# Person—foot lesion indicator (active), code N



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# Person—foot lesion indicator (active), code N

## Identifying and definitional attributes

Metadata item type: Data Element

**Short name:** Foot lesion (active)

METEOR identifier: 302437

Registration status: Health, Standard 21/09/2005

**Definition:** Whether an individual has an active foot lesion, other than an ulcer, on either foot,

as represented by a code.

Data Element Concept: Person—foot lesion indicator

Value Domain: Yes/no/not stated/inadequately described code N

## Value domain attributes

## Representational attributes

Representation class: Code

Data type: Boolean

Format: Naximum character length: 1

Value Meaning

Permissible values: 1 Yes

2 No

**Supplementary values:** 9 Not stated/inadequately described

# Collection and usage attributes

Guide for use: CODE 9 Not stated/inadequately described

This code is not for use in primary data collections.

#### Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

#### Data element attributes

### Collection and usage attributes

Guide for use: CODE 1 Yes

Record if current active foot lesion other than ulceration is present on either foot.

CODE 2 No

Record if no current active foot lesion other than ulceration is present on either foot.

The following entities would be included: fissures, infections, inter-digital

maceration, corns, calluses and nail dystrophy.

**Collection methods:** Assess whether the individual has an active foot lesion on either foot.

# Source and reference attributes

Submitting organisation: National Diabetes Data Working Group

Origin: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

### **Relational attributes**

Related metadata Supersedes Person—foot lesion status (active), code N

references: Health, Superseded 21/09/2005

Implementation in Data Set Diabetes (clinical) NBPDS

Specifications: Health, Standard 21/09/2005

DSS specific information:

Early detection and appropriate management of the 'high risk foot' and active foot problems can reduce morbidity, hospitalisation and amputation in people with

diabetes.