Laboratory standard—upper limit of normal range of glycosylated haemoglobin, percentage N[N].N

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# Laboratory standard—upper limit of normal range of glycosylated haemoglobin, percentage N[N].N

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| Identifying and definitional attributes | |
| Metadata item type: | Data Element |
| Short name: | Glycosylated haemoglobin—upper limit of normal range (percentage) |
| METEOR identifier: | 270333 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 01/03/2005 |
| Definition: | Laboratory standard for the value of glycosylated haemoglobin (HbA1c) measured as a percentage that is the upper boundary of the normal range. |
| Data Element Concept: | [Laboratory standard—upper limit of normal range of glycosylated haemoglobin](https://meteor.aihw.gov.au/content/269771) |
| Value Domain: | [Percentage N[N].N](https://meteor.aihw.gov.au/content/270836) |

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| Value domain attributes | | |
| Representational attributes | | |
| Representation class: | Percentage | |
| Data type: | Number | |
| Format: | N[N].N | |
| Maximum character length: | 3 | |
|  | **Value** | **Meaning** |
| Supplementary values: | 99.9 | Not stated/inadequately described |



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| Data element attributes | |
| Collection and usage attributes | |
| Guide for use: | Record the upper limit of the HbA1c normal reference range from the laboratory result. |
| Collection methods: | This value is usually notified in patient laboratory results and may vary for different laboratories. |
| Comments: | HbA1c results vary between laboratories; use the same laboratory for repeated testing. |
| 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: | Is re-engineered from  [Glycosylated Haemoglobin (HbA1c) - upper limit of normal range, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](https://meteor.aihw.gov.au/content/273862)  (15.9 KB)  *No registration status*  See also [Person—glycosylated haemoglobin level (measured), percentage N[N].N](https://meteor.aihw.gov.au/content/270325)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 01/03/2005 |
| Implementation in Data Set Specifications: | [Acute coronary syndrome (clinical) DSS](https://meteor.aihw.gov.au/content/372930)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/09/2012  [Acute coronary syndrome (clinical) DSS](https://meteor.aihw.gov.au/content/482119)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 02/05/2013  [Acute coronary syndrome (clinical) NBPDS 2013-](https://meteor.aihw.gov.au/content/523140)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 02/05/2013  ***Implementation start date:*** 01/07/2013  [Diabetes (clinical) DSS](https://meteor.aihw.gov.au/content/273054)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 21/09/2005  [Diabetes (clinical) NBPDS](https://meteor.aihw.gov.au/content/304865)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 21/09/2005  ***DSS specific information:***  HbA1c is a measurement of long-term blood glucose control and is used to assess the effectiveness of treatment. It is a convenient way to obtain an integrated assessment of antecedent glycaemia over an extended period under real life conditions and is used as a standard for assessing overall blood glucose control. The target is to achieve an HbA1c within 1% of the upper limit of normal or achieve control as near to this target as possible without producing unacceptable hypoglycaemia as recommended from the Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus.  If HbA1c is 2% above the upper limit of normal, explore reasons for unsatisfactory control such as diet, intercurrent illness, appropriateness of medication, concurrent medication, stress, and exercise and review management:   * review and adjust treatment * consider referral to diabetes educator * consider referral to dietitian * consider referral to endocrinologist or physician or diabetes centre. |