

Health & Care Information Model: nl.zorg.PressureUlcer-v3.0

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Content

1. nl.zorg.PressureUlcer-v3.0	3
1.1 Revision History	3
1.2 Concept	3
1.3 Mindmap	3
1.4 Purpose	3
1.5 Patient Population	3
1.6 Evidence Base	4
1.7 Information Model	4
1.8 Example Instances	7
1.9 Instructions	7
1.10 Interpretation	7
1.11 Care Process	7
1.12 Example of the Instrument	8
1.13 Constraints	8
1.14 Issues	8
1.15 References	8
1.16 Functional Model	8
1.17 Traceability to other Standards	8
1.18 Disclaimer	8
1.19 Terms of Use	8
1.20 Copyrights	8

1. nl.zorg.PressureUlcer-v3.0

DCM::CoderList	Werkgroep RadB Verpleegkundige Gegevens
DCM::ContactInformation.Address	*
DCM::ContactInformation.Name	*
DCM::ContactInformation.Telecom	*
DCM::ContentAuthorList	Werkgroep RadB Verpleegkundige Gegevens
DCM::CreationDate	7-7-2014
DCM::DeprecatedDate	
DCM::DescriptionLanguage	nl
DCM::EndorsingAuthority.Address	
DCM::EndorsingAuthority.Name	NFU & V&VN
DCM::EndorsingAuthority.Telecom	
DCM::Id	2.16.840.1.113883.2.4.3.11.60.40.3.19.1
DCM::KeywordList	Decubitus, doorligwond, wond
DCM::LifecycleStatus	Final
DCM::ModelerList	Werkgroep RadB Verpleegkundige Gegevens
DCM::Name	nl.zorg.DecubitusWond
DCM::PublicationDate	1-5-2016
DCM::PublicationStatus	Published
DCM::ReviewerList	Projectgroep RadB Verpleegkundige Gegevens & Kerngroep Registratie aan de Bron
DCM::RevisionDate	8-9-2015
DCM::Superseeds	
DCM::Version	3.0
HCIM::PublicationLanguage	EN

1.1 Revision History

Publicatieversie 1.0 (01-07-2015)

Publicatieversie 3.0 (01-05-2016)

Bevat: ZIB-453

1.2 Concept

A decubitus wound is localized damage to the skin and/or underlying tissue, often over a bony prominence, as a result of pressure or pressure combined with friction.

A decubitus wound involves a major disease burden and reduces the quality of life for a patient. Adequate risk evaluation, prevention and treatment of decubitus wounds can lead to a fewer incidences and prevalence of decubitus wounds.

1.3 Mindmap

1.4 Purpose

Information on the decubitus ulcer is of importance in starting or continuing the best possible wound treatment, curatively and preventatively, and to be able to properly monitor the wound healing process.

