

2021-04-20 Anesthesia CRG at SNOMED Business Meeting

Invitees:

[Andrew Norton](#) [Andrew Marchant](#) [Steven Dain](#) [Patrick McCormick](#) [Martin Hurrell](#) [Maria Hendrickson](#) [Terri Monk](#) [Monica Harry](#) [Ian Green](#) [Jane Millar](#) [Maria Hendrickson](#) [Zac Whitewood-Moores](#) [Ellen Torres](#) [Jeremy Rogers](#) [Toni Morrison](#) [user-b7840](#) [user-7e841](#)

[user-619d4](#) [Sander Mertens](#) [Ingrid Mertens](#)

Present:

[Zac Whitewood-Moores](#) @[Christine Maria Hendrickson](#) [Erica Culp](#) [Ian Green](#) [Jane Millar](#) [Martin Hurrell](#) [Andrew Norton](#) [Andrew Marchant](#) [Kelly Kuru](#)

Guest:

Apologies:

Anesthesia Clinical Reference Group

Time: Apr 20, 2021 16:00-18:00 UTC / **17:00 - 19:00 UK** / 12:00 - 14:00 ET

Password:

Or Telephone:

+1 646 518 9805 (US Toll)
+44 203 481 5237 (GB Toll)
+1 587 328 1099 (CA Toll)

Meeting ID: 963 2246 7605

International numbers available: <https://snomed.zoom.us/j/avs0qL3Fx>

Item	Description	Owner	Notes
1	Introductions and Apologies	Andrew Norton	Apologies: Monica Harry Patrick McCormick Steven Dain
2	Matters arising from the previous meeting notes 2021-04-19 Anesthesia CRG at SNOMED Business Meeting	Andrew Norton	Introductory presentations were given at the 2020-04-19 Anesthesia CRG meeting. Slide sets are attached to the meeting notes
3	New content requests	Steven Dain	item not reached at previous meeting. On agenda 20/04/21 Requests and comments from Steven Dain on SNOMED content.docx New term requests were noted: 1. Left Atrial catheter - rarely used, but a valid request. 2. Number of lumens for a CVC. Often this is expressed as a pre-coordinated term (e.g. three lumen CVC), so there seems room for this request. Martin Hurrell noted that this area has been expressed in detail within HL7. Is "Spinal" route justified? Intrathecal in SNOMED 72607000 can have wide interpretation, including lumbar puncture and intraventricular surgical drain. Intraspinal route also exists. As the term "intrathecal" already exists, adding "spinal" might introduce unnecessary scope for ambiguity. "Intraspinal" route also exists, but has a very wide potential interpretation as defined. It includes Cauda Equina route, which might be better classified under epidural. Continuous epidurals. Does the "Continuous spinal epidural" make sense? Zac Whitewood-Moores will discuss with the Palliative Care group. 231261002 Describes spinal/ epidural with no continuous component, this is probably best described using existing terms. Epidural Anaesthesia vs analgesia. The distinction is difficult and relates to clinical goals and end-points - which change with the clinical situation. It is probably impractical to specify codes for this.

4	ISO 19223 mechanical ventilation terminology	Steven Dain Andrew Norton user-619d4	<p>ISO 19223:2019 is established and its influence can be seen on available devices for ventilation. It will be important to avoid too much precoordination of terms in SNOMED so that the resulting classification is tractable.</p> <p>Progress with drafting SNOMED CT terms, to fit in the regime/ therapy hierarchy, for:</p> <p>Modes of mechanical ventilation*</p> <p>Ventilation patterns*</p> <p>Inflation types*</p> <p>*(These three define the ventilation mode)</p> <p>Adjuncts</p> <p>Review of existing mode content in SNOMED CT - consider retirements and replacements</p> <p>Presence of acronyms was mentioned (noting that end-users may prefer these - particularly for more complex modes) and there was a discussion about hyphenated terms to describe modes of ventilation. Most descriptions should translate to SNOMED although some characters (such as "/" and "\") will have to be replaced by words. The modes need to be represented in SNOMED and perhaps the HL7 groups that ventilator modes are grouped in should also be represented, as this would be more difficult to include retrospectively. There would be value in including the Acronym in the final term, we will discuss this with Monica Harry. Andrew Norton will review the French version of the terminology to assess whether inclusion of acronyms is reasonable. Ian Green commented that there is no guiding standard as yet in this area.</p> <p>APRV is represented within intermittent mandatory ventilation, and may be implemented using different ventilator patterns. Ongoing discussion will occur as to whether there is value in representing APRV modes distinct from PC modes.</p> <p>Some SNOMED modes will be ripe for review, when ISO 19223 is incorporated. These include: 55089006. IMV 243150007. Assist-control. 243143008. APRV. 47545007. CPAP. Such terms should probably be represented as regime/ therapy rather than procedures.</p> <p>Jane Millar noted that SNOMED content will have to be reviewed when ISO 19223 is reviewed. A procedure will be needed to ensure this occurs.</p>
5	SNOMED updates	Monica Harry	Hold for next meeting
6	Compound electrolyte solution products	Andrew Norton	to seek update on how products such as Plasma-lyte 148 will be modelled. Requests 743541/2/3 have been rejected. These are difficult to represent, and can vary between countries. Modelling of such substances is ongoing (Monica and Farzhanah) may be able to inform the group of progress in this area. Martin Hurrell noted that such products are represented in the HL7 DAM for Anaesthesia. Final terms for these products may be complex - there will have to be synonyms to represent the names which are in everyday use for such products.
7	SNOMED Business Meeting		There is a clinical session of the SNOMED meeting - keynote and webinar - on Thursday 22nd April, to which CRG members are welcome.
8	Date of next meeting - Tuesday May 25, 2021		This is in line with the usual schedule of 4th Tuesday alternate months