Person—severe hypoglycaemia history, status code N

Exported from METEOR (AIHW's Metadata Online Registry)

Person—severe hypoglycaemia history, status code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Hypoglycaemia - severe
Synonymous names:	Hypoglycaemia - severe
METEOR identifier:	270367
Registration status:	Health, Superseded 21/09/2005
Data Element Concept:	Person—severe hypoglycaemia history
Value Domain:	Severe hypoglycaemia history status code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	**Meaning**
Permissible values:	1	Yes - has had severe hypoglycaemia requiring assistance from another party
	2	No - has not had severe hypoglycaemia requiring assistance from another party
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use: Record whether or not the person has a history of severe hypoglycaemia requiring assistance.

When reporting :

- Record whether the individual has had severe hypoglycaemia requiring assistance from another party in the last 12 months.

Collection methods: Ask the individual if he/she has had a severe hypoglycaemia requiring assistance. Alternatively obtain the relevant information from appropriate documentation.

Data element attributes

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Has been superseded by Person—severe hypoglycaemia indicator, code N
Health, Standard 21/09/2005

Is re-engineered from Hypoglycaemia - severe, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.8 KB)
No registration status

Implementation in Data Set Specifications:

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Health, Superseded 21/09/2005

DSS specific information:

Most hypoglycaemic reactions, however, do not cause long term problems, but the risks of permanent injury to the brain are greater in children under the age of 5 years, the elderly with associated cerebrovascular disease and patients with other medical conditions such as cirrhosis and coeliac disease. The serious consequences of hypoglycaemia relate to its effects on the brain. Rarely hypoglycaemia may cause death.

It is important to know how to recognise and react when someone is unconscious from hypoglycaemia. These people should be placed on their side and the airway checked so that breathing is unhampered and nothing should be given by mouth as food may enter the breathing passages. Treatment needs to be given by injection - either glucagon (a hormone which raises the blood glucose by mobilising liver stores) or glucose itself. Glucagon should be given by injection (usually intramuscular) at a dose of 0.5 units (or mg) in children under the age of 5 years and 1.0 units (mg) for all older age groups.

All diabetic patients at risk of developing hypoglycaemia should have glucagon at home. Their families need to be shown how to administer it in times of severe hypoglycaemia.