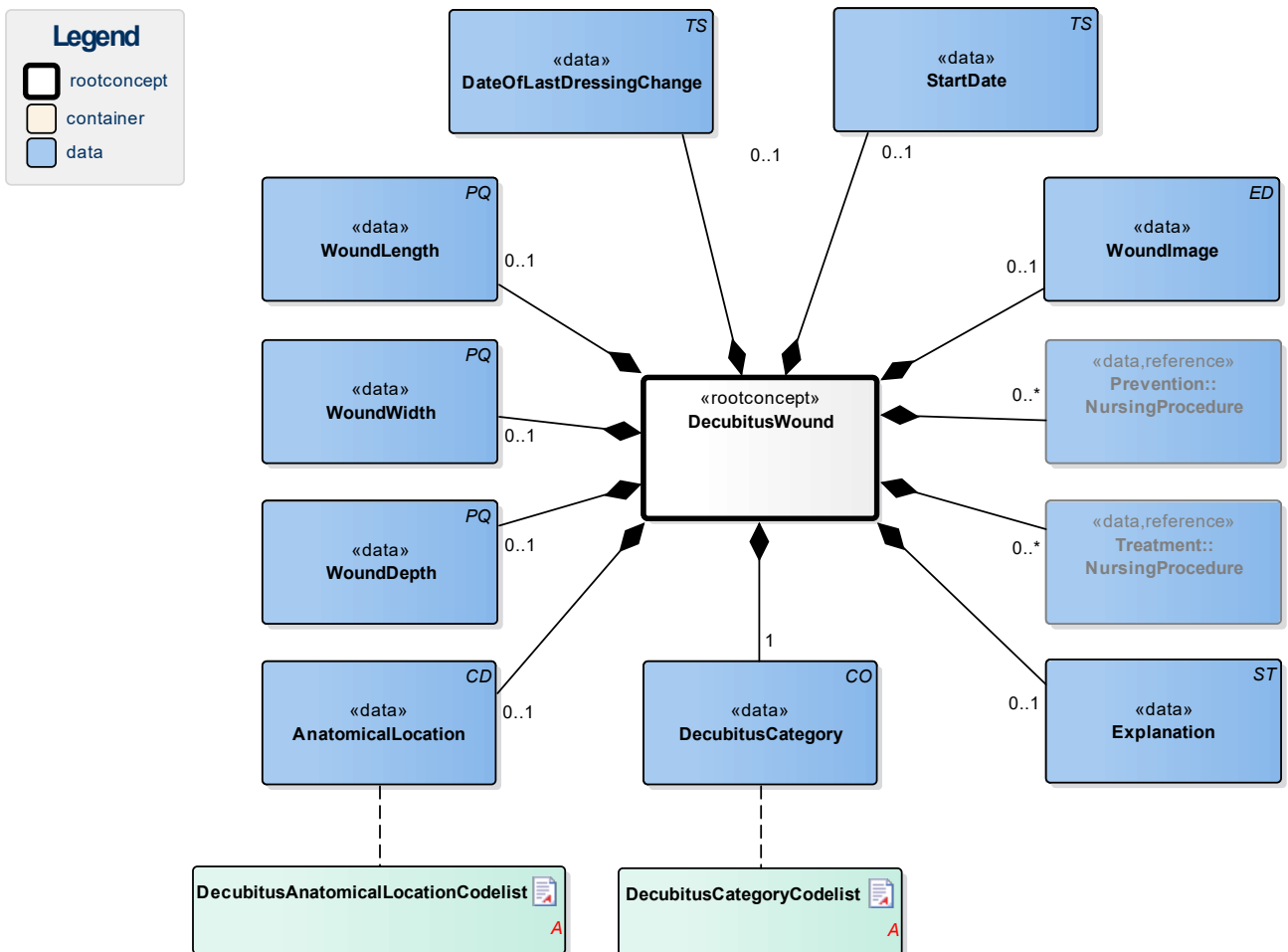
1.5 Patient Population

1.6 Evidence Base

To describe the wound, there are 4 categories, based on the international NPUAP/EPUAP decubitus classification system:

- Category 1: non-removable redness of intact skin;
- Category 2: loss of a partial layer of skin or blister;
- Category 3: loss of an entire layer of skin (visible fat);
- Category 4: loss of an entire layer of tissue (visible muscle/bone).

1.7 Information Model



«rootconcept»	DecubitusWound	
Definitie	Root concept of the DecubitusWound information model. This root concept contains all data elements of the DecubitusWound information model.	
Datatype		
DCM::ConceptId	NL-CM:19.1.1	
DCM::DefinitionCode	SNOMED CT: 400192002 Decubitus ulcer	
Opties		

«data»	DecubitusCategory	
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Definitie	Description of the condition of the decubitus wound, ranging from category 1 - 4.	
Datatype	CO	
DCM::ConceptId	NL-CM:19.1.2	
DCM::ExampleValue	Pressure ulcer stage 3	
DCM::ValueSet	DecubitusCategoryCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.19.1.1
Opties		

«data»	StartDate	
Definitie	The date on which the decubitus wound appeared.	
Datatype	TS	
DCM::ConceptId	NL-CM:19.1.3	
DCM::ExampleValue	01-07-2014	
Opties		

«data»	AnatomicalLocation	
Definitie	The location of the decubitus wound on the body.	
Datatype	CD	
DCM::ConceptId	NL-CM:19.1.4	
DCM::ExampleValue	Linker bil	
DCM::ValueSet	DecubitusAnatomicalLocationCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.19.1.2
Opties		

«data»	DateOfLastDressingChange	
Definitie	The date on which the dressing was last changed.	
Datatype	TS	
DCM::ConceptId	NL-CM:19.1.8	
Opties		

«data»	WoundLength	
Definitie	The length of the decubitus wound.	
Datatype	PQ	
DCM::ConceptId	NL-CM:19.1.9	
DCM::DefinitionCode	SNOMED CT: 401238003 Length of wound	
DCM::ExampleValue	100 mm	
Opties		

«data»	WoundWidth	
Definitie	The width of the decubitus wound.	
Datatype	PQ	
DCM::ConceptId	NL-CM:19.1.10	
DCM::DefinitionCode	SNOMED CT: 401239006 Width of wound	
DCM::ExampleValue	30 mm	
Opties		

«data»	WoundDepth	
Definitie	The depth of the decubitus wound.	
Datatype	PQ	
DCM::ConceptId	NL-CM:19.1.11	
DCM::DefinitionCode	SNOMED CT: 425094009	
	Depth of wound	
DCM::ExampleValue	8 mm	
Opties		

