



Hvad er ICD-11 og hvad er de næste skridt

Jakob Due, afdelingschef



SUNDHEDSDATA-
STYRELSEN

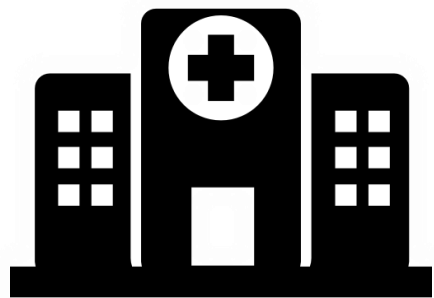


World Health
Organization

ICD-11

International Classification of Diseases 11th Revision

The global standard for diagnostic health information



REGION H Region Hovedstaden

Region Syddanmark

REGION SJÆLLAND

REGION NORDJYLLAND

midt regionmidtjylland

Kliniske kvalitetsdatabaser



Nationale sundhedsregistre



Primærsektor

KL

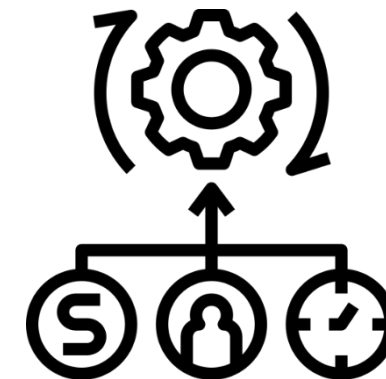


PRAKTISERENDE LÆGERS ORGANISATION

Statistik & forskning

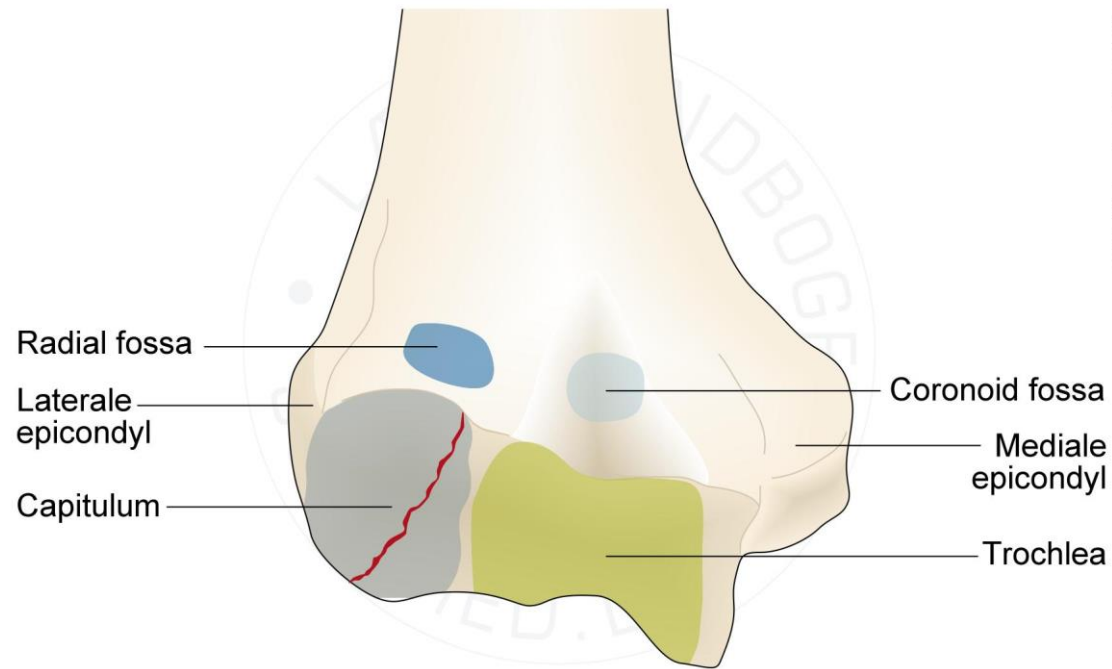


Ressourceestimering



Et klinisk eksempel

En overvægtig mand falder på sin arbejdsplads og får en fissur i capitulum humeri



