Acute coronary syndrome (clinical) DSS

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Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	372930
Registration status:	Health, Superseded 01/09/2012
DSS type:	Data Set Specification (DSS)
Scope:	This Acute Coronary Syndrome (ACS) data set specification is not mandated for collection but is recommended as best practice if ACS data are to be collected. This data set specification enables individual hospitals or health service areas to develop collection methods and policies appropriate for their service. The scope for the ACS data set specification is to collect data on the period between when a person with ACS symptoms was first referred to a hospital or directly presented at a hospital, and when a person leaves the hospital, either from the emergency department or is discharged from the hospital. Some of the data relevant to the management of patients attending hospital with ACS symptoms is specified for collection at follow-up visits with a specialist or as a non-admitted patient. Acute coronary syndromes reflect the spectrum of coronary artery disease resulting in acute myocardial ischaemia, and span unstable angina, non-ST segment elevation myocardial infarction (NSTEMI) and ST-segment elevation myocardial infarction (STEMI). Clinically these diagnoses encompass a wide variation in risk, require complex and time urgent risk stratification and represent a large social and economic burden. The definitions used in this data set specification are designed to underpin the data collected by health professionals in their day-to-day acute care practice. They relate to the realities of an acute clinical consultation for patients presenting with chest pain/ discomfort and the need to correctly identify, evaluate and manage patients at increased risk of a coronary event. The data elements specified in this metadata set provide a framework for: • promoting the delivery of evidenced-based acute coronary syndrome management care to patients; • facilitating the ongoing improvement in the quality and safety of acute coronary syndrome management in acute care settings in Australia and New Zealand; • improving the epidemiological and public health understanding of this syndrome; and • supporting acute care services as they develop information systems to complement the above. This is particularly important as the scientific evidence supporting the development of the data elements within the ACS data set specification indicate that accurate identification of the evolving myocardial infarction patient or the high/intermediate risk patient leading to the implementation of the appropriate management pathway impacts on the patient's outcome. Having a nationally recognised set of definitions in relation to defining a patient's diagnosis, risk status and outcomes is a prerequisite to achieving the above aims. The ACS data set specification is based on the American College of Cardiology (ACC) Data Set for Acute Coronary Syndrome as published in the Journal of the American College of Cardiology in December 2001 (38:2114-30) as well as more recent scientific evidence around the diagnosis of myocardial infarction presented in the National Heart Foundation of Australia/Cardiac Society of Australia and New Zealand Guidelines for the management of acute coronary syndromes (MJA 2006;184;S1-S32). The data elements are alphabetically listed and grouped in a similar manner to the American College of Cardiology's data set format. These features of the Australian ACS data set should ensure that the data is internationally comparable.

Many of the data elements in this data set specification may also be used in the collection of other cardiovascular clinical information.

Where appropriate, it may be useful if the data definitions in this data set specification were also used to address data definition needs in non-clinical environments such as public health surveys etc. This could allow for qualitative comparisons between data collected in, and aggregated from, clinical settings (i.e. using application of the ACS data set specification), with that collected through other means (e.g. public health surveys, reports).

A set of ACS data elements and standardised definitions can inform the development and conduct of future registries at both the national and local level.

The working group formed under the National Heart Foundation of Australia (Heart Foundation) and the Cardiac Society of Australia and New Zealand (CSANZ) initiative was diverse and included representation from the following organisations: the Heart Foundation, the CSANZ, the Australasian College of Emergency Medicine, the Australian Institute of Health and Welfare, the Australasian Society of Cardiac & Thoracic Surgeons, Royal Australian College of Physicians (RACP), RACP - Towards a Safer Culture, National Centre for Classification in Health (Brisbane), the NSW Aboriginal Health & Medical Research Council, the George Institute for International Health, the School of Population Health at the University of Western Australia and the National Cardiovascular Monitoring System Advisory Committee.

To ensure the broad acceptance of the data set specification, the working group also sought consultation from the heads of cardiology departments, other specialist professional bodies and regional key opinion leaders in the field of acute coronary syndromes.

Collection and usage attributes

Guide for use:

There are six data clusters in the Acute Coronary Syndrome (Clinical) DSS. To ensure a complete description of the clinical management of acute coronary syndromes (ACS) it is recommended that all clusters be collected along with the individual data elements during the current ACS event by the individual hospital or health service area.

