

ICD 10 – AM - 11th Edition

History

(WHO history of ICD)

*“The Chronical Diseases shew
the ordinary temper of the
Place, so that upon the
proportion of Chronical Diseases
seems to hang the judgment of
the fitness of the Country for
long life”*

John Graunt 1662



Natural and Political
OBSERVATIONS

Mentioned in a following INDEX,
and made upon the
Bills of Mortality.

BY

Capt. JOHN GRAUNT,
Fellow of the *Royal Society*.

With reference to the *Government, Religion, Trade, Growth, Air, Diseases*, and the
several Changes of the said CITY.

— *Non, ne ut miretur Turba, laboro,
Contentus paucis Lectoribus.* —

The Fifth Edition, much Enlarged.

LONDON,

Printed by *John Martyn*, Printer to the
Royal Society, at the Sign of the Bell in *St. Paul's*
Church-yard. MDCLXXVI.

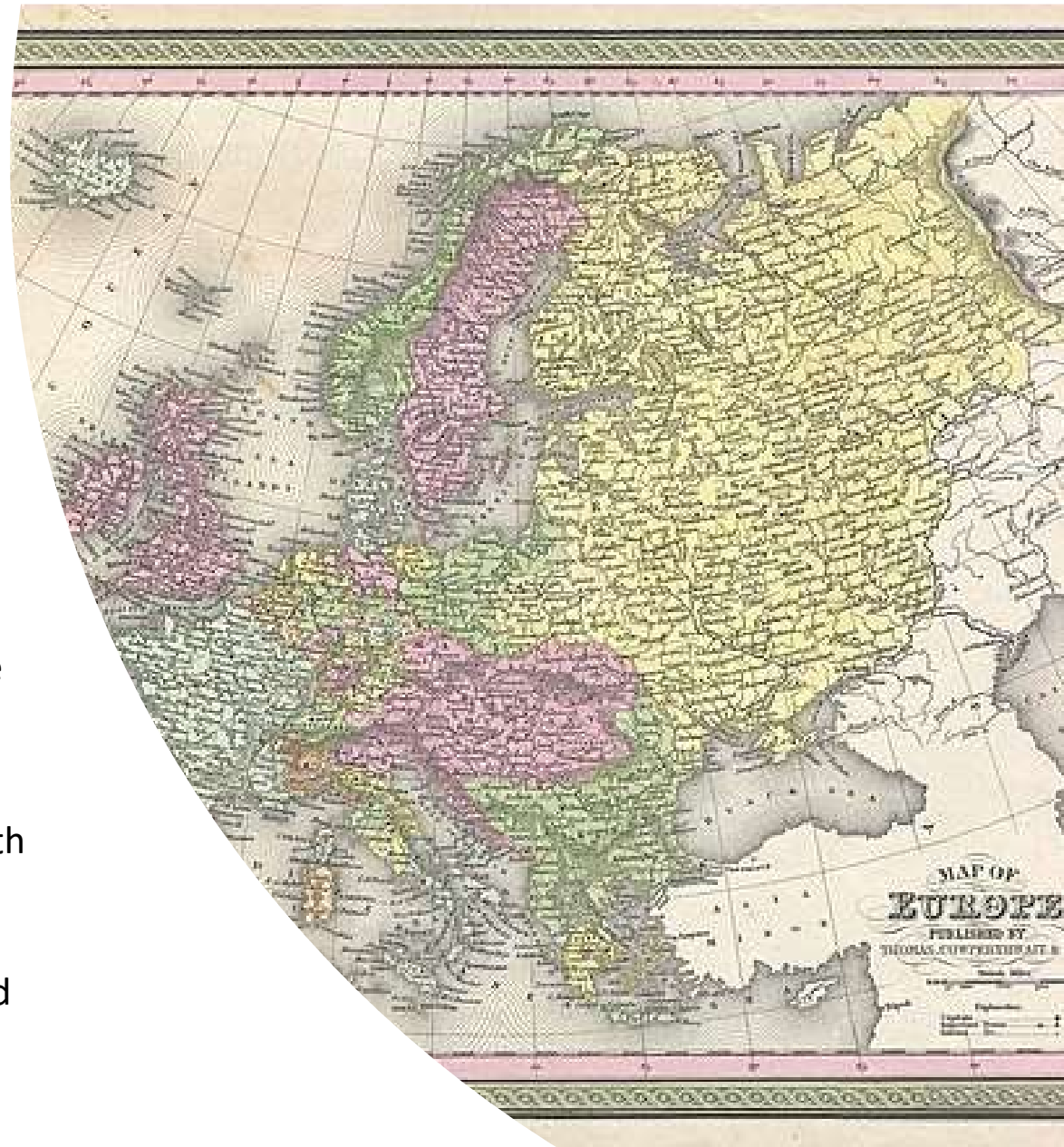
History – Weekly Bills of Mortality

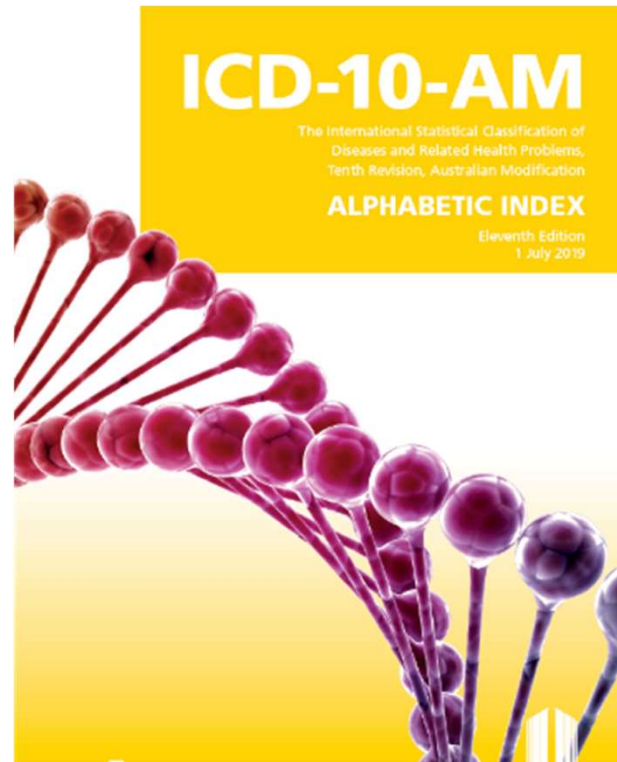
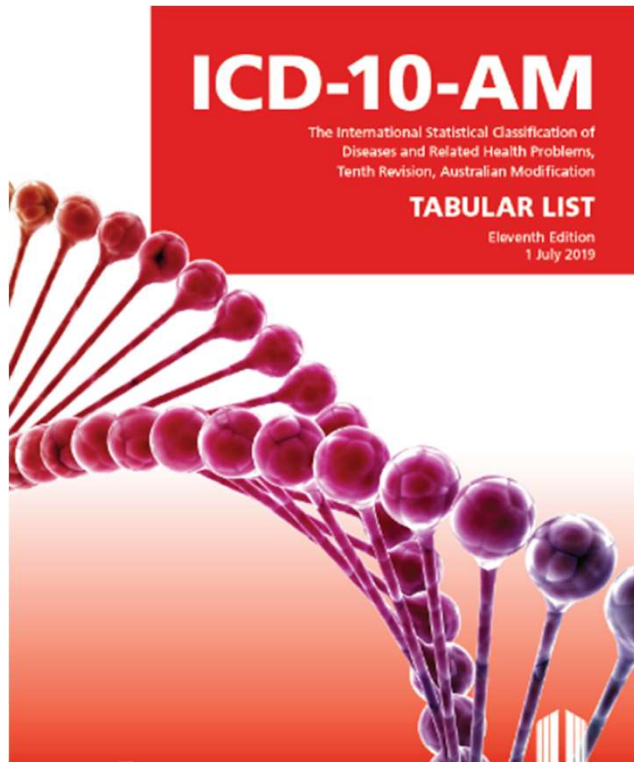
- Capt. John Graunt in 1662
- ‘Father of epidemiology’ – population health
- Deaths of children under 6 (36%) in London
- Weekly editions for ~50 years
- Houses visited by elderly women to collect data
- “thrush, convulsions, rickets, teeth and worms, abortives, chrysosomes, infants, livergrown”
- + smallpox, swinepox, measles and worms without convulsions

First International Statistical Congress 1853

Tasked to prepare an internationally applicable, uniform classification of causes of death:

1. Epidemic Diseases
 2. Constitutional Diseases
 3. Local diseases according to anatomical site
 4. Developmental Diseases
 5. Diseases resulting from direct violence
- By 1900 a detailed classification of causes of death in 179 groups was agreed – effectively **ICD-1**
 - In 1938 **ICD-5** agreed an international list of **diseases** (rather than just causes of death) should be compiled





Which takes us to ICD – 10

- Why...? Because in CIMHA 5:
 - A primary diagnosis must be entered as a mandatory item when opening a service episode.
 - It is acceptable for any clinician to enter a provisional diagnosis.
 - Two or more disciplines constitute an MDT for confirming a diagnosis (without one having to be a doctor)
 - Secondary diagnoses is optional (at this stage of our transition)

Clinician's Handbook Volume 3: Diagnosis

v2.0

CIMHA

Consumer Integrated Mental Health & Addiction
Application

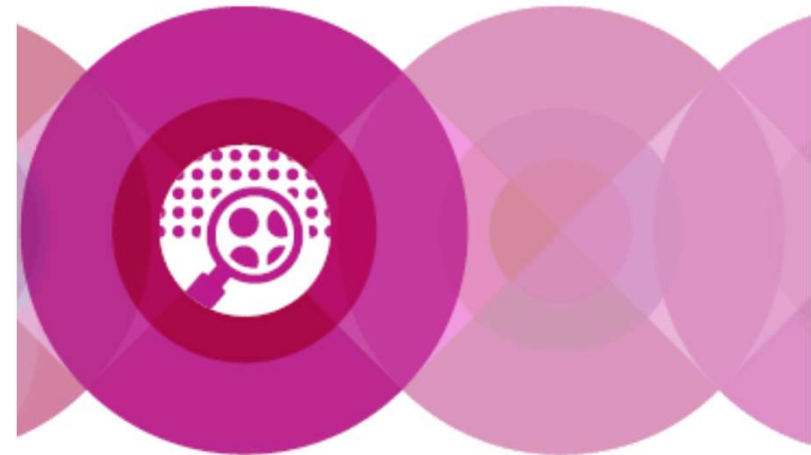


And also.....

- A diagnosis is the nature and identity of a disease or a condition of a person, determined after assessment and interpretation. The recording of diagnosis into the consumers' record is primarily to provide clinical data to support clinical care. A provisional diagnosis should be included in the consumers' medical record (in this instance, CIMHA) as soon as an initial assessment has been completed.
- For clinicians, a diagnosis provides a common language and standard criteria for the classification of presenting problems and ensures that important information can be communicated accurately. It guides the development of a treatment plan and assists the consumer in the establishment of their recovery plan.
- For consumers coming to a mental health or AOD service (as well as their families and carers) a specific diagnosis forms an integral step in their engagement and treatment process. It can help to clarify and explain their signs and symptoms which might be confusing, anxiety provoking or disabling.

Diagnosis

- *“Finding out the cause of a health problem requires clinical assessment, testing and clinical reasoning so that an accurate diagnosis can be made and treatment can be tailored to a person’s circumstances. Forming, testing, communicating, managing and documenting provisional and differential diagnoses are important aspects of developing the comprehensive care plan”.*



