa inhibition.

Code 3 with non-ST elevation ACS with intermediate-risk features, used when presentation with clinical features consistent with an acute coronary syndrome (chest pain or overwhelming SOB) with intermediate-risk features which include either: prolonged but resolved chest pain/discomfort at rest < 48 hours, age greater than 65yrs,

known coronary heart disease: prior MI, prior revascularisation, known coronary lesion > 50%,

pathological Q waves or ECG changes of ST deviation < 0.5mm or minor T wave inversion in less than 3 contiguous leads, nocturnal pain,

two or more risk factors of known hypertension, family history, active smoking or hyperlipidaemia, or

prior aspirin use and not meeting the definition for ST elevation MI or Non-ST elevation with high-risk features.

This classification is intended for identification of patients potentially eligible for admission and in-hospital investigation that may or may not include angiography.

Code 4 with non-ST elevation ACS with low-risk features, used when presentation with clinical features consistent with an acute coronary syndrome (chest pain or overwhelming SOB) without features of ST elevation MI or Non-ST elevation ACS with

intermediate or high-risk features.

This classification is intended for identification of patients potentially eligible for outpatient investigation.

Other clinical considerations influencing the decision to admit and investigate are not reflected in this data element. This data element is intended to simply provide a diagnostic classification at the time of, or within hours of clinical presentation.

Collection Methods: Collected at time of presentation.

Only one code should be recorded.

Related metadata: is used in conjunction with Acute coronary syndrome procedure

type version 1

is qualified by Chest pain pattern category version 1

is used in conjunction with Clinical procedure timing status version

1

is qualified by Concurrent clinical condition - on presentation

version 1

is qualified by Creatine kinase MB isoenzyme (CK-MB) - measured

version 1

is qualified by Electrocardiogram (ECG) change - type version 1 is qualified by Functional stress test ischaemic result version 1

is qualified by Killip classification code version 1

is a qualifier of Reason for readmission - Acute coronary syndrome

version 1

is qualified by Troponin measured version 1

### Administrative Attributes

Source Document: Management of Unstable Angina Guidelines - 2000, The National

Heart Foundation of Australia, The Cardiac Society of Australia and New Zealand MJA, 173 (Supplement) S65-S88 Antman, MD;

et al.

The TIMI Risk Score for Unstable Angina/Non-ST Elevation MI

JAMA. 2000; 284:835-842.

Source Organisation: Acute Coronary Syndrome Data Working Group.

#### Data Element Links

Information Model Entities linked to this Data Element

NHIM Acute event

Data Agreements which include this Data Element

DSS - Acute coronary syndrome (clinical) From 04-Jun-04 to