Person—clinical evidence status (acute coronary syndrome related medical history), yes/no code N

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Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Clinical evidence of acute coronary syndrome related medical history
METEOR identifier:	356777
Registration status:	Health!, Standard 01/10/2008
Definition:	An indicator of whether there is objective evidence for a person's history of an acute coronary syndrome related medical condition, as represented by a code.
Data Element Concept:	Person—clinical evidence status (acute coronary syndrome related medical history)
Value Domain:	Yes/no/not stated/inadequately described code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	N	
Maximum character length:	1	
	Value	**Meaning**
Permissible values:	1	Yes
	2	No
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use:	CODE 9 Not stated/inadequately described This code is not for use in primary data collections.

Data element attributes

Collection and usage attributes

Guide for use:

CODE 1 Yes

Use this code where there is objective evidence to support a history of an acute coronary syndrome related medical condition.

CODE 2 No

Use this code where the history is not supported by objective evidence.

Objective evidence for acute coronary syndrome related medical conditions are classified as:

Chronic lung disease:

Diagnosis 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).

Heart failure:

Current symptoms of heart failure (typically shortness of breath or fatigue), either at rest or during exercise and/or signs of pulmonary or peripheral congestion and objective evidence of cardiac dysfunction at rest. The diagnosis is derived from and substantiated by clinical documentation from testing according to current practices.

Stroke:

Diagnosis for ischaemic: non-haemorrhagic cerebral infarction or haemorrhagic: intracerebral haemorrhage supported by cerebral imaging (CT or MRI).

Peripheral arterial disease:

- Peripheral artery disease: diagnosis is derived from and substantiated by clinical documentation for a person with a history of either chronic or acute occlusion or narrowing of the arterial lumen in the aorta or extremities.
- Aortic aneurysm: diagnosis of aneurysmal dilatation of the aorta (thoracic and or abdominal) supported and substantiated by appropriate documentation of objective testing.
- Renal artery stenosis: diagnosis of functional stenosis of one or both renal arteries is present and is supported and substantiated by appropriate documentation of objective testing.

Sleep apnoea:

Diagnosis derived from and substantiated by clinical documentation of sleep apnoea syndrome (SAS). SAS has been diagnosed from the results of a sleep study.

Other vascular conditions:

- Atrial fibrillation: diagnosis supported by electrocardiogram findings.
- Other cardiac arrhythmias and conductive disorders: diagnosis supported by electrocardiogram findings.
- Left ventricular hypertrophy: diagnosis supported by echocardiograph evidence.

Collection methods:

For each of the following medical conditions the clinical evidence status must also be recorded:

- Chronic lung disease
- Heart failure
- Stroke
- Peripheral arterial disease
- Sleep apnoea syndrome
- Other vascular conditions

Comments:

Heart failure:

Chronic heart failure is a complex clinical syndrome with typical symptoms (e.g. shortness of breath, fatigue) that can occur at rest or on effort, and is characterised by objective evidence of an underlying structural abnormality of cardiac dysfunction that impairs the ability of the ventricle to fill with or eject blood (particularly during physical activity).

The most widely available investigation for documenting left ventricular dysfunction is the transthoracic echocardiogram (TTE).
Other modalities include:

- transoesophageal echocardiography (TOE)
- gated radionuclide angiocardiography
- angiographic left ventriculography

In the absence of any adjunctive laboratory tests, evidence of supportive clinical signs of ventricular dysfunction. These include:

- cardiac auscultation (S3, cardiac murmurs),
- cardiomegaly,
- elevated jugular venous pressure (JVP),
- chest X-ray evidence of pulmonary congestion

Source and reference attributes

Submitting organisation: Acute coronary syndrome data working group

Reference documents: 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.

National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand (Chronic Heart Failure Guidelines Expert Writing Panel). Guidelines for the prevention, detection and management of chronic heart failure in Australia, 2006.

Relational attributes

Related metadata references:

Supersedes Person—clinical evidence status (chronic lung disease), code N Health!, Superseded 01/10/2008

Supersedes Person—clinical evidence status (heart failure), code N Health!, Superseded 01/10/2008

Supersedes Person—clinical evidence status (peripheral arterial disease), code N Health!, Superseded 01/10/2008

Supersedes Person—clinical evidence status (sleep apnoea syndrome), code N Health!, Superseded 01/10/2008

Supersedes Person—clinical evidence status (stroke), code N Health!, Superseded 01/10/2008

Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS Health!, Superseded 01/09/2012

Acute coronary syndrome (clinical) DSS Health!, Superseded 02/05/2013

Acute coronary syndrome (clinical) NBPDS 2013- Health!, Standard 02/05/2013
Implementation start date: 01/07/2013