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

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

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| Identifying and definitional attributes | |
| Metadata item type: | Data Element |
| Short name: | Ophthalmological assessment—outcome (right retina) |
| METEOR identifier: | 270363 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), 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: | [Person—ophthalmological assessment outcome](https://meteor.aihw.gov.au/content/269794) |
| Value Domain: | [Ophthalmological assessment outcome code N](https://meteor.aihw.gov.au/content/270869) |

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| Value domain attributes | | |
| Representational attributes | | |
| Representation class: | Code | |
| Data type: | Number | |
| Format: | N | |
| Maximum character length: | 1 | |
|  | **Value** | **Meaning** |
| Permissible values: | 1 | Normal |
|  | 2 | Diabetes abnormality |
|  | 3 | Non-diabetes abnormality |
|  | 4 | Not visualised |
| Supplementary values: | 9 | Not stated/inadequately described |



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| 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: | Is re-engineered from  [Ophthalmological assessment - outcome, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](https://meteor.aihw.gov.au/content/273881)  (18.5 KB)  *No registration status*  See also [Person—ophthalmological assessment outcome (left retina) (last 12 months), code N](https://meteor.aihw.gov.au/content/270472)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 01/03/2005 |
| 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 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 New England Journal of Medicine, 329(14), September 30, 1993.*  *US National Eye Institute.*  [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:***  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 New England Journal of Medicine, 329(14), September 30, 1993.*  *US National Eye Institute.* |