Person—ophthalmological assessment outcome (right retina) (last 12 months), code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Ophthalmological assessment—outcome (right retina)
METEOR identifier:	270363
Registration status:	• Health, Standard 01/03/2005
Definition:	The result of an ophthalmological assessment for the right retina during the last 12 months, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—ophthalmological assessment outcome
METEOR identifier:	269794
Registration status:	• Health, Standard 01/03/2005
Definition:	The result of an ophthalmological assessment.
Context:	Public health, health care and clinical settings.
Object class:	Person
Property:	Ophthalmological assessment outcome

Value domain attributes

Identifying and definitional attributes

Value domain:	Ophthalmological assessment outcome code N
METEOR identifier:	270869
Registration status:	• Health, Standard 01/03/2005
Definition:	A code set representing the result of an ophthalmological assessment.

Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Permissible values:

Value	Meaning
1	Normal
2	Diabetes abnormality
3	Non-diabetes abnormality
4	Not visualised

Supplementary values:

Value	Meaning
9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

Guide for use: This is a repeating record of both eyes.

1st field - Right retina

2nd field - Left retina

Record the result of the fundus examination for each eye as: Normal/ Diabetes abnormality/ Non-diabetes abnormality/ or Not visualised.

Example:

- code 12 for right retina Normal and left retina Diabetes abnormality
- code 32 for right retina Non-diabetes abnormality and left retina Diabetes abnormality

Only the result of an assessment carried out in the last 12 months should be recorded.

Collection methods: Ophthalmological assessment should be performed by an ophthalmologist or a suitably trained clinician.

A comprehensive ophthalmological examination includes:

- Checking visual acuity with Snellen chart - correct with pinhole if indicated;
- Examination for cataract;
- Examination of fundi with pupils dilated.

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:

Supersedes Ophthalmological assessment - outcome, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.5 KB) *No registration status*
See also Person—ophthalmological assessment outcome (left retina) (last 12 months), code N

- Health, Standard 01/03/2005

Implementation in Data Set Specifications:

Diabetes (clinical) DSS
Health, Superseded 21/09/2005

DSS specific information:

Patients with diabetes have increased risk of developing several eye complications including retinopathy, cataract and glaucoma that lead to loss of vision.

Many diabetes eye related problems are asymptomatic and require appropriate eye assessment to be detected. Regular eye checkup is important for patients suffering from diabetes mellitus. This helps to early detect abnormalities and to avoid or postpone complications and prevent blindness in people with diabetes.

According to Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus a comprehensive ophthalmological examination should be carried out:

- at diagnosis and then every 1-2 years for patients whose diabetes onset was at age 30 years or more,
- within five years of diagnosis and then every 1-2 years for patients whose diabetes onset was at age less than 30 years.

Assessment by an ophthalmologist is essential:

- at initial examination if the corrected visual acuity is less than 6/6 in either eye;
- at subsequent examinations if declining visual acuity is detected
- if any retinal abnormality is detected;
- if clear view of retina is not obtained.

References:

Vision Australia, No 2, 1997/8; University of Melbourne.

Diabetes Control and Complications Trial: DCCT NewEngland Journal of Medicine, 329(14), September 30, 1993.

US National Eye Institute.

Diabetes (clinical) NBPDS
Health, Standard 21/09/2005

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