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

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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:	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 attributes

Identifying and definitional attributes

Data element concept:	Person—end-stage renal disease status
METEOR identifier:	269803
Registration status:	Health, Standard 01/03/2005
Definition:	Whether an individual has end-stage renal disease, and has required dialysis or has undergone a kidney transplant.
Context:	Public health, health care and clinical settings: Diabetes mellitus specific metadata item.
Object class:	Person
Property:	End-stage renal disease status

Value domain attributes

Identifying and definitional attributes

Value domain:	End-stage renal disease code N
METEOR identifier:	270873
Registration status:	Health, Standard 01/03/2005
Definition:	A code set representing the presence of end-stage renal disease and whether it developed in the previous twelve months.

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	**Meaning**
Permissible values:	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
Supplementary values:	9	Not stated/inadequately described

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.

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references: Is re-engineered from Renal disease - end stage, diabetes complication, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.9 KB)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) DSS
Health, 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) NBPDS
Health, Standard 21/09/2005
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