The six data clusters in this DSS include:

1. Acute coronary syndrome clinical event cluster
2. Functional stress test cluster
3. Electrocardiogram cluster
4. Ventricular ejection fraction cluster
5. Acute coronary syndrome pharmacotherapy cluster
6. Coronary artery cluster

Collection methods:

This data set specification is primarily concerned with the clinical use of ACS-Data. Acute care environments such as hospital emergency departments, coronary care units or similar acute care areas are the settings in which implementation of the core ACS data set specification should be considered. A wider range of health and health related establishments that create, use or maintain, records on health care clients, could also use it.

Relational attributes

Related metadata references:

Has been superseded by Acute coronary syndrome (clinical) DSS Health, Superseded 02/05/2013

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Acute coronary syndrome clinical event cluster	Conditional	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person with acute coronary syndrome—acute coronary syndrome related clinical event date, DDMMYYYY ***Conditional obligation:*** If a clinical event has occurred, record the date when it was experienced by the person. ***DSS specific information:*** The date is to be provided for each clinical event experienced during this hospital presentation.	Conditional	15
-	Person with acute coronary syndrome—acute coronary syndrome related clinical event time, hhmm ***Conditional obligation:*** If a clinical event has occurred, record the time when it was experienced by the person. ***DSS specific information:*** The time is to be provided for each clinical event experienced during this hospital presentation.	Conditional	1
-	Person with acute coronary syndrome—type of acute coronary syndrome related clinical event experienced, code N[N] ***Conditional obligation:*** If a clinical event has occurred, record the clinical event type. ***DSS specific information:*** Codes are to be provided for each clinical event prescribed during this hospital presentation.	Conditional	15
-	Acute coronary syndrome pharmacotherapy data cluster	Optional	1
-	Person with acute coronary syndrome—pharmacotherapy type prescribed in hospital, code N[N] ***DSS specific information:*** Codes provided for each of those prescribed during this hospital presentation.	Mandatory	10
-	Person with acute coronary syndrome—pharmacotherapy type taken post discharge from hospital, code N[N] ***DSS specific information:*** To be provided at the follow-up visit following discharge from the hospital for each of the relevant pharmacotherapy types prescribed.	Mandatory	7
-	Person—fibrinolytic drug administered, code N ***Conditional obligation:*** If prescribed, provide the fibrinolytic drug administered.	Conditional	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person—intravenous fibrinolytic therapy date, DDMMYYYY ***Conditional obligation:*** If prescribed, provide the date when the fibrinolytic therapy is administered.	Conditional	1
-	Person—intravenous fibrinolytic therapy time, hhmm ***Conditional obligation:*** If prescribed, provide the time when the fibrinolytic therapy is administered.	Conditional	1
-	Person—reason for non prescription of pharmacotherapy, code N ***Conditional obligation:*** To be provided for each of the pharmacotherapies listed in the data element *'Pharmacotherapy type prescribed for acute coronary syndrome in hospital'* not prescribed.	Conditional	9
-	Person—timing of ACE-inhibitor prescription, code N ***Conditional obligation:*** If prescribed, provide a phase for each time ACE-inhibitor therapy is prescribed.	Conditional	5
-	Person—timing of angiotensin II receptor blocker prescription, code N ***Conditional obligation:*** If prescribed, provide a phase for each time angiotensin II receptor blocker therapy is prescribed.	Conditional	5
-	Person—timing of antithrombin therapy prescription, code N ***Conditional obligation:*** If prescribed, provide a phase for each time antithrombin therapy is prescribed	Conditional	4
-	Person—timing of aspirin prescription, code N ***Conditional obligation:*** If prescribed, provide a phase for each time aspirin therapy is prescribed.	Conditional	5
-	Person—timing of beta-blocker prescription, code N ***Conditional obligation:*** If prescribed, provide a phase for each time beta-blocker therapy is prescribed.	Conditional	5
-	Person—timing of clopidogrel prescription, code N ***Conditional obligation:*** If prescribed, provide a phase for each time clopidogrel therapy is prescribed.	Conditional	5

