# Person—lipid-lowering therapy status, code NN

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# Person—lipid-lowering therapy status, code NN

# Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Lipid-lowering therapy status
METEOR identifier:	285159
Registration status:	<u>Health!</u> , Standard 04/06/2004
Definition:	The person's lipid-lowering therapy status, as represented by a code.
Data Element Concept:	Person—lipid-lowering therapy status
Value Domain:	Lipid-lowering therapy status code NN

# Value domain attributes

### **Representational attributes**

Representation class:	Code	
Data type:	Number	
Format:	NN	
Maximum character length:	2	
	Value	Meaning
Permissible values:	10	Given
	21	Not given - patient refusal
	22	Not given - true allergy to lipid lowering therapy
	23	Not given - previous myopathy
	24	Not given - hepatic dysfunction
	25	Not given - other
Supplementary values:	90	Not stated/inadequately described

### Collection and usage attributes

Guide for use:	CODES 21 - 25 Not given
	If recording `Not given', record the principal reason if more than one code applies.

# Data element attributes

#### Source and reference attributes

Submitting organisation:	Acute coronary syndrome working group
Steward:	The National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand

### **Relational attributes**

Related metadata	ls re-engineered from 🔂 Lipid-lowering therapy status, version 1, DE, NHDD,
references:	NHIMG, Superseded 01/03/2005.pdf (14.1 KB)
	No registration status

Specifications:

#### Implementation in Data Set Acute coronary syndrome (clinical) DSS Health!, Superseded 01/10/2008 DSS specific information:

For Acute coronary syndrome (ACS) reporting, can be collected at any time point during the management of the current event (i.e. at the time of triage, at times during the admission, or at the time of discharge).

Acute coronary syndrome (clinical) DSS Health!, Superseded 07/12/2005 DSS specific information:

For Acute coronary syndrome (ACS) reporting, can be collected at any time point during the management of the current event (i.e. at the time of triage, at times during the admission, or at the time of discharge).