Implementing the Comprehensive Care Standard

Clinical assessment and diagnosis
August 2020



VE TYPE	DATE	TIME	TEST	TEST	TEST	TEST	TEST	TEST
28 May 2019	1:30:00 PM	HLFU	31 May 2019	1:55:00 PM	W1A	3.02	S	F10.1
26 Jun 2018	6:56:00 PM	SSU	02 Jul 2018	3:40:00 PM	W1F	5.86	S	F10.2
01 Sep 2018	11:16:00 PM	SSU	03 Sep 2018	7:38:50 PM	TW	1.85	S	F10.1
14 Feb 2019	6:10:00 PM	EMU	15 Feb 2019	2:30:00 PM	EMU	0.85	P	T40.2
11 Jun 2019	9:17:00 PM	AWA	12 Jun 2019	3:24:00 PM	W2C	0.75	S	F12.2
03 Dec 2018	12:22:00 PM	RAMS	04 Dec 2018	6:52:46 PM	EMU	1.27	S	T42.4
03 Dec 2018	12:22:00 PM	RAMS	04 Dec 2018	6:52:46 PM	EMU	1.27	S	F10.1
12 Feb 2019	4:42:00 PM	SSU	15 Feb 2019	11:59:40 AM	W2B	2.80	S	F10.1
07 Jul 2018	5:52:00 AM	W1B	09 Jul 2018	6:45:00 PM	W1B	2.54	P	F10.0
07 Jul 2018	5:52:00 AM	W1B	09 Jul 2018	6:45:00 PM	W1B	2.54	S	F10.2
02 Aug 2018	9:33:00 PM	SSU	03 Aug 2018	11:10:00 AM	SSU	0.57	S	F10.0
10 Aug 2018	7:48:00 PM	SSU	11 Aug 2018	9:23:00 AM	SSU	0.57	S	F10.0
10 Aug 2018	7:48:00 PM	SSU	11 Aug 2018	9:23:00 AM	SSU	0.57	S	F10.2
12 Feb 2019	8:51:00 AM	DOSA	18 Feb 2019	2:00:00 PM	W1F	6.21	S	F19.5
18 Sep 2018	2:49:00 PM	AWA	20 Sep 2018	2:33:05 PM	TST	1.99	S	F10.1
16 Oct 2018	11:49:00 AM	HLFU	23 Oct 2018	7:19:31 PM	TW	7.31	S	F11.1
05 Nov 2018	11:58:00 AM	AWA	09 Nov 2018	2:30:00 PM	TW	4.11	S	F11.1
18 Sep 2018	7:05:00 AM	RAMS	20 Sep 2018	12:00:47 PM	EMU	2.21	P	F10.4
18 Sep 2018	7:05:00 AM	RAMS	20 Sep 2018	12:00:47 PM	EMU	2.21	S	F10.2
29 Oct 2018	9:10:00 PM	ED	29 Oct 2018	11:11:00 PM	ED	0.08	S	F10.0
29 Oct 2018	9:10:00 PM	ED	29 Oct 2018	11:11:00 PM	ED	0.08	S	F10.1
16 Jun 2019	9:42:00 AM	RAMS	21 Jun 2019	12:43:31 PM	TW	5.13	S	F10.2
16 Jun 2019	9:42:00 AM	RAMS	21 Jun 2019	12:43:31 PM	TW	5.13	S	F10.3
18 Jan 2019	4:41:00 PM	SSU	18 Jan 2019	8:13:11 PM	SSU	0.15	P	F10.3
21 Aug 2018	3:00:00 PM	RAMS	26 Aug 2018	1:50:00 PM	W1F	4.95	S	F11.2
18 Jun 2019	6:02:00 PM	RAMS	25 Jun 2019	2:00:00 PM	ACFC	6.83	S	F10.1
16 Jun 2019	4:31:00 PM	SSU	20 Jun 2019	1:18:39 PM	TST	3.87	S	F10.1

ICD 10

A definite diagnosis of dependence should usually be made only if three or more of the following have been present together at some time during the previous year

- (a) a strong desire or sense of **compulsion** to take the substance;
- (b) difficulties in **controlling** substance-taking behaviour in terms of its onset, termination, or levels of use;
- (c) a physiological **withdrawal** state when substance use has ceased or been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms;
- (d) evidence of **tolerance**, such that increased doses of the psychoactive substances are required in order to achieve effects originally produced by lower doses
- (e) progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of **time** necessary to obtain or take the substance or to recover from its effects;
- (f) persisting with substance use despite clear evidence of overtly **harmful** consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to periods of heavy substance use, or drug-related impairment of cognitive functioning;

