# Person—clinical evidence status (chronic lung disease), code N

## Exported from METEOR (AIHW's Metadata Online Registry)

# Person—clinical evidence status (chronic lung disease), code N

## Identifying and definitional attributes

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|---|---|
| **Metadata item type:** | Data Element |
| **Short name:** | Clinical evidence of chronic lung disease (status) |
| **METEOR identifier:** | 285285 |
| **Registration status:** | Health, Superseded 01/10/2008 |
| **Definition:** | The status of evidence for a pre-existing clinical condition of chronic lung disease, as represented by a code. |
| **Data Element Concept:** | Person—clinical evidence status (chronic lung disease) |
| **Value Domain:** | Clinical evidence status code N |

## Value domain attributes

### Representational attributes

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|---|---|---|
| **Representation class:** | Code | |
| **Data type:** | Number | |
| **Format:** | N | |
| **Maximum character length:** | 1 | |
| | **Value** | **Meaning** |
| **Permissible values:** | 1 | Objective evidence |
| | 2 | No objective evidence |

### Source and reference attributes

| | |
|---|---|
| **Submitting organisation:** | Australian Institute of Health and Welfare |

## Data element attributes

### Collection and usage attributes

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|---|---|
| **Guide for use:** | Objective evidence is coded where the diagnosis is supported by current use of chronic lung disease pharmacological therapy (e.g. inhalers, theophylline, aminophylline, or steroids), or a forced expiratory volume in 1 second (FEV1) less than 80% predicted FEV1/forced vital capacity (FVC) less than 0.7 (post bronchodilator). Respiratory failure partial pressure of oxygen (PaO2) less than 60 mmHg (8kPa), or partial pressure of carbon dioxide (PaCO2) greater than 50 mmHg (6.7 kPa). |
| **Collection methods:** | For each Person—concurrent clinical condition (acute coronary syndrome), code NN, the data elements Person—clinical evidence status(chronic lung disease), code N; Person—clinical evidence status(heart failure), code N; Person—clinical evidence status(stroke), code N; Person—clinical evidence status(peripheral arterial disease), code N; Person—clinical evidence status(sleep apnoea syndrome), code N must also be recorded. |

| **Comments:** | The diagnosis rests on the airflow limitation, which is not fully reversible. Consider treating as asthma if airflow limitation is substantially reversible. (The Thoracic Society of Australia & New Zealand and the Australian Lung Foundation, Chronic Obstructive Pulmonary Disease (COPD) Australian & New Zealand Management Guidelines and the COPD Handbook. Version 1, November 2002.) |

## 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 Person—clinical evidence status (acute coronary syndrome related medical history), yes/no code N<br>Health, Standard 01/10/2008 |
| | Is re-engineered from ▣ Clinical evidence status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (19.2 KB)<br>*No registration status* |
| **Implementation in Data Set Specifications:** | Acute coronary syndrome (clinical) DSS<br>Health, Superseded 01/10/2008<br>*DSS specific information:*<br><br>This data element seeks to ensure that patients with self-reported past symptoms pertinent to acute coronary syndrome, have objective evidence supporting reported diagnoses, using current medical practice.<br><br>Acute coronary syndrome (clinical) DSS<br>Health, Superseded 07/12/2005<br>*DSS specific information:*<br><br>This data element seeks to ensure that patients with self-reported past symptoms pertinent to acute coronary syndrome, have objective evidence supporting reported diagnoses, using current medical practice. |