

Person—acute coronary syndrome risk stratum, code N

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Person—acute coronary syndrome risk stratum, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Acute coronary syndrome stratum
METEOR identifier:	284656
Registration status:	Health , Superseded 01/10/2008
Definition:	Risk stratum of the patient presenting with clinical features consistent with an acute coronary syndrome defined by accompanying clinical, electrocardiogram (ECG) and biochemical features, as represented by a code.
Data Element Concept:	Person—acute coronary syndrome risk stratum
Value Domain:	Acute coronary syndrome risk stratum code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	with ST elevation (myocardial infarction)
	2	with non-ST elevation ACS with high-risk features
	3	with non-ST elevation ACS with intermediate-risk features
	4	with non-ST elevation ACS with low-risk features
Supplementary values:	9	Not reported

Collection and usage attributes

Guide for use:**CODE 1 With ST elevation (myocardial infarction)**

This code is used where persistent ST elevation of ≥ 1 mm in two contiguous limb leads, or ST elevation of ≥ 2 mm in two contiguous chest leads, or with left bundle branch block (BBB) pattern on the ECG.

This classification is intended for identification of patients potentially eligible for reperfusion therapy, either pharmacologic or catheter-based. Other considerations such as the time to presentation and the clinical appropriateness of instituting reperfusion are not reflected in this metadata item.

CODE 2 With non-ST elevation ACS with high-risk features

This code is used when presentation with clinical features consistent with an acute coronary syndrome (chest pain or overwhelming SOB) with high-risk features which include either:

- classical rise and fall of at least one cardiac biomarker (troponin or CK-MB),
- persistent or dynamic ECG changes of ST segment depression ≥ 0.5 mm or new T wave inversion in three or more contiguous leads,
- transient (< 20 minutes) ST segment elevation (≥ 0.5 mm) in more than 2 contiguous leads,
- haemodynamic compromise: Blood pressure < 90 mmHg systolic, cool peripheries, diaphoresis, Killip Class > 1 , and/or new onset mitral regurgitation, and/or syncope, or
- presence of known diabetes without persistent ST elevation of > 1 mm in two or more contiguous leads or new or presumed new bundle branch block (BBB) pattern on the initial ECG, i.e. not meeting the definition for ST elevation MI.

This classification is intended for identification of patients potentially eligible for early invasive management and the use of intravenous glycoprotein IIb/IIIa inhibition.

CODE 3 With non-ST elevation ACS with intermediate-risk features

This code is used when presentation with clinical features consistent with an acute coronary syndrome (chest pain or overwhelming SOB) with intermediate-risk features which include either:

- prolonged but resolved chest pain/discomfort at rest < 48 hours,
- age greater than 65 yrs,
- known coronary heart disease: prior MI, prior revascularisation, known coronary lesion $> 50\%$,
- pathological Q waves or ECG changes of ST deviation < 0.5 mm or minor T wave inversion in less than 3 contiguous leads,
- nocturnal pain,
- two or more risk factors of known hypertension, family history, active smoking or hyperlipidaemia, or
- prior aspirin use and not meeting the definition for ST elevation MI or Non-ST elevation with high-risk features.

This classification is intended for identification of patients potentially eligible for admission and in-hospital investigation that may or may not include angiography.

CODE 4 With non-ST elevation ACS with low-risk features

This code is used when presentation with clinical features consistent with an acute coronary syndrome (chest pain or overwhelming SOB) without features of ST elevation MI or Non-ST elevation ACS with intermediate or high-risk features.

This classification is intended for identification of patients potentially eligible for outpatient investigation.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes


Collection and usage attributes

Guide for use:	Other clinical considerations influencing the decision to admit and investigate are not reflected in this metadata item. This metadata item is intended to simply provide a diagnostic classification at the time of, or within hours of clinical presentation.
Collection methods:	Collected at time of presentation. Only one code should be recorded. Must be collected in conjunction with Person—acute coronary syndrome procedure type, code NN and Person—clinical procedure timing, code N.

Source and reference attributes

Submitting organisation:	Acute coronary syndrome data working group
Steward:	The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand
Origin:	Management of Unstable Angina Guidelines - 2000, The National Heart Foundation of Australia, The Cardiac Society of Australia and New Zealand MJA, 173 (Supplement) S65-S88 Antman, MD; et al. The TIMI Risk Score for Unstable Angina/Non-ST Elevation MI JAMA. 2000; 284:835-842.

Relational attributes

Related metadata references:	Has been superseded by Person—acute coronary syndrome risk stratum, code N Health , Standard 01/10/2008 Is re-engineered from  Acute coronary syndrome stratum, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (20.6 KB) <i>No registration status</i> See also Person—acute coronary syndrome symptoms onset date, DDMMYYYY Health , Standard 01/10/2008
Implementation in Data Set Specifications:	Acute coronary syndrome (clinical) DSS Health , Superseded 01/10/2008 Acute coronary syndrome (clinical) DSS Health , Superseded 07/12/2005