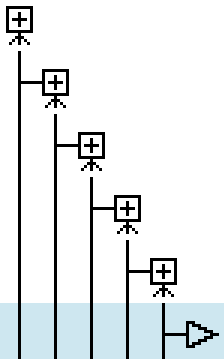
© Birgitte Lerche-Barlach 2017

Diagnosen i SKS i dag

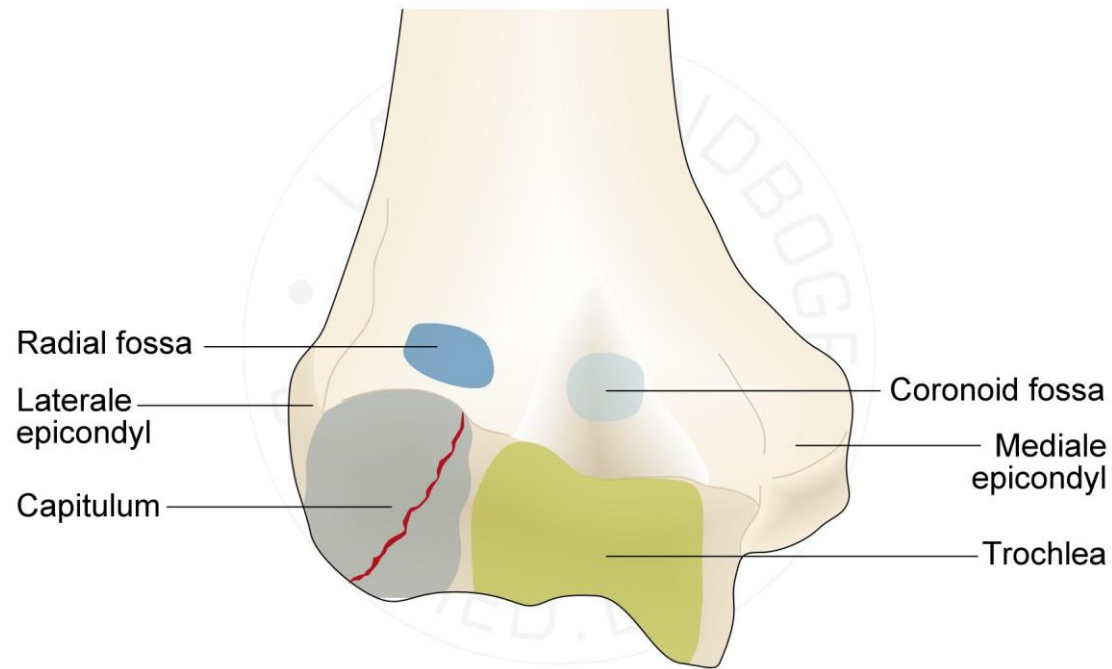
SKS-browser, vers 4.06; Copyright, Sundhedsdatastyrelsen

Område: Hele SKS

Søgning: Ord i fritekst SKS-kode Sådan virker søgning **Markeringer:** [P] [#]

	Klassifikation af sygdomme og helbredsrelaterede tilstande	D
	Kap. XIX: Læsioner, forgiftninger og visse andre følger af ydre påvirkninger [DS00-DT98]	
	Læsioner af skulder og overarm [DS40-DS49]	
	Fraktur af skulder og overarm	DS42
	[#] Fraktur af nederste del af overarmsknogle	DS424 [P]
	Fraktur af kondyl på overarmsknogle	DS424A [P]

En overvægtig mand falder på sin arbejdsplads og får en fissur i capitulum humeri