DSM-5 Substance Use Diagnosis		Examples	ICD-10 Code *For billing purposes
*Required to include DSM-5 diagnosis on Service Request Form			
Severity Levels			
- Mild = Presence of 2-3 DSM criteria symptoms			
- Moderate = Presence of 4-5 DSM criteria symptoms			
- Severe = Presence of 6 or more DSM criteria symptoms			
Opioid Use Disorder	MILD	Heroin, Hydrocodone (Norco, Vicodin), Oxycodone (OxyContin, Percocet), Morphine, Hydromorphone (Dilaudid), Codeine (cough syrup), Meperidine (Demerol), Fentanyl, etc.	F11.10
	MODERATE		F11.20
	SEVERE		F11.20
Alcohol Use Disorder	MILD	Beer, liquor, etc.	F10.10
	MODERATE		F10.20
	SEVERE		F10.20
Cannabis Use Disorder	MILD	Marijuana and marijuana-related products	F12.10
	MODERATE		F12.20
	SEVERE		F12.20
Stimulant Use Disorder- Amphetamine-Type Substance	MILD	Methamphetamine (crystal meth, crank, speed, tweek, glass, etc.)	F15.10
	MODERATE		F15.20
	SEVERE		F15.20
Stimulant Use Disorder- Cocaine	MILD	Cocaine (coke, blow, snow, etc.)	F14.10
	MODERATE		F14.20
	SEVERE		F14.20
Sedative, Hypnotic, or Anxiolytic Use Disorder	MILD	Benzodiazepines (Xanax [alprazolam], Ativan [lorazepam], Valium [diazepam], Klonopin [clonazepam]) Barbiturates (Pentobarbital, Secobarbital, etc.) Z-drugs (Ambien [zolpidem], Lunesta [eszopiclone], Sonata [zaleplon], Imcrest [zopiclone], etc.)	F13.10
	MODERATE		F13.20
	SEVERE		F13.20
Other Hallucinogen Use Disorder	MILD	LSD (acid), Ecstasy (MDMA), Ketamine, magic mushrooms (Psilocybin), Peyote (Mescaline), etc.	F16.10
	MODERATE		F16.20
	SEVERE		F16.20
Stimulant Use Disorder- Other or Unspecified Stimulant	MILD	Ritalin (methylphenidate), Adderall (dextroamphetamine/ amphetamine), Vyvanse (lisdexamfetamine), etc.	F15.10
	MODERATE		F15.20
	SEVERE		F15.20
Phencyclidine (PCP) Use Disorder	MILD	PCP (phencyclidine)	F16.10
	MODERATE		F16.20
	SEVERE		F16.20
Inhalant Use Disorder	MILD	Glues, spray cans, etc.	F18.10
	MODERATE		F18.20
	SEVERE		F18.20

ICD 11

➤ May just have 3 items!

- **Withdrawal**
- **Loss of control**
- **Cravings**

ICD-10 Version:2019

Search

[? \[Advanced Search \]](#)

[ICD-10](#)

[Versions - Languages](#)

[Info](#)

▼ ICD-10 Version:2019

- ▶ I Certain infectious and parasitic diseases
- ▶ II Neoplasms
- ▶ III Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- ▶ IV Endocrine, nutritional and metabolic diseases
- ▶ **V Mental and behavioural disorders**
- ▶ VI Diseases of the nervous system
- ▶ VII Diseases of the eye and adnexa
- ▶ VIII Diseases of the ear and mastoid process
- ▶ IX Diseases of the circulatory system
- ▶ X Diseases of the respiratory system
- ▶ XI Diseases of the digestive system
- ▶ XII Diseases of the skin and subcutaneous tissue
- ▶ XIII Diseases of the musculoskeletal system and connective tissue
- ▶ XIV Diseases of the genitourinary system
- ▶ XV Pregnancy, childbirth and the puerperium
- ▶ XVI Certain conditions originating in the perinatal period
- ▶ XVII Congenital malformations, deformations and chromosomal abnormalities
- ▶ XVIII Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- ▶ XIX Injury, poisoning and certain other consequences of

International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-WHO Version for ;2019

Chapter V Mental and behavioural disorders (F00-F99)

Incl.: disorders of psychological development

Excl.: symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified ([R00-R99](#))

This chapter contains the following blocks:

- [F00-F09](#) Organic, including symptomatic, mental disorders
- [F10-F19](#) Mental and behavioural disorders due to psychoactive substance use
- [F20-F29](#) Schizophrenia, schizotypal and delusional disorders
- [F30-F39](#) Mood [affective] disorders
- [F40-F48](#) Neurotic, stress-related and somatoform disorders
- [F50-F59](#) Behavioural syndromes associated with physiological disturbances and physical factors
- [F60-F69](#) Disorders of adult personality and behaviour
- [F70-F79](#) Mental retardation
- [F80-F89](#) Disorders of psychological development
- [F90-F98](#) Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
- [F99-F99](#) Unspecified mental disorder

Asterisk categories for this chapter are provided as follows:

- [F00*](#) Dementia in Alzheimer disease
- [F02*](#) Dementia in other diseases classified elsewhere

F10	Mental and behavioural disorders due to use of alcohol [See before F10 for subdivisions]	F10	ALCOHOL
F11	Mental and behavioural disorders due to use of opioids [See before F10 for subdivisions]	F11	OPIOIDS
F12	Mental and behavioural disorders due to use of cannabