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

|  |
| --- |
| 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| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/10/2008 |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 attributes |
| Identifying and definitional attributes |
| Data element concept: | [Person—clinical evidence status (heart failure)](https://meteor.aihw.gov.au/content/292817) |
| METEOR identifier: | 292817 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/10/2008 |
| Definition: | Indicator of the status of evidence for a pre-existing clinical condition of heart failure. |
| Context: | Acute coronary treatment settings. |
| Object class: | [Person](https://meteor.aihw.gov.au/content/268955) |
| Property: | [Clinical evidence status](https://meteor.aihw.gov.au/content/285279) |

|  |
| --- |
| Value domain attributes  |
| Identifying and definitional attributes |
| Value domain: | [Clinical evidence status code N](https://meteor.aihw.gov.au/content/285283) |
| METEOR identifier: | 285283 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Standard 04/06/2004 |
| Definition: | A code set describing evidence of a pre-existing clinical condition. |

|  |
| --- |
| 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  |

|  |
| --- |
| 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](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. |