Person-foot ulcer status (current), code N

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Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Foot ulcer - current
Synonymous names:	Foot ulcer - current
METEOR identifier:	270158
Registration status:	Health, Superseded 21/09/2005
Data Element Concept:	Person—foot ulcer status (current)
Value Domain:	Current foot ulcer code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	Ν	
Maximum character length:	1	
	Value	Meaning
Permissible values:	Value 1	Meaning Yes - foot ulcer present
Permissible values:		U

Collection and usage attributes

Guide for use:	Record whether or not a foot ulcer is present on either foot in the person.
Collection methods:	Assess whether the individual has a current foot ulcer on either foot.

Data element attributes

Collection and usage attributes

Collection methods: Asses

Assessment

- ask the patient about previous or current 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.

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Related metadata references:	Has been superseded by <u>Person—foot ulcer indicator (current), code N</u> <u>Health</u> , Standard 21/09/2005
	ls re-engineered from E Foot ulcer - Superseded 01/03/2005, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.9 KB) No registration status
Implementation in Data Set Specifications:	Diabetes (clinical) DSS Health, Superseded 21/09/2005 DSS specific information:
	The development of ulcers of the feet and lower extremities is a special problem in the diabetic patient, and appears to be due primarily to abnormal pressure distribution secondary to diabetic neuropathy.
	Diabetic foot ulceration is a serious problem and the lack of pain does not mean that the ulcer can be ignored or neglected. The absence of pain is very common in people with diabetes due to peripheral neuropathy.
	All patients with diabetes mellitus should be instructed about proper foot care in an attempt to prevent ulcers. Feet should be kept clean and dry at all times. Patients with neuropathy should not walk barefoot, even in the home. Properly fitted shoes are essential.
	Early detection and appropriate management of the 'high-risk foot' and current foot ulceration can reduce morbidity, hospitalisation and amputation in people with diabetes.