

Person—peripheral vascular disease status (foot), code N

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Person—peripheral vascular disease status (foot), code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Peripheral vascular disease in feet - status
Synonymous names:	Peripheral vascular disease in feet - status
METEOR identifier:	270051
Registration status:	Health , Superseded 21/09/2005

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—peripheral vascular disease indicator (foot)
METEOR identifier:	269522
Registration status:	Health , Standard 01/03/2005
Definition:	The outcome of assessment for the presence of peripheral vascular disease in either foot.
Object class:	Person
Property:	Peripheral vascular disease indicator

Value domain attributes

Identifying and definitional attributes

Value domain:	Peripheral vascular disease in feet code N
METEOR identifier:	270656
Registration status:	Health , Standard 01/03/2005
Definition:	A code set representing whether peripheral vascular disease is present in either foot.

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Yes - peripheral vascular disease is present in the feet
	2	No - peripheral vascular disease is not present in the feet
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Collection methods:	<p>If it is mild, peripheral vascular disease can be completely without symptoms. However, compromised blood supply in the long term could cause claudication (pain in the calf after walking for a distance or up an incline or stairs), rest pain or vascular ulceration.</p> <p>Physical examination is necessary to assess the peripheral vascular circulation. Purplish colour and cold temperature of feet are indications to suspect that the circulation may be impaired.</p> <p>Palpate pulses:</p> <p>The simplest method to estimate blood flow and to detect ischaemia to the lower extremities is palpation of the foot pulses (posterior tibial and dorsalis pedis arteries) in both feet. Note whether pulses are present or absent. If pulses in the foot can be clearly felt, the risk of foot ulceration due to vascular disease is small.</p> <p>Test capillary return:</p> <p>A helpful confirmation sign of arterial insufficiency is pallor of the involved feet after 1 - 2 min of elevation if venous filling time is delayed beyond the normal limit of 15 sec.</p> <p>Doppler probe:</p> <p>If pulses cannot be palpated, apply a small hand-held Doppler, placed over the dorsalis pedis or posterior tibial arteries to detect pulses, quantify the vascular supply and listen to the quality of the signal.</p> <p>When the foot pulses are very weak or not palpable, the risk assessment could be completed by measuring the ankle brachial index (ankle pressure/ brachial pressure). Normal ankle brachial index is 0.9 - 1.2. An ankle brachial index less than 0.6 indicates compromised peripheral circulation.</p>
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Data element attributes


Collection and usage attributes

Guide for use:	Record whether or not there is an absence of both dorsalis pedis and posterior tibial pulses in either foot.
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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 references:	<p>Has been superseded by Person—peripheral vascular disease indicator (foot), code N Health, Standard 21/09/2005</p> <p>Is re-engineered from  Peripheral vascular disease in feet - status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.3 KB) <i>No registration status</i></p>
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DSS specific information:

Peripheral vascular disease is the leading cause of occlusion of blood vessels of the extremities with increasing prevalence in individuals with hypertension, hypercholesterolemia and diabetes mellitus, and in cigarette smokers. Peripheral vascular disease is estimated to occur 11 times more frequently and develop about 10 years earlier in people with diabetes.

Presence of symptomatic peripheral vascular disease requires an interdisciplinary approach including a vascular surgeon, an endocrinologist or physician specialising in diabetes care.

References:

Foot Examination - an interactive guide; Australian Prescriber