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

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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Registration status:	Health, Superseded 01/10/2008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)
Value Domain:	Clinical evidence status code N

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

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:

Has been superseded by Person—clinical evidence status (acute coronary syndrome related medical history), yes/no code N
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)
No registration status

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
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.