

# Person—clinical evidence status (heart failure), code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Clinical evidence of heart failure (status)
<b>METEOR identifier:</b>	285287
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 01/10/2008</li></ul>
<b>Definition:</b>	The status of evidence for a pre-existing clinical condition of heart failure, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Person—clinical evidence status (heart failure)</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code						
<b>Data type:</b>	Number						
<b>Format:</b>	N						
<b>Maximum character length:</b>	1						
<b>Permissible values:</b>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Objective evidence</td></tr><tr><td>2</td><td>No objective evidence</td></tr></tbody></table>	Value	Meaning	1	Objective evidence	2	No objective evidence
Value	Meaning						
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

**Guide for use:** Objective evidence is coded where a patient has current symptoms of heart failure (typically breathlessness or fatigue), either at rest or during exercise and/or signs of pulmonary or peripheral congestion and objective evidence of cardiac dysfunction at rest. The diagnosis is derived from and substantiated by clinical documentation from testing according to current practices.

**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 most widely available investigation for documenting left ventricular dysfunction is the transthoracic echocardiogram (TTE). Other modalities include:

- transoesophageal echocardiography (TOE),
- radionuclide ventriculography (RVG),
- left ventriculogram (LVgram),
- magnetic resonance imaging (MRI).

In the absence of any adjunctive laboratory tests, evidence of supportive clinical signs of ventricular dysfunction. These include:


- third heart sound (S3),
- cardiomegaly,
- elevated jugular venous pressure (JVP),
- chest X-ray evidence of pulmonary congestion.

## 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:** Supersedes  [Clinical evidence status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (19.2 KB) *No registration status*  
Has been superseded by [Person—clinical evidence status \(acute coronary syndrome related medical history\), yes/no code N](#)

- [Health](#), Standard 01/10/2008

**Implementation in Data Set Specifications:** [Acute coronary syndrome \(clinical\) DSS](#)  
[Health](#), Superseded 01/10/2008

### *DSS specific information:*

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.

[Acute coronary syndrome \(clinical\) DSS](#)  
[Health](#), Superseded 07/12/2005

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