Seq No.	Metadata item	Obligation	Max occurs
-	Person—timing of glycoprotein IIb/IIIa inhibitor prescription, code N	Conditional	4
	Conditional obligation: If prescribed, provide a phase for each time glycoprotein IIb/IIIa inhibitor therapy is prescribed.		
-	Person—timing of statin prescription, code N	Conditional	5
	Conditional obligation: If prescribed, provide a phase for each time statin therapy is prescribed.		
-	Coronary artery cluster	Optional	1
-	Person—coronary artery bypass graft date, DDMMYYYY	Conditional	99
	Conditional obligation: Record when a coronary artery bypass graft is performed.		
-	Person—coronary artery bypass graft location, code N	Conditional	7
	Conditional obligation: Record when a coronary artery bypass graft is performed. ***DSS specific information:*** Codes provided for each location where a graft is performed during this hospital presentation.		
-	Person—coronary artery stenosis location, code N	Mandatory	7
-	Person—count of coronary artery lesions attempted, total number N[N]	Conditional	99
	Conditional obligation: Record when a percutaneous coronary intervention is performed.		
-	Person—count of coronary artery lesions successfully dilated, total number N[N]	Conditional	99
	Conditional obligation: Record when a percutaneous coronary intervention is performed.		
-	Person—count of coronary artery stents, total number N[N]	Conditional	99
	Conditional obligation: Record when a percutaneous coronary intervention with stent implantation (bare metal stent or drug eluting stent) is performed.		
-	Person—maximum stenosis coronary artery, percentage N[NN]	Mandatory	1
-	Person—percutaneous coronary intervention procedure type, code N	Conditional	1
	Conditional obligation: Record when a percutaneous coronary intervention is performed. This includes those performed for primary, rescue or revascularisation reasons.		

Seq No.	Metadata item	Obligation	Max occurs
-	Person—primary percutaneous coronary intervention date, DDMMYYYY	Conditional	1
	Conditional obligation: Record when a primary percutaneous coronary intervention is performed.		
-	Person—primary percutaneous coronary intervention time, hhmm	Conditional	1
	Conditional obligation: Record when a primary percutaneous coronary intervention is performed.		
-	Person—rescue percutaneous coronary intervention date, DDMMYYYY	Conditional	1
	Conditional obligation: Record when a rescue percutaneous coronary intervention is performed.		
-	Person—rescue percutaneous coronary intervention time, hhmm	Conditional	1
	Conditional obligation: Record when a rescue percutaneous coronary intervention is performed.		
-	Person—revascularisation percutaneous coronary intervention date, DDMMYYYY	Conditional	1
	Conditional obligation: Record when a percutaneous coronary intervention is performed for revascularisation.		
-	Person—revascularisation percutaneous coronary intervention time, hhmm	Conditional	1
	Conditional obligation: Record when a percutaneous coronary intervention is performed for revascularisation.		
-	Electrocardiogram cluster	Optional	1
-	Electrocardiogram—bundle-branch block status, code N	Conditional	1
	Conditional obligation: Record if a bundle-branch block has been detected on an electrocardiogram.		
-	Electrocardiogram—change location, code N	Conditional	1
	DSS specific information: To be provided each time an ECG is performed.		
-	Electrocardiogram—change type, code N	Conditional	99
	DSS specific information: To be provided each time an ECG is performed.		
-	Electrocardiogram—electrocardiogram date, DDMMYYYY	Mandatory	99
	DSS specific information: To be provided each time an ECG is performed.		

Seq No.	Metadata item	Obligation	Max occurs
-	Electrocardiogram—electrocardiogram time, hhmm	Mandatory	99
	DSS specific information: To be provided each time an ECG is performed.		
-	Electrocardiogram—heart rhythm type, code N[N]	Mandatory	99
	DSS specific information: To be provided each time an ECG is performed.		
-	Electrocardiogram—lead V4R presence indicator, yes/no code N	Mandatory	99
	DSS specific information: To be provided each time an ECG is performed.		
-	Electrocardiogram—new Q waves indicator, yes/no code N	Conditional	99
	Conditional obligation: Record if Q waves are present on the follow up electrocardiogram.		
-	Electrocardiogram—ST-segment-elevation in lead V4R indicator, yes/no code N	Conditional	99
	Conditional obligation: Record when lead V4R was performed on the electrocardiogram.		
-	Person—electrocardiogram Q waves indicator, yes/no code N	Mandatory	99
	Conditional obligation: Record for all follow up electrocardiograms performed after the initial electrocardiogram.		
-	Functional stress test cluster	Optional	1
-	Functional stress test—assessment of cardiac perfusion, code N[N]	Conditional	1
	Conditional obligation: To be provided when a functional stress test is performed.		
-	Functional stress test—ischaemic and perfusion outcome result, code N	Conditional	1
	Conditional obligation: To be provided when a functional stress test is performed.		
-	Functional stress test—stress test element, code N	Conditional	1
	Conditional obligation: To be provided when a functional stress test is performed.		
-	Functional stress test—stress test intensity, code N	Conditional	1
	Conditional obligation: To be provided when a functional stress test is performed.		