Tilføjelse af yderligere oplysninger

Administrative tillægskoder	AZ	Administrative tillægskoder	AZ	Administrative tillægskoder	AZ
Tillægskoder til Behandlings- og Plejeklassifikationen	BZ	Tillægskoder til Behandlings- og Plejeklassifikationen	BZ	Tillægskoder til Behandlings- og Plejeklassifikationen	BZ
Tillægskoder til diagnosekoder				ekoder	ZD
Tillægskoder til specifikation af operationer				ation af operationer	KZ
Tillægskoder til procedurekoder				rekoder	ZP
Særlige tillægskoder til procedureregistrering				procedureregistrering	ZB
Tillægskoder (diverse undersøgelser)				ndersøgelser)	
Tillægskoder til radiologiske procedurer				iske procedurer	UXZ
Tillægskoder vedr. fødsel og abort				sl og abort	
Midlertidige tillægsklassifikationer aht. konvertering til LPR3	ZL	Midlertidige tillægsklassifikationer aht. konvertering til LPR3	ZL	Midlertidige tillægsklassifikationer aht. konvertering til LPR3	ZL
Tillægskoder Morfologi	ZM	Tillægskoder Morfologi	ZM	Tillægskoder Morfologi	ZM
Tillægskoder Anatomi	T0	Tillægskoder Anatomi	T0	Tillægskoder Anatomi	T0
Resultater af forskellige vurderinger og analyser	ZR	Resultater af forskellige vurderinger og analyser	ZR	Resultater af forskellige vurderinger og analyser	ZR
Tillægskoder (generelle)		Tillægskoder (generelle)		Tillægskoder (generelle)	
Administrative tillægskodér	AZ	Administrative tillægskodér	AZ	Administrative tillægskodér	AZ
Tillægskoder til Behandlings- og Plejeklassifikationen				Tillægskoder til Behandlings- og Plejeklassifikationen	BZ
Tillægskoder til diagnosekoder				Tillægskoder til diagnosekoder	ZD
Tillægskoder til specifikation af operationer				Tillægskoder til specifikation af operationer	KZ
Tillægskoder til procedurekoder				Tillægskoder til procedurekoder	ZP
Særlige tillægskoder til procedureregistrering				Særlige tillægskoder til procedureregistrering	ZB
Tillægskoder (diverse undersøgelser)				Tillægskoder (diverse undersøgelser)	
Tillægskoder til radiologiske procedurer				Tillægskoder til radiologiske procedurer	UXZ
Tillægskoder vedr. fødsel og abort				Tillægskoder vedr. fødsel og abort	
Midlertidige tillægsklassifikationer aht. konvertering til LPR3	ZL	Midlertidige tillægsklassifikationer aht. konvertering til LPR3	ZL	Midlertidige tillægsklassifikationer aht. konvertering til LPR3	ZL
Tillægskoder Morfologi	ZM	Tillægskoder Morfologi	ZM	Tillægskoder Morfologi	ZM
Tillægskoder Anatomi	T0	Tillægskoder Anatomi	T0	Tillægskoder Anatomi	T0
Resultater af forskellige vurderinger og analyser	ZR	Resultater af forskellige vurderinger og analyser	ZR	Resultater af forskellige vurderinger og analyser	ZR
Tillægskoder (generelle)		Tillægskoder (generelle)		Tillægskoder (generelle)	
Tillægskoder (diverse småklassifikationer)		Tillægskoder (diverse småklassifikationer)		Tillægskoder (diverse småklassifikationer)	

Tillægskoder

Tillægskoder (diverse småklassifikationer)

Sideangivelse

venstresidig

TUL

TUL2 [P]

Administrative forhold

A

Personaleklassifikation

AP

Andet klinisk personale

APF

Diætister

APFF

Diætist

APFFO [P]

Diagnosen i ICD-11

ICD-11 for Mortality and Morbidity Statistics

Search



[Advanced Search]

▼ NC12 Fracture of shoulder or upper arm

▶ NC12.0 Fracture of clavicle

▶ NC12.1 Fracture of scapula

▶ NC12.2 Fracture of upper end of humerus

NC12.3 Fracture of shaft of humerus

▶ NC12.4 Fracture of lower end of humerus

NC12.5 Multiple fractures of clavicle, scapula or humerus

NC12.6 Fracture of other parts of shoulder or upper arm

NC12.7 Fracture of shoulder girdle, part unspecified

NC12.Z Fracture of shoulder or upper arm, unspecified



NC12.4 Fracture of lower end of humerus

Postcoordination ?

