

Person—end-stage renal disease status (diabetes complication), code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Renal disease—end-stage (diabetes complication)
METEOR identifier:	270373
Registration status:	<ul style="list-style-type: none">Health, Standard 01/03/2005
Definition:	Whether an individual has end-stage renal disease as a complication of diabetes, and has required dialysis or has undergone a kidney transplant, as represented by a code.
Data Element Concept:	Person—end-stage renal disease status

Value domain attributes

Representational attributes

Representation class:	Code								
Data type:	Number								
Format:	N								
Maximum character length:	1								
Permissible values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>End-stage renal disease - developed in the last 12 months</td></tr><tr><td>2</td><td>End-stage renal disease - developed prior to the last 12 months</td></tr><tr><td>3</td><td>No end-stage of renal disease</td></tr></tbody></table>	Value	Meaning	1	End-stage renal disease - developed in the last 12 months	2	End-stage renal disease - developed prior to the last 12 months	3	No end-stage of renal disease
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Supplementary values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	9	Not stated/inadequately described				
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Data element attributes

Collection and usage attributes

Collection methods:	Ask the individual if he/she has required dialysis or has undergone a kidney (renal) transplant (due to diabetic nephropathy). Alternatively obtain the relevant information from appropriate documentation.
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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Supersedes  [Renal disease - end stage, diabetes complication, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (17.9 KB) *No registration status*

Implementation in Data Set Specifications:

[Diabetes \(clinical\) DSSHealth](#), Superseded 21/09/2005

DSS specific information:

To determine chronic renal impairment: -

Glomerular filtration rate (GFR)

GFR > 90 ml/min normal

GFR > 60 - 90 ml/min: mild renal impairment

GFR > 30 - 60 ml/min: moderate renal impairment

GFR 0- 30 ml/min: severe renal impairment

For greater than 3 months.

In general, patients with GFR < 30 ml/min/1.73 m² are at high risk of progressive deterioration in renal function and should be referred to a nephrology service for specialist management of renal failure.

Patients should be assessed for the complications of chronic renal impairment including anaemia, hyperparathyroidism and be referred for specialist management if required.

Patients with rapidly declining renal function or clinical features to suggest that residual renal function may decline rapidly (i.e. hypertensive, proteinuric (>1 g/24 hours), significant co-morbid illness) should be considered for referral to a nephrologist well before function declines to less than 30 ml/min. (Draft CARI Guidelines 2002. Australian Kidney Foundation).

Patients in whom the cause of renal impairment is uncertain should be referred to a nephrologist for assessment.

End-stage renal disease is a recognised complication of Type 1 and Type 2 diabetes mellitus. Diabetes is the commonest cause for renal dialysis in Australia.

The term end-stage renal disease has become synonymous with the late stages of chronic renal failure. Diabetic nephropathy may be effectively prevented and treated by controlling glycemia and administering angiotensin-converting enzyme (ACE) inhibitors. *J Am Soc Nephrol 2002 Jun; 13(6): 1615-1625*.

[Diabetes \(clinical\) NBPDSHealth](#), Standard 21/09/2005

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[Diabetes \(clinical\) NBPDSHealth](#), Recorded 15/05/2017

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