Person—ophthalmoscopy performed status (previous 12 months), code N

Exported from METEOR

(AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website’s material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

# Person—ophthalmoscopy performed status (previous 12 months), code N

|  |
| --- |
| Identifying and definitional attributes |
| Metadata item type: | Data Element |
| Short name: | Ophthalmoscopy - performed |
| Synonymous names: | Ophthalmoscopy - performed |
| METEOR identifier: | 270310 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 21/09/2005 |
| Definition: | Whether or not an examination of the fundus of the eye by an ophthalmologist or optometrist as a part of the ophthalmological assessment has been undertaken in the previous 12 months. |

|  |
| --- |
| Data element concept attributes |
| Identifying and definitional attributes |
| Data element concept: | [Person—ophthalmoscopy performed status](https://meteor.aihw.gov.au/content/269747) |
| METEOR identifier: | 269747 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 21/09/2005 |
| Definition: | Whether or not an examination of the fundus of the eye by an ophthalmologist or optometrist as a part of the ophthalmological assessment has been undertaken. |
| Context: | Public health, health care and clinical settings. |
| Object class: | [Person](https://meteor.aihw.gov.au/content/268955) |
| Property: | [Ophthalmoscopy performed](https://meteor.aihw.gov.au/content/269264) |
| Source and reference attributes |
| Submitting organisation: | National diabetes data working group |

|  |
| --- |
| Value domain attributes  |
| Identifying and definitional attributes |
| Value domain: | [Ophthalmoscopy performed code N](https://meteor.aihw.gov.au/content/270827) |
| METEOR identifier: | 270827 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 01/03/2005 |
| Definition: | A code set representing whether an ophthalmoscopy was performed. |

|  |
| --- |
| Representational attributes |
| Representation class: | Code |
| Data type: | Number |
| Format: | N |
| Maximum character length: | 1 |
|   | **Value** | **Meaning** |
| Permissible values: | 1 | Yes, ophthalmoscopy performed |
|   | 2 | No, ophthalmoscopy not performed |
| Supplementary values: | 9  | Not stated/inadequately described  |

|  |
| --- |
| Collection and usage attributes |
| Guide for use: | Record whether or not a fundus examination of the eye has occurred. |
| Collection methods: | Ask the individual if he/she has undertaken an eye check, including examination of fundi with pupils dilated. Pupil dilatation and an adequate magnified view of the fundus is essential, using either detailed direct or indirect ophthalmoscopy or fundus camera. This will usually necessitate referral to an ophthalmologist. |

|  |
| --- |
| Data element attributes  |
| Collection and usage attributes |
| Comments: | When reporting :* Record whether or not an examination of the fundus of the eye by an ophthalmologist or optometrist as a part of the ophthalmological assessment has been undertaken in the last 12 months.
 |
| 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 [Person—ophthalmoscopy performed indicator (last 12 months), code N](https://meteor.aihw.gov.au/content/302821)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 21/09/2005 |
| Implementation in Data Set Specifications: | [Diabetes (clinical) DSS](https://meteor.aihw.gov.au/content/273054)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 21/09/2005***DSS specific information:*** Patients with diabetes have an increased risk of developing several eye complications including retinopathy, cataract and glaucoma that lead to loss of vision.Eye examinations should be commenced at the time diabetes is diagnosed. If no retinopathy is present, repeat the eye examination at least every 2 years. Once retinopathy is identified more frequent observation is required.Diabetic retinopathy is a leading cause of blindness. Retinopathy is characterised by proliferation of the retina's blood vessels, which may project into the vitreous, causing vitreous haemorrhage, proliferation of fibrous tissue and retinal detachment. It is often accompanied by microaneurysms and macular oedema, which can express as a blurred vision. The prevalence of retinopathy increases with increasing duration of diabetes. In the early stage, retinopathy is asymptomatic, however up to 20% of people with diabetes Type 2 have retinopathy at the time of diagnosis of diabetes. Cataract and glaucoma are also associated diabetic eye problems that could lead to blindness.Regular eye checkups are important for patients suffering from diabetes mellitus. This helps to detect and treat abnormalities early and to avoid or postpone vision-threatening complications.References:*Vision Australia, No. 2 - 1997/8; University of Melbourne.* *Diabetes: complications: Therapeutic Guidelines Limited (05.04.2002).* |