Add detail to **Fracture of lower end of humerus**

Laterality *(use additional code, if desired .)*

XK9J	Bilateral
XK8G	Left
XK9K	Right
XK70	Unilateral, unspecified

Fracture subtype *(use additional code, if desired .)*

Search

Fracture open or closed *(use additional code, if desired .)*

XJ44E	Closed fracture
XJ7YM	Open fracture

Joint involvement in fracture *(use additional code, if desired .)*

XJ5GS	Fracture extends into joint
XJ5L7	Fracture extends into joint and a portion of the articular part remains
XJ92H	Fracture extends into joint and the entire articular part is detached from
XJ5VJ	Fracture does not extend into joint

Specific anatomy *(use additional code, if desired .)*

XA3RE0	Condyle of the humerus
XA11M8	Capitulum of humerus
XA9LK4	Trochlea of humerus
XA6EF8	Lateral epicondyle of the humerus
XA4097	Medial epicondyle of the humerus

Associated with *(use additional code, if desired .)*

Search

Fracture subtype

- Fracture subtype
 - XJ36W Avulsion fracture
 - XJ2EL Bucket handle or corner fracture
 - XJ76E Buckle fracture
 - XJ7ZH Burst fracture
 - XJ1Z6 Comminuted fracture
 - XJ1PP Compound fracture
 - XJ778 Compression fracture
 - XJ9UB Depressed fracture
 - XJ69V Dislocated fracture
 - XJ8PQ Displaced fracture
 - XJ0QE Elevated fracture
 - XJ5N9 Fissured fracture
 - XJ45W Greenstick fracture
 - XJ7AT Impacted fracture
 - XJ4PE Infected fracture

PTSD i ICD-10

Post-traumatic stress disorder

Arises as a delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone. Predisposing factors, such as personality traits (e.g. compulsive, asthenic) or previous history of neurotic illness, may lower the threshold for the development of the syndrome or aggravate its course, but they are neither necessary nor sufficient to explain its occurrence. Typical features include episodes of repeated reliving of the trauma in intrusive memories ("flashbacks"), dreams or nightmares, occurring against the persisting background of a sense of "numbness" and emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma. There is usually a state of autonomic hyperarousal with hypervigilance, an enhanced startle reaction, and insomnia. Anxiety and depression are commonly associated with the above symptoms and signs, and suicidal ideation is not infrequent. The onset follows the trauma with a latency period that may range from a few weeks to months. The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of cases the condition may follow a chronic course over many years, with eventual transition to an enduring personality change (F62.0).

PTSD i ICD-10

Post-traumatic stress disorder

Arises as a delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone.

Predisposing factors, such as personality traits (e.g. compulsive, asthenic) or previous history of neurotic illness, may lower the threshold for the development of the syndrome or aggravate its course, but they are neither

necessary
trauma in
a sense of
anhedoni
autonomi

Symptomdebut inden for 6 måneder

the
ground of
oundings,
f
pression

are commonly associated with the above symptoms and signs, and suicidal ideation is not infrequent. The onset follows the trauma with a latency period that may range from a few weeks to months. The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of cases the condition may follow a chronic course over many years, with eventual transition to an enduring personality change (F62.0).

6B41 Complex post traumatic stress disorder

Parent

Disorders specifically associated with stress

Description

Complex post traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged for PTSD are met. In addition, Complex PTSD is characterised by severe and persistent 1) problems in affect regulation (e.g. shame, guilt or failure related to the traumatic event) and 2) difficulties in sustaining relationships and in feeling close educational, occupational or other relationships.

Exclusions

- Post traumatic stress disorder

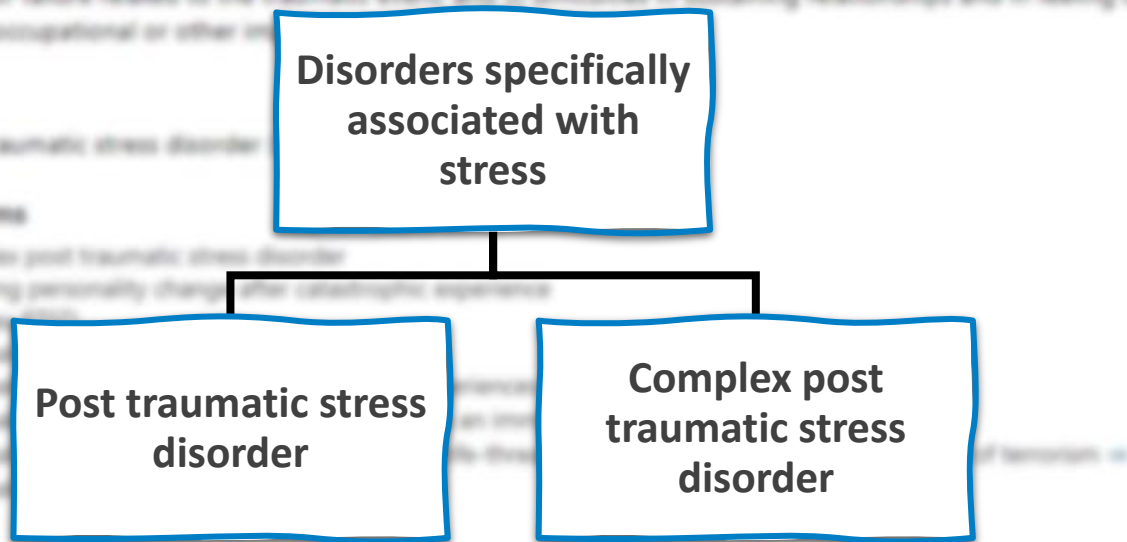
All Index Terms

- Complex post traumatic stress disorder
- enduring personality change after catastrophic experience
- complex PTSD
- Posttraumatic stress disorder
- Posttraumatic stress disorder
- Posttraumatic stress disorder
- Posttraumatic stress disorder
- Posttraumatic stress disorder
- Posttraumatic stress disorder

Diagnostic Requirements

Essential (Required) Features:

- Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged not limited to, torture, concentration camps, slavery, genocide campaigns and other forms of organized violence.
- Following the traumatic event, the development of all three core elements of Post-Traumatic Stress Disorder, both
 - Re-experiencing the traumatic event after the traumatic event has occurred, in which the event(s) is not just in the form of vivid intrusive memories or images, flashbacks, which can vary from mild (there is a transient



6B41 Complex post traumatic stress disorder

Parent

Disorders specifically associated with stress

Description

Complex post traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged imprisonment). For PTSD criteria to be met, in addition, Complex PTSD is characterised by severe and persistent 1) problems in affect regulation, 2) shame, guilt or self-blame related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others in educational, occupational or other important areas of functioning.

Exclusions

- Post traumatic stress disorder (6B40)

All Index Terms

- Complex post traumatic stress disorder
- enduring personality change after catastrophic experience
- complex PTSD
- Personality change after disasters
- Personality change after concentration camp experiences ⇒
- Personality change after prolonged captivity with an imminent possibility of being killed ⇒
- Personality change after prolonged exposure to life-threatening situations such as being a victim of terrorism ⇒
- Personality change after torture ⇒

Diagnostic Requirements

Essential (Required) Features:

- Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repeated exposure to organised violence, not limited to, torture, concentration camps, slavery, genocide campaigns and other forms of organized violence,
- Following the traumatic event, the development of all three core elements of Post-Traumatic Stress Disorder, lasting for more than 4 weeks:
 - Re-experiencing the traumatic event after the traumatic event has occurred, in which the event(s) is not just recalled, but in the form of vivid intrusive memories or images; flashbacks, which can vary from mild (there is a transient

6B41 Complex post traumatic stress disorder

Parent

Disorders specifically associated with stress

Description

Complex post traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged imprisonment for PTSD are met. In addition, Complex PTSD is characterised by severe and persistent 1) problems in affect regulation (e.g. shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others in educational, occupational or other important areas of functioning.