Seq No.	Metadata item	Obligation	Max occurs
-	Functional stress test—test date, DDMMYYYY	Conditional	1
	Conditional obligation: To be provided when a functional stress test is performed.		
-	Person—functional stress test performed indicator, yes/no code N	Mandatory	1
-	Ventricular ejection fraction cluster	Conditional	1
-	Person—ventricular ejection fraction test performed indicator, yes/no code N	Mandatory	1
-	Ventricular ejection fraction test—test date, DDMMYYYY	Conditional	1
	Conditional obligation: To be provided when the ventricular ejection fraction is measured.		
-	Ventricular ejection fraction test—test time, hhmm	Conditional	1
	Conditional obligation: To be provided when the ventricular ejection fraction is measured.		
-	Ventricular ejection fraction test—test type, code N	Conditional	1
	Conditional obligation: To be provided when the ventricular ejection fraction is measured.		
-	Ventricular ejection fraction—test result, code N	Conditional	1
	Conditional obligation: To be provided when the ventricular ejection fraction is measured.		
-	Ventricular ejection fraction—test result, percentage N[N].N	Conditional	1
	Conditional obligation: To be provided when the ventricular ejection fraction is measured.		
-	Episode of admitted patient care—admission date, DDMMYYYY	Optional	1
-	Episode of admitted patient care—admission time, hhmm	Optional	1
-	Episode of admitted patient care—separation date, DDMMYYYY	Optional	1
-	Episode of admitted patient care—separation mode, code N	Optional	1
-	Episode of care—principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}	Optional	1
-	Episode of care—principal source of funding, hospital code NN	Optional	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Optional	1
-	Health service event—presentation date, DDMMYYYY	Optional	1
	DSS specific information: This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.		
-	Health service event—presentation time, hhmm	Optional	1
	DSS specific information: This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.		

Seq No.	Metadata item	Obligation	Max occurs
-	Health service event—referral to rehabilitation service date, DDMMYYYY ***DSS specific information:*** Required to derive those referred to a rehabilitation service from those eligible to attend and who actually attend. This metadata item can be used to determine the time lag between referral and commencement of rehabilitation.	Optional	1
-	Laboratory standard—upper limit of normal range for creatine kinase isoenzyme, total units per litre N[NNN]	Optional	1
-	Laboratory standard—upper limit of normal range for creatine kinase myocardial band isoenzyme, total micrograms per litre N[NNN]	Conditional	1
-	Laboratory standard—upper limit of normal range for creatine kinase myocardial band isoenzyme, total units per litre N[NNN]	Conditional	1
-	Laboratory standard—upper limit of normal range for troponin assay, total micrograms per litre N[NNN]	Conditional	1
-	Laboratory standard—upper limit of normal range of glycosylated haemoglobin, percentage N[N].N	Conditional	1
-	Non-admitted patient emergency department service episode—transport mode (arrival), code N ***DSS specific information:*** This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.	Optional	1
-	Non-admitted patient emergency department service episode—triage category, code N ***DSS specific information:*** This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.	Conditional	1
-	Non-admitted patient emergency department service episode—triage date, DDMMYYYY ***DSS specific information:*** This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.	Optional	1
-	Non-admitted patient emergency department service episode—triage time, hhmm ***DSS specific information:*** This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.	Optional	1
-	Non-admitted patient emergency department service episode—type of visit to emergency department, code N ***DSS specific information:*** This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.	Optional	1
-	Person with acute coronary syndrome—bleeding location, instrumented code N(N)	Optional	1
-	Person with acute coronary syndrome—bleeding location, non-instrumented code N(N)	Optional	1
-	Person with acute coronary syndrome—lifestyle counselling type, code N	Optional	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person with acute coronary syndrome—underlying cause of acute coronary syndrome, code N	Optional	1
-	Person—acute coronary syndrome procedure type, code NN	Optional	1
-	Person—acute coronary syndrome related medical history, code NN	Optional	1
-	Person—acute coronary syndrome risk stratum, code N	Optional	1
-	Person—acute coronary syndrome symptoms onset date, DDMMYYYY	Optional	1
-	Person—acute coronary syndrome symptoms onset time, hhmm	Optional	1
-	Person—angina episodes count (24 hours preceding hospital presentation), total number NN[N]	Conditional	1
-	Person—angina status, Canadian Cardiovascular Society code N	Optional	1

