# Person—clinical evidence status (chronic lung disease), code N

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# Person—clinical evidence status (chronic lung disease), code N

# Identifying and definitional attributes

Metadata item type: Data Element

**Short name:** Clinical evidence of chronic lung disease (status)

METEOR identifier: 285285

Registration status: Health!, Superseded 01/10/2008

**Definition:** The status of evidence for a pre-existing clinical condition of chronic lung disease,

as represented by a code.

Data Element Concept: Person—clinical evidence status (chronic lung disease)

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

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 the diagnosis is supported by current use of

chronic lung disease pharmacological therapy (e.g. inhalers, theophylline, aminophylline, or steroids), or a forced expiratory volume in 1 second (FEV1) less

than 80% predicted FEV1/forced vital capacity (FVC) less than 0.7 (post

bronchodilator). Respiratory failure partial pressure of oxygen (PaO2) less than 60 mmHg (8kPa), or partial pressure of carbon dioxide (PaCO2) greater than 50

mmHg (6.7 kPa).

**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 diagnosis rests on the airflow limitation, which is not fully reversible. Consider

treating as asthma if airflow limitation is substantially reversible. (The Thoracic Society of Australia & New Zealand and the Australian Lung Foundation, Chronic Obstructive Pulmonary Disease (COPD) Australian & New Zealand Management

Guidelines and the COPD Handbook. Version 1, November 2002.)

## 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

**Specifications:** 

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.