



Western Australian Coding Rule

0415/01 Alcohol or drug withdrawal scale

Q.

Should alcohol or drug withdrawal be coded if a patient is placed on an alcohol or drug withdrawal scale during their admission?

A.

Patients who have been drinking alcohol or taking drugs prior to their admission are often placed on an alcohol or drug withdrawal chart during their inpatient admission. The purpose of this chart is to monitor the patient for withdrawal. During this process of monitoring patients may be given medications, such as diazepam, to prevent withdrawal.

The presence of an alcohol or drug withdrawal chart or scale in a patient's medical record does not meet the criteria for assignment of a code for withdrawal. Withdrawal is a clearly defined physical state and must be clearly documented by the clinician. It must also meet the criteria in ACS 0002 *Additional diagnoses* in that it requires:

- commencement, alteration or adjustment of therapeutic treatment
- diagnostic procedures
- increased clinical care and/or monitoring.

Medication such as diazepam may be given prophylactically, to prevent withdrawal, and should not be seen as evidence of withdrawal being present. Coders should query with the clinician if medication was administered, as this **may** be an indication that the patient was in withdrawal.

If the coder is unable to verify that withdrawal was present and no other use disorder (such as dependence) was present, a code for harmful use (fourth character of '1') may be assigned for documentation of 'abuse' or 'use disorder' to prevent loss of vital alcohol/drug information, as per the instruction in ACS 0503 *Drug, alcohol and tobacco use disorders*.

DECISION

Alcohol or drug withdrawal must be clearly documented by the clinician and must meet the criteria in ACS 0002 *Additional diagnoses* to be coded. If withdrawal is not documented, the coder may assign a code for harmful use for documentation of 'abuse' or 'use disorder'.

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