Exclusions

- Post traumatic stress disorder (6B40)

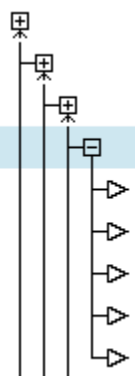
Ingen tidskrav for symptomdebut

- Personality change after prolonged captivity with an imminent possibility of being killed →
- Personality change after prolonged exposure to life-threatening situations such as being a victim of terrorism ⇒
- Personality change after torture ⇒

Diagnostic Requirements

Essential (Required) Features:

- Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repeated exposure to organised violence, not limited to, torture, concentration camps, slavery, genocide campaigns and other forms of organized violence,
- Following the traumatic event, the development of all three core elements of Post-Traumatic Stress Disorder, lasting for more than 4 weeks:
 - Re-experiencing the traumatic event after the traumatic event has occurred, in which the event(s) is not just in the form of vivid intrusive memories or images; flashbacks, which can vary from mild (there is a transient



Klassifikation af sygdomme og helbredsrelaterede tilstande

D

Kap. V: Psykiske lidelser og adfærdsmæssige forstyrrelser [DF00-DF99]

Nervøse og stress-relaterede tilstande samt tilstande med psykisk betingede legemlige symptomer [DF40-DF48]

[#] Obsessiv-kompulsiv tilstand	DF42
Overvejende obsessiv tilstand	DF420 [P]
Overvejende kompulsiv tilstand	DF421 [P]
Blandet obsessiv-kompulsiv tilstand	DF422 [P]
Anden obsessiv-kompulsiv tilstand	DF428 [P]
Obsessiv-kompulsiv tilstand UNS	DF429 [P]

▼ Obsessive-compulsive or related disorders

▶ 6B20 Obsessive-compulsive disorder

▼ 6B21 Body dysmorphic disorder

6B21.0 Body dysmorphic disorder with fair to good insight

6B21.1 Body dysmorphic disorder with poor to absent insight

6B21.Z Body dysmorphic disorder, unspecified

6B21 Body dysmorphic disorder

Parent

Obsessive-compulsive or related disorders

Show all ancestors

Description

Body Dysmorphic Disorder is characterised by persistent preoccupation with one or more perceived defects or flaws in appearance that are either unnoticeable or only slightly noticeable to others. Individuals experience excessive self-consciousness, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the perceived defect or flaw). In response to their preoccupation, individuals engage in repetitive and excessive behaviours that include repeated examination of the appearance or severity of the perceived defect or flaw, excessive attempts to camouflage or alter the perceived defect, or marked avoidance of social situations or triggers that increase distress about the perceived defect or flaw. The symptoms are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions

- Anorexia Nervosa (6B80)
- Bodily distress disorder (6C20)
- Concern about body appearance (QD30-QD3Z)

All Index Terms

There are no index terms associated with this entity

Diagnostic Requirements

Essential (Required) Features:

- Persistent preoccupation with one or more perceived defects or flaws in appearance, or ugliness in general, that is either unnoticeable or only slightly noticeable to others.
- Excessive self-consciousness about the perceived defect(s) or flaw(s), often including ideas of self-reference [i.e., the conviction that people are taking notice, judging, or talking about the perceived defect(s) or flaw(s)].
- The preoccupation or self-consciousness is accompanied by any of the following:
 - Repetitive and excessive behaviours, such as repeated examination of the appearance or severity of the perceived defect(s) or flaw(s) (e.g., by checking in reflective surfaces) or comparison of the relevant feature with that of others;
 - Excessive attempts to camouflage or alter the perceived defect (e.g., specific and elaborate forms of dress, undergoing ill-advised cosmetic surgical procedures);
 - Marked avoidance of social or other situations or stimuli that increase distress about the perceived defect(s) or flaw(s) (e.g., reflective surfaces, changing rooms, swimming pools).
- The symptoms are not a manifestation of another medical condition and are not due to the effects of a substance or medication on the central nervous system, including withdrawal effects.
- The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. If functioning is maintained, it is only through