DSS specific information:

This is the status of angina that a person experiences following discharge from hospital.

-	Person—bleeding episode status, Thrombolysis in Myocardial Infarction (TIMI) code N	Optional	1
-	Person—chest pain pattern, code N	Optional	1

DSS specific information:

The Canadian Cardiovascular Society classes of angina can be used to support categorisation of chest pain patterns. Canadian Cardiovascular Society (CCS) classes of angina (Campeau L. Grading of angina pectoris. Circulation 1976; 54:522.)

1. Ordinary physical activity (for example, walking or climbing stairs) does not cause angina; angina occurs with strenuous or rapid or prolonged exertion at work or recreation.
2. Slight limitation of ordinary activity (for example, angina occurs walking or stair climbing after meals, in cold, in wind, under emotional stress, or only during the few hours after awakening; walking more than 2 blocks on the level or climbing more than 1 flight of ordinary stairs at a normal pace; and in normal conditions).
3. Marked limitation of ordinary activity (for example, angina occurs with walking 1 or 2 blocks on the level or climbing 1 flight of stairs in normal conditions and at a normal pace).
4. Inability to perform any physical activity without discomfort; angina syndrome may be present at rest.

-	Person—cholesterol level (measured), total millimoles per litre N[N].N	Optional	1
-	Person—clinical evidence status (acute coronary syndrome related medical history), yes/no code N	Optional	1
-	Person—clinical procedure timing, code N	Optional	1
-	Person—country of birth, code (SACC 2008) NNNN	Optional	1
-	Person—C-reactive protein level (measured), total milligrams per litre N[NN].N	Optional	1

DSS specific information:

The C-reactive protein (CRP) level should be measured as early as possible following presentation to the hospital.

Seq No.	Metadata item	Obligation	Max occurs
-	Person—C-reactive protein level measured date, DDMMYYYY	Optional	1
	DSS specific information: The date of C-reactive protein (CRP) measurement recorded should be after or the same as the date of onset of ACS symptoms.		
-	Person—C-reactive protein level measured time, hhmm	Optional	1
-	Person—creatine kinase isoenzyme level (measured), total units per litre N[NNN]	Conditional	1
	DSS specific information: The measured CK isoenzyme levels and the timing of these measurements are important to the diagnosis of myocardial infarction.		
-	Person—creatine kinase myocardial band isoenzyme measured date, DDMMYYYY	Conditional	1
	DSS specific information: The measured CK isoenzyme levels and the timing of these measurements are important to the diagnosis of myocardial infarction.		
-	Person—creatine kinase myocardial band isoenzyme measured time, hhmm	Conditional	1
	DSS specific information: The measured CK isoenzyme levels and the timing of these measurements are important to the diagnosis of myocardial infarction.		
-	Person—creatine kinase-myocardial band isoenzyme level (measured), total micrograms per litre N[NNN]	Conditional	1
-	Person—creatine kinase-myocardial band isoenzyme level (measured), total units per litre N[NNN]	Conditional	1
	DSS specific information: For Acute coronary syndrome (ACS) reporting, can be used to determine diagnostic strata.		
-	Person—creatinine serum level measured date, DDMMYYYY	Conditional	1
	DSS specific information: In settings where the monitoring of a person's health is ongoing and where a measure can change over time (such as general practice), the Service contact—service contact date, DDMMYYYY should be recorded. Record absolute result of the most recent serum creatinine measurement in the last 12 months to the nearest µmol/L (micromoles per litre).		
-	Person—creatinine serum level, total micromoles per litre NN[NN]	Conditional	1
-	Person—date of birth, DDMMYYYY	Optional	1
-	Person—date of death, DDMMYYYY	Optional	1
	DSS specific information: If a date of death is recorded, the cause of death must also be recorded. These data are recorded regardless of the cause of death.		

