Person—functional stress test ischaemic result, code N

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Person—functional stress test ischaemic result, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Functional stress test ischaemic result
METEOR identifier:	285105
Registration status:	Health, Superseded 01/10/2008
Definition:	The result of the person's electrocardiogram stress in terms of ischaemic outcome, as represented by a code.
Data Element Concept:	Person—functional stress test ischaemic result
Value Domain:	Functional stress test ischaemic result code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	**Meaning**
Permissible values:	2	Positive
	3	Negative
	4	Equivocal
Supplementary values:	1	Not done
	9	Not stated/inadequately described

Collection and usage attributes

Guide for use:

CODE 2 Positive

On an exercise tolerance test, the patient developed either:

a. Both ischaemic discomfort and ST shift greater than or equal to 1 mm (0.1 mV) (horizontal or downsloping); or

b. new ST shift greater than or equal to 2 mm (0.2 mV) (horizontal or down-sloping) believed to represent ischaemia even in the absence of ischaemic discomfort.

On cardiac imaging investigation (e.g. exercise thallium or MIBI test, stress echocardiography, or dipyridamole, thallium, or adenosine radioisotope scan):

a. Evidence of reversible ischaemia on nuclear imaging of the myocardium.

b. Evidence of inducible ischaemic response during echocardiographic imaging of the myocardium.

If the patient had an equivalent type of exercise test but a definite evidence of ischaemia on cardiac imaging (e.g. an area of clear reversible ischaemia), this should be considered a positive test.

CODE 3 Negative

No evidence of ischaemia (i.e. no typical angina pain and no ST shifts).

CODE 4 Equivocal

Either:

a. Typical ischaemic pain but no ST shift greater than or equal to 1 mm (0.1 mV) (horizontal or downsloping); or

ST shift of 1 mm (0.1 mV) (horizontal or downsloping) but no ischaemic discomfort.

b. Defect on myocardial imaging of uncertain nature or significance.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes

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

Relational attributes

Related metadata references:

Has been superseded by Functional stress test—ischaemic and perfusion outcome result, code N
Health, Standard 01/10/2008

Is re-engineered from Functional stress test ischaemic result, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.0 KB)
No registration status

Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS
Health, Superseded 01/10/2008
DSS specific information:

For Acute coronary syndrome (ACS) reporting, can be used to determine diagnostic strata.

Acute coronary syndrome (clinical) DSS
Health, Superseded 07/12/2005
DSS specific information:

For Acute coronary syndrome (ACS) reporting, can be used to determine diagnostic strata.