Person—clinical evidence status (peripheral arterial disease), code N

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# Person—clinical evidence status (peripheral arterial disease), code N

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| Identifying and definitional attributes | |
| Metadata item type: | Data Element |
| Short name: | Clinical evidence of peripheral arterial disease (status) |
| METEOR identifier: | 285289 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 01/10/2008 |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 peripheral arterial disease, as represented by a code. |
| Data Element Concept: | [Person—clinical evidence status (peripheral arterial disease)](https://meteor.aihw.gov.au/content/292830) |
| 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: | For peripheral artery disease, objective evidence is coded where the diagnosis is derived from and substantiated by clinical documentation for a patient with a history of either chronic or acute occlusion or narrowing of the arterial lumen in the aorta or extremities.  For aortic aneurysm, objective evidence is coded when the diagnosis of aneurysmal dilatation of the aorta (thoracic and or abdominal) is supported and substantiated by appropriate documentation of objective testing.  For renal artery stenosis, objective evidence is coded when the diagnosis of functional stenosis of one or both renal arteries is present and is supported and substantiated by appropriate documentation of objective testing. |
| 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. |
| 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 01/10/2008  Is 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. |