Dette er formatet i dag (og det har det været i mange år)

sks_kode	sks_datoFra	sks_datoTil	sks_korttekst
DS424A	20120101	25000101	Fraktur af kondyl på overarmsknogle

Og her skal vi hen

Postcoordination ?

Add detail to **Fracture of lower end of humerus**

Laterality (use additional code, if desired .)

XK9J	Bilateral
XK8G	Left
XK9K	Right
XK70	Unilateral, unspecified

Fracture subtype (use additional code, if desired .)

Search

Fracture open or closed (use additional code, if desired .)

XJ44E	Closed fracture
XJ7YM	Open fracture

Joint involvement in fracture (use additional code, if desired .)

XJ5G5	Fracture extends into joint
XJ5L7	Fracture extends into joint and a portion of the articular part remains
XJ92H	Fracture extends into joint and the entire articular part is detached fro
XJ5VJ	Fracture does not extend into joint

Specific anatomy (use additional code, if desired .)

XA3RE0	Condyle of the humerus
XA11M8	Capitulum of humerus
XA9LK4	Trochlea of humerus
XA6EF8	Lateral epicondyle of the humerus
XA4097	Medial epicondyle of the humerus

Associated with (use additional code, if desired .)

Search

Fracture subtype

- Fracture subtype
- XJ36W Avulsion fracture
- XJ2EL Bucket handle or corner fracture
- XJ76E Buckle fracture
- XJ7ZH Burst fracture
- XJ1Z6 Comminuted fracture
- XJ1PP Compound fracture
- XJ778 Compression fracture
- XJ9UB Depressed fracture
- XJ69V Dislocated fracture
- XJ8PQ Displaced fracture
- XJ0QE Elevated fracture
- XJ5N9 Fissured fracture
- XJ45W Greenstick fracture
- XJ7AT Impacted fracture
- XJ4PE Infected fracture

- Meget mere information
- Mange flere attributter

6B41 Complex post traumatic stress disorder

Parent

Disorders specifically associated with stress

Description

Complex post traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged are met. In addition, Complex PTSD is characterised by severe and persistent 1) problems in affect regulation; 2) failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others, important areas of functioning.

Exclusions

- Post traumatic stress disorder (6B40)

All Index Terms

- Complex post traumatic stress disorder
- enduring personality change after catastrophic experience
- complex PTSD
- Personality change after disasters
- Personality change after concentration camp experiences ⇒
- Personality change after prolonged captivity with an imminent possibility of being killed ⇒
- Personality change after prolonged exposure to life-threatening situations such as being a victim of terrorism ⇒
- Personality change after torture ⇒

