Person with acute coronary syndrome—pharmacotherapy type prescribed in hospital, code N[N]

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# Person with acute coronary syndrome—pharmacotherapy type prescribed in hospital, code N[N]

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| Identifying and definitional attributes |
| Metadata item type: | Data Element |
| Short name: | Pharmacotherapy type prescribed for acute coronary syndrome in hospital |
| Synonymous names: | ACS pharmacotherapy type prescribed |
| METEOR identifier: | 344344 |
| Registration status: | [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 01/10/2008 |
| Definition: | The type of pharmacotherapy prescribed to a person in hospital for the treatment of acute coronary syndrome, as represented by a code. |
| Data Element Concept: | [Person with acute coronary syndrome—pharmacotherapy type prescribed in hospital](https://meteor-uat.aihw.gov.au/content/344342)  |
| Value Domain: | [Acute coronary syndrome pharmacotherapy type prescribed in hospital code N[N]](https://meteor-uat.aihw.gov.au/content/344299) |

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| Value domain attributes |
| Representational attributes |
| Representation class: | Code |
| Data type: | Number |
| Format: | N[N] |
| Maximum character length: | 2 |
|   | **Value** | **Meaning** |
| Permissible values: | 1 | Aspirin |
|   | 2 | Angiotensin converting enzyme (ACE) inhibitor  |
|   | 3 | Angiotensin II receptor blocker  |
|   | 4 | Antithrombin  |
|   | 5 | Beta-blocker  |
|   | 6 | Clopidogrel |
|   | 7 | Fibrinolytic  |
|   | 8 | Glycoprotein IIb/IIIa receptor antagonist  |
|   | 9 | Statin |
| Supplementary values: | 99  | Not stated/inadequately described  |

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| Collection and usage attributes |
| Guide for use: | CODE 1     AspirinIncludes: aspirin, astrix, cardiprin, cartia, aspro, disprin and solprin CODE 2     Angiotensin converting enzyme (ACE) inhibitorIncludes: captopril, enalapril, fosinopril, lisinopril, perindopril, quinapril, ramipril and trandolaprilCODE 3     Angiotensin II receptor blockerIncludes: candesartan, eprosartan, irbesartan, losartin and temisartanCODE 4     AntithrombinIncludes: dalteparin, danaparoid, enoxaparin, heparin, phenindione, warfarin, bivalirudin, fondaparinux, lepirudinCODE 5     Beta-blockerIncludes: atenolol, bisoprolol, carvedilol, esmolol, labetolol, metoprolol, oxprenolol, pindolol, propranolol and sotalolCODE 6     ClopidogrelIncludes: iscover and plavixCODE 7     FibrinolyticIncludes: streptokinase, tissue plasminogen activator (t-PA) (alteplase), reteplase (r-PA) and tenecteplase (TNK t-PA)CODE 8    Glycoprotein IIb/IIIa receptorIncludes: abciximab, eptifibatide and tirofibanCODE 9    StatinIncludes: atorvastatin, fluvastatin, pravastatin and simvastatin |

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| Data element attributes  |
| Collection and usage attributes |
| Guide for use: | A person may be prescribed one or more type of medication for acute coronary syndromes. Therefore more than one code may be recorded.  |
| Collection methods: | This information should be recorded at the end of the person's hospital stay involving the treatment of acute coronary syndromes. |
| Comments: | The purpose of this data element is to collect information on the prescription of pharmacotherapy recommended for the treatment of acute coronary syndromes in the national guidelines. Additional information on the specific drug types prescribed is not required for this quality purpose.The health service may choose to collect additional information on the specific drug types prescribed within each of the core pharmacotherapies. |
| Source and reference attributes |
| Reference documents: | National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand. Guidelines for the management of acute coronary syndromes 2006. Med J Aust 2006; 184; S1-S32. © MJA 2006 |
| Relational attributes |
| Implementation in Data Set Specifications: | [Acute coronary syndrome pharmacotherapy data cluster](https://meteor-uat.aihw.gov.au/content/351876)[Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 01/10/2008***DSS specific information:*** Codes provided for each of those prescribed during this hospital presentation. |