Bodily location of main injury

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at http://meteor.aihw.gov.au

Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000086 Version number: 1

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 01-MAR-05

Definition: The bodily location of the injury chiefly responsible for the

attendance of the person at the health care facility.

Context: Injury surveillance:

The injury diagnosis is necessary for purposes including

epidemiological research, casemix studies and planning. The data element Nature of main injury - non-admitted patient together with data element Bodily location of main injury indicates the diagnosis.

Relational and Representational Attributes

Datatype: Numeric

Representational CODE

form:

Representation NN

layout:

Minimum Size: 2 Maximum Size: 2

Data Domain: 01 Head (excludes face [02])

Face (excludes eye)

03 Neck 04 Thorax 05 Abdomen

06 Lower back (includes loin)

07 Pelvis (includes perineum, anogenital area and

buttocks)

08 Shoulder
09 Upper arm
10 Elbow
11 Forearm
12 Wrist

13	Hand (include fingers)
14	Hip
15	Thigh
16	Knee
17	Lower leg
18	Ankle
19	Foot (include toes)
20	Unspecified bodily location
21	Multiple injuries (involving more than one bodily
	location)
22	Bodily location not required

Guide For Use: If the full ICD-10-AM code is used to code the injury, this item is not required (see data elements Principal diagnosis and Additional diagnosis).

If any code from 01 to 12 or 26 to 29 in the data element Nature of main injury has been selected, the body region affected by that injury must be specified.

Select the category that best describes the location of the injury. If two or more categories are judged to be equally appropriate, select the one that comes first on the code list. A major injury, if present, should always be coded rather than a minor injury. If a major injury has been sustained (e.g. a fractured femur), along with one or more minor injuries (e.g. some small abrasions), the major injury should be coded in preference to coding 'multiple injuries'. As a general guide, an injury which, on its own, would be unlikely to have led to the attendance may be regarded as 'minor'. Bodily location of main injury code is not required with other Nature of main injury codes (code 22 may be used as a filler to indicate that a specific body region code is not required).

Related metadata: is used in conjunction with Nature of main injury - non-admitted patient version 1

Administrative Attributes

Source Document:

Source Organisation: National Injury Surveillance Unit

National Data Standards for Injury Surveillance Advisory Group

Comments: This item is related to the ICD-10-AM injury and poisoning classification. However, coding to the full ICD-10-AM injury and poisoning classification (see data element Principal diagnosis) is not available in most settings where basic injury surveillance is undertaken. This item, in combination with the data element

Nature of main injury - non-admitted patient, is a practicable alternative. Data coded to the full ICD-10-AM codes can be aggregated to match this item, facilitating data comparison. Further information on the national injury surveillance program can be obtained from the National Injury Surveillance Unit, Flinders University, Adelaide.

Data Element Links

Information Model Entities linked to this Data Element
NHIM Physical wellbeing
Data Agreements which include this Data Element

NMDS - Injury surveillance

From 01-Jul-96 to