«data»	Treatment::NursingProcedure	
Definitie	The procedures carried out to treat the decubitus wound.	
Datatype		
DCM::ConceptId	NL-CM:19.1.6	
DCM::ReferencedConceptId	NL-CM:14.2.9	This is a reference to concept VerpleegkundigeActie in information model VerpleegkundigeInterventie.
Opties		

«data»	Prevention::NursingProcedure	
Definitie	The preventative procedures to prevent the decubitus wound from worsening.	
Datatype		
DCM::ConceptId	NL-CM:19.1.7	
DCM::ReferencedConceptId	NL-CM:14.2.9	This is a reference to concept VerpleegkundigeActie in information model VerpleegkundigeInterventie.
Opties		

«data»	WoundImage	
Definitie	A photo of the decubitus wound as visual information.	
Datatype	ED	
DCM::ConceptId	NL-CM:19.1.12	
Opties		

«data»	Explanation	
Definitie	An explanation of the decubitus wound.	
Datatype	ST	
DCM::ConceptId	NL-CM:19.1.5	
DCM::DefinitionCode	LOINC: 48767-8 Annotation comment	
Opties		

«document»	DecubitusAnatomicalLocationCodelist	
Definitie		
Datatype		
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.19.1.2	
Opties		
DecubitusAnatomischeLocatieCodelijst		OID: 2.16.840.1.113883.2.4.3.11.60.40.2.19.1.2

Codes	Coding Syst. Name	Coding System OID
SNOMED CT: <<91723000 anatomical structure	SNOMED CT	2.16.840.1.113883.6.96

«document»	DecubitusCategoryCodelist	
Definitie		
Datatype		
DCM::ValueSetId	2.16.840.1.113883.2.4.3.11.60.40.2.19.1.1	
Opties		

DecubitusCategorieCodelijst			OID: 2.16.840.1.113883.2.4.3.11.60.40.2.19.1.1		
Concept Name	Concept Value	Concept Code	CodeSys. Name	CodeSystem OID	Description
Pressure ulcer stage 1	1	421076008	SNOMED CT	2.16.840.1.113883.6.96	Decubitus categorie 1
Pressure ulcer stage 2	2	420324007	SNOMED CT	2.16.840.1.113883.6.96	Decubitus categorie 2
Pressure ulcer stage 3	3	421927004	SNOMED CT	2.16.840.1.113883.6.96	Decubitus categorie 3
Pressure ulcer stage 4	4	420597008	SNOMED CT	2.16.840.1.113883.6.96	Decubitus categorie 4

1.8 Example Instances

DecubitusWond	
AnatomischeLocatie	Linkerhiel
DecubitusCategorie	Decubitus categorie 2
Wondlengte	3 cm
Wondbreedte	2 cm
Wonddiepte	-
OntstaansDatum	01-09-2014
Behandeling	
Activiteit	Dagelijkse wondcontrole en verbandwissel.
Preventie	
Activiteit	Ad-matras, toepassen van wisselgigging.
Toelichting	Blaar met vocht op hiel.

1.9 Instructions

1.10 Interpretation

1.11 Care Process

1.12 Example of the Instrument

1.13 Constraints

1.14 Issues

1.15 References

1. V&VN (2011) *Landelijke multidisciplinaire richtlijn. Decubitus preventie en behandeling*. [Online] Beschikbaar op: www.diliguide.nl/document/1613/file/pdf/ [Geraadpleegd: 13 februari 2015]

1.16 Functional Model

1.17 Traceability to other Standards

1.18 Disclaimer

This Health and Care Information Model (a.k.a Clinical Building Block) has been made in collaboration with several different parties in healthcare. These parties asked Nictiz to manage good maintenance and development of the information models. Hereafter, these parties and Nictiz are referred to as the collaborating parties. The collaborating parties paid utmost attention to the reliability and topicality of the data in these Health and Care Information Models. Omissions and inaccuracies may however occur. The collaborating parties are not liable for any damages resulting from omissions or inaccuracies in the information provided, nor are they liable for damages resulting from problems caused by or inherent to distributing information on the internet, such as malfunctions, interruptions, errors or delays in information or services provide by the parties to you or by you to the parties via a website or via e-mail, or any other digital means. The collaborating parties will also not accept liability for any damages resulting from the use of data, advice or ideas provided by or on behalf of the parties by means of this Health and Care Information Model. The parties will not accept any liability for the content of information in this Health and Care Information Model to which or from which a hyperlink is referred. In the event of contradictions in mentioned Health and Care Information Model documents and files, the most recent and highest version of the listed order in the revisions will indicate the priority of the documents in question. If information included in the digital version of this Health and Care Information Model is also distributed in writing, the written version will be leading in case of textual differences. This will apply if both have the same version number and date. A definitive version has priority over a draft version. A revised version has priority over previous versions.

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