Seq No.	Metadata item	Obligation	Max occurs
-	Person—diabetes mellitus status, code NN	Conditional	1
-	Person—diabetes therapy type, code NN	Conditional	1
-	Person—diagnostic cardiac catheterisation date, DDMMYYYY	Conditional	1
-	Person—diagnostic cardiac catheterisation time, hhmm	Conditional	1
-	Person—dyslipidaemia treatment with anti-lipid medication indicator (current), code N	Conditional	1
-	Person—glycosylated haemoglobin level (measured), percentage N[N].N	Optional	1
-	Person—height (measured), total centimetres NN[N].N	Conditional	1
-	Person—high-density lipoprotein cholesterol level (measured), total millimoles per litre [N].NN	Optional	1
-	Person—hypertension treatment with antihypertensive medication indicator (current), code N	Optional	1
-	Person—implantable cardiac defibrillator procedure date, DDMMYYYY	Optional	1
-	Person—implantable cardiac defibrillator procedure time, hhmm	Optional	1
-	Person—Indigenous status, code N	Optional	1
-	Person—intra-aortic balloon pump procedure date, DDMMYYYY	Conditional	1
-	Person—intra-aortic balloon pump procedure time, hhmm	Conditional	1
-	Person—Killip classification, code N	Optional	1
	DSS specific information: For Acute Coronary Syndrome (ACS) reporting, this data element describes the objective evidence of haemodynamic compromise by clinical examination at the time of presentation. Rales or crepitations represent evidence of pulmonary interstitial oedema on lung auscultation and an S3 is an audible extra heart sound by cardiac auscultation.		
-	Person—low-density lipoprotein cholesterol level (calculated), total millimoles per litre N[N].N	Conditional	1
-	Person—most recent stroke date, DDMMYYYY	Conditional	1
	DSS specific information: Record the date of the most recent stroke that preceded presentation to the hospital.		
-	Person—non-invasive ventilation administration date, DDMMYYYY	Conditional	1
-	Person—non-invasive ventilation administration time, hhmm	Optional	1
-	Person—pacemaker insertion date, DDMMYYYY	Optional	1
-	Person—pacemaker insertion time, hhmm	Conditional	1
-	Person—person identifier, XXXXXX[X(14)]	Optional	1
-	Person—premature cardiovascular disease family history status, code N	Optional	1
-	Person—reason for readmission following acute coronary syndrome episode, code N[N]	Optional	1
-	Person—sex, code N	Optional	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person—tobacco smoking status, code N	Optional	1

DSS specific information:

Smoker type is used to define sub-populations of adults (age 18+ years) based on their smoking behaviour. Smoking has long been known as a health risk factor. Population studies indicate a relationship between smoking and increased mortality/morbidity. This metadata item can be used to estimate smoking prevalence.

Other uses are:

- To evaluate health promotion and disease prevention programs (assessment of interventions)
- To monitor health risk factors and progress towards National Health Goals and Targets

-	Person—triglyceride level (measured), total millimoles per litre N[N].N	Optional	1
-	Person—troponin assay type, code N	Optional	1

DSS specific information:

For Acute coronary syndrome (ACS) reporting, record the type of troponin assay (I or T) used to assess troponin levels during this presentation.

-	Person—troponin level (measured), total micrograms per litre NN.NN	Optional	1

DSS specific information:

For Acute coronary syndrome (ACS) reporting, can be used to determine diagnostic strata.

-	Person—troponin level measured date, DDMMYYYY	Optional	1
-	Person—troponin level measured time, hhmm	Optional	1
-	Person—underlying cause of death, code (ICD-10 2nd edn) ANN-ANN	Optional	1

Conditional obligation:

If a date of death is recorded, the cause of death must also be recorded. These data are recorded regardless of the cause of death.

-	Person—units of blood transfused, total N[NNN]	Conditional	1

Conditional obligation:

Record the total number of blood units (either whole blood or packed red blood cells) that the person has received following a haemorrhagic event.

-	Person—vascular condition status (history), code NN	Conditional	1
-	Person—weight (measured), total kilograms N[NN].N	Conditional	1