

# Zorginformatiebouwsteen: nl.zorg.BodyHeight-v3.1

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Nictiz 



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## 1. nl.zorg.BodyHeight-v3.1

DCM::CoderList	Kerngroep Registratie aan de Bron
DCM::ContactInformation.Address	*
DCM::ContactInformation.Name	*
DCM::ContactInformation.Telecom	*
DCM::ContentAuthorList	Projectgroep Generieke Overdrachtsgegevens & Kerngroep Registratie aan de Bron
DCM::CreationDate	29-11-2012
DCM::DeprecatedDate	
DCM::DescriptionLanguage	nl
DCM::EndorsingAuthority.Address	
DCM::EndorsingAuthority.Name	PM
DCM::EndorsingAuthority.Telecom	
DCM::Id	2.16.840.1.113883.2.4.3.11.60.40.3.12.2
DCM::KeywordList	lichaamslengte, lengte, vitale parameters
DCM::LifecycleStatus	Final
DCM::ModelerList	Kerngroep Registratie aan de Bron
DCM::Name	nl.zorg.Lichaamslengte
DCM::PublicationDate	04-09-2017
DCM::PublicationStatus	Prepublished
DCM::ReviewerList	Projectgroep Generieke Overdrachtsgegevens & Kerngroep Registratie aan de Bron
DCM::RevisionDate	04-09-2017
DCM::Superseeds	nl.zorg.Lichaamslengte-v3.0
DCM::Version	3.1
HCIM::PublicationLanguage	EN

### 1.1 Revision History

Publicatieversie 1.0 (15-02-2013)

Publicatieversie 1.1 (01-07-2013)

Publicatieversie 1.2 (01-04-2015)

Bevat: ZIB-247, ZIB-248, ZIB-301, ZIB-308, ZIB-320, ZIB-321, ZIB-358.

Incl. algemene wijzigingsverzoeken:

ZIB-94, ZIB-154, ZIB-200, ZIB-201, ZIB-309, ZIB-324, ZIB-326.

Publicatieversie 3.0 (01-05-2016)

Bevat: ZIB-453.

Publicatieversie 3.1 (04-09-2017)

Bevat: ZIB-107, ZIB-108, ZIB-146, ZIB-431, ZIB-476, ZIB-564, ZIB-571, ZIB-576.

### 1.2 Concept

A person's body height.

### **1.3 Mindmap**

### **1.4 Purpose**

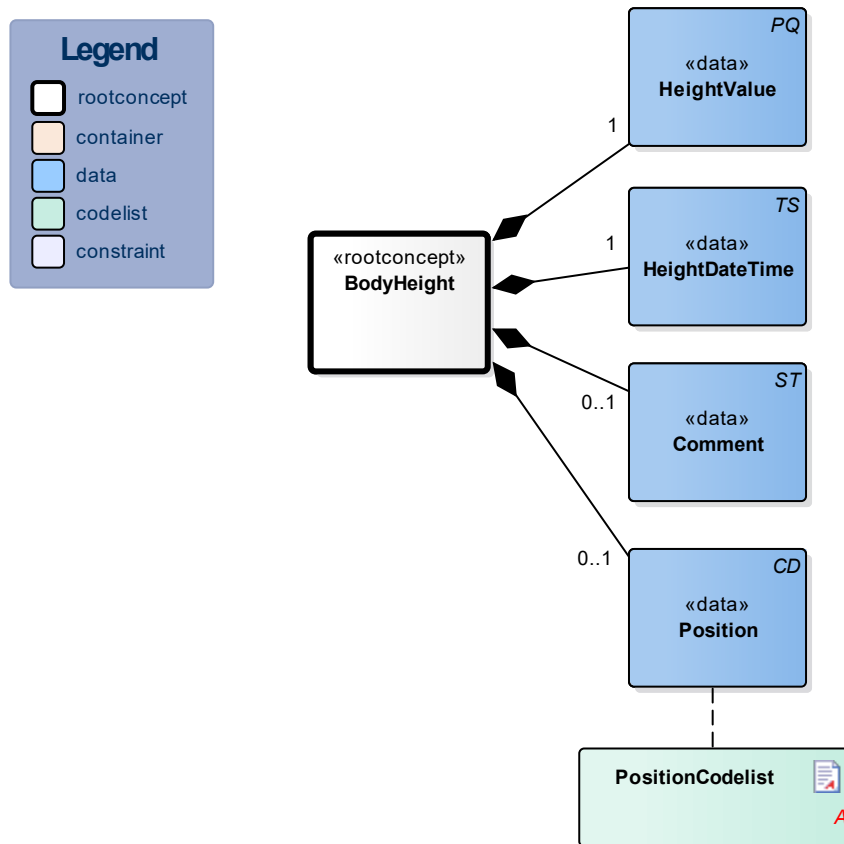
Body height is used for various reasons, including to measure growth, such as in babies, children or adolescents, to calculate body surface area, to for example calculate the correct amount of medication, or in combination with body weight to calculate the Body Mass Index. Height is also used to determine a person's nutritional state.