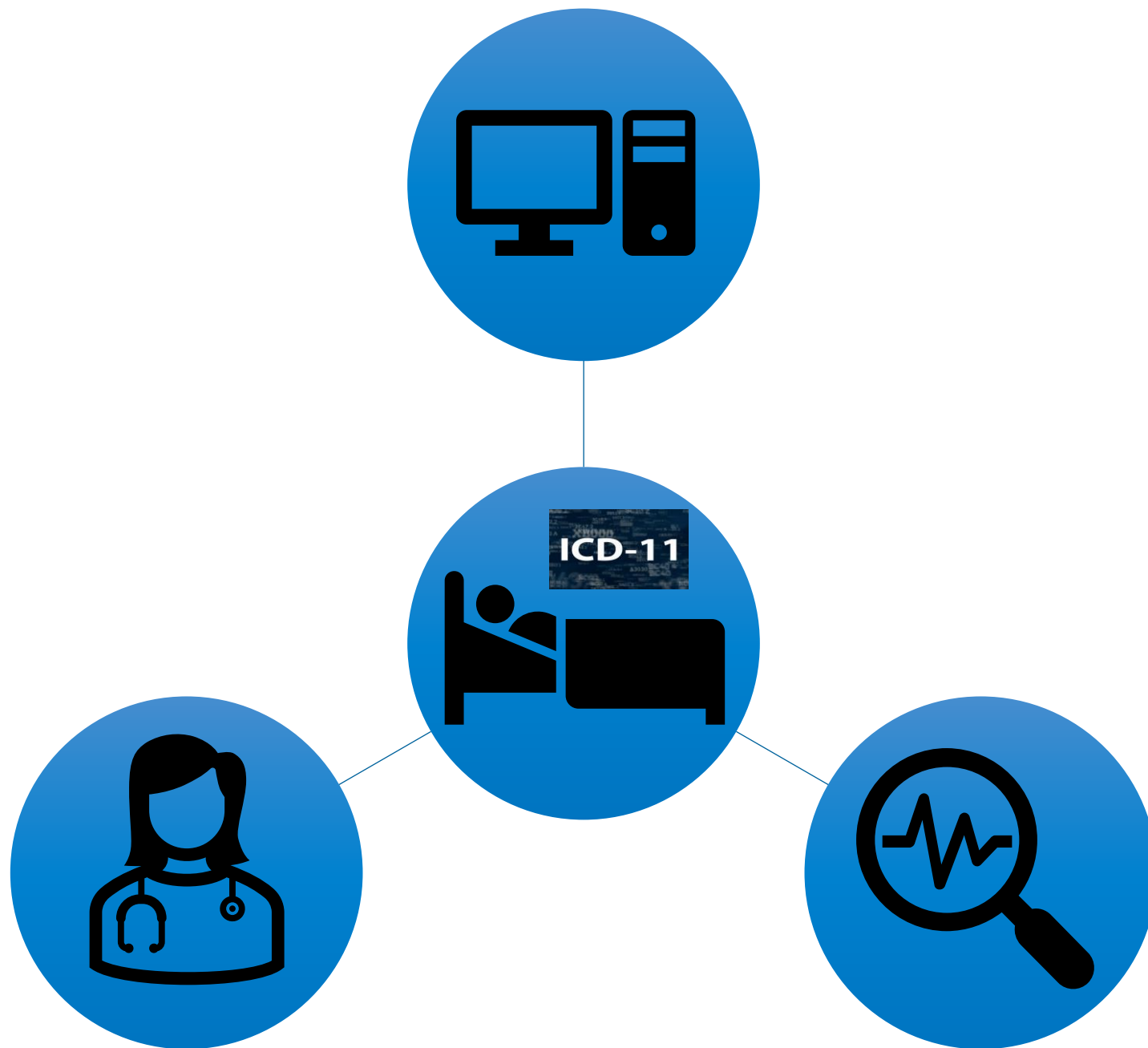
Diagnostic Requirements

Essential (Required) Features:

- Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prol limited to, torture, concentration camps, slavery, genocide campaigns and other forms of organized violence
- Following the traumatic event, the development of all three core elements of Post-Traumatic Stress Disorder
 - Re-experiencing the traumatic event after the traumatic event has occurred, in which the event(s) is no

- Ca. 150.000 postkoordinationsregler
- Mulighed for at skabe over 1,5 million unikke diagnoser

Foranalyse



Sekundær anvendelse

- › Slaraffenland af muligheder for dataopsamling
- › Entydig sammenhæng mellem diagnose og yderligere informationer
- › Nemt at stille krav og fjerne krav
- › Bekymring for databrud



It-organisation



- › Diagnoser er en helt central del af patientens journal
- › Store omkostninger ved omlægning
- › Har udgifterne, men ikke fordelene

Klinikken



- › Fokus er på behandlingen af patienten
- › Diagnosens primære formål er kommunikation
- › Dokumentation af diagnosen tager tid fra patienten