

ER Case Study # 3

- Problems:**
1. Subdural Hematoma
 2. Alcohol intoxication
 3. Hypertension
 4. Homelessness
 5. Covid+

Patient is a 45-year-old male with a history of multiple admissions for alcohol withdrawal. He presented to the ED via EMS after a witnessed fall outside on the sidewalk near Benson Mall. He was recently released from jail after a 1-month stay, during which he abstained from alcohol. He then drank heavily for 3 days but could not recall when he took his last drink.

Past medical history: Positive for daily alcohol and occasional cocaine. Currently homeless. EMS noted a laceration to the back of his scalp and altered level of awareness, however upon arrival in ER he was more alert, but complained of headache and extremely anxious about going into withdrawal again. Acutely intoxicated.

I did request to initiate alcohol withdrawal protocol, even though he was still acutely intoxicated. He has a history of Hypertension and known Cocaine use. Toxicology did not show any evidence of cocaine in system during this visit. CT Head showed a very small traumatic subdural hemorrhage, no skull fracture was noted. We repaired the laceration with simple suture. He did have a slight cough and was therefore tested for covid which did return positive; however, the patient denied any issues other than a slight cough. Patient was anxious to leave and signed out against medical advice while we were trying to secure some safe living for him.

Prefix Code	ICD-10-CA Code	Code Description	Dx Type	Dx Cluster

CCI Code	Code Description	Attributes