This healthcare information information model offers the option to record a person's body height.

### **1.5 Patient Population**

### **1.6 Evidence Base**

### **1.7 Information Model**



«rootconcept»	BodyHeight
Definitie	Root concept of the BodyHeight information model. This root concept contains all data elements of the BodyHeight information model.
Datatype	
DCM::ConceptId	NL-CM:12.2.1
Opties	

«data»	HeightValue
Definitie	The element contains the value of the measured body height. Body height is the height of the human body from heel to scalp, generally measured when standing. Body height is measured in a stretched, horizontal position for very small children or patients that are unable to stand.
Datatype	PQ
DCM::ConceptId	NL-CM:12.2.2
DCM::DefinitionCode	LOINC: 8302-2 Body height
DCM::ExampleValue	177 cm
Opties	

«data»	HeightDateTime
Definitie	Date and if possible time of body height measurement.
Datatype	TS

<b>DCM::ConceptId</b>	NL-CM:12.2.4	
<b>Opties</b>		

«data»	Comment	
<b>Definitie</b>	Comment on the body height measurement.	
<b>Datatype</b>	ST	
<b>DCM::ConceptId</b>	NL-CM:12.2.3	
<b>DCM::DefinitionCode</b>	LOINC: 48767-8 Annotation comment	
<b>DCM::ExampleValue</b>	Status na bilaterale onderbeensamputatie.	
<b>Opties</b>		

«data»	Position	
<b>Definitie</b>	The person's position during the measurement.	
<b>Datatype</b>	CD	
<b>DCM::ConceptId</b>	NL-CM:12.2.5	
<b>DCM::ValueSet</b>	PositionCodelist	OID: 2.16.840.1.113883.2.4.3.11.60.40.2.12.2.1
<b>Opties</b>		

«document»	PositionCodelist	
<b>Definitie</b>		
<b>Datatype</b>		
<b>DCM::ValueSetId</b>	2.16.840.1.113883.2.4.3.11.60.40.2.12.2.1	
<b>Opties</b>		

PositieCodelijst		OID: 2.16.840.1.113883.2.4.3.11.60.40.2.12.2.1		
Concept Name	Concept Code	Coding Syst. Name	Coding System OID	Description
Orthostatic body position	10904000	SNOMED CT	2.16.840.1.113883.6.96	Staande positie
Recumbent body position	102538003	SNOMED CT	2.16.840.1.113883.6.96	Liggende positie

## 1.8 Example Instances

LengteDatumTijd	LengteWaarde	Positie	Toelichting
08-02-2013 6:43	153 cm	Staande positie	Met schoenen aan

## 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. Parelsnoer DCM Lichaamslengte v0.98 [Online] Beschikbaar op:  
<http://www.nictiz.nl/uploaded/FILES/htmlcontent/dcm/parelsnoer/Lichaamslengte%20v0.98.pdf>  
[Geraadpleegd: 19 december 2014].

2. openEHR-EHR-OBSERVATION.height.v1 [Online] Beschikbaar op:  
<http://www.openehr.org/knowledge/> [Geraadpleegd: 19 december 2014].

## 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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