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

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

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| Identifying and definitional attributes |
| Metadata item type: | Data Element |
| Short name: | Clinical evidence of heart failure (status) |
| METEOR identifier: | 285287 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/10/2008 |
| Definition: | The status of evidence for a pre-existing clinical condition of heart failure, as represented by a code. |
| Data Element Concept: | [Person—clinical evidence status (heart failure)](https://meteor.aihw.gov.au/content/292817) |
| Value Domain: | [Clinical evidence status code N](https://meteor.aihw.gov.au/content/285283) |

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

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| Source and reference attributes |
| Submitting organisation: | Australian Institute of Health and Welfare |

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| 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.
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| 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](https://meteor.aihw.gov.au/content/312806) |
| Relational attributes |
| Related metadata references: | Has been superseded by [Person—clinical evidence status (acute coronary syndrome related medical history), yes/no code N](https://meteor.aihw.gov.au/content/356777)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 01/10/2008Is re-engineered from  [Clinical evidence status, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](https://meteor.aihw.gov.au/content/274156) (19.2 KB)       *No registration status* |
| Implementation in Data Set Specifications: | [Acute coronary syndrome (clinical) DSS](https://meteor.aihw.gov.au/content/319741)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), 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](https://meteor.aihw.gov.au/content/285277)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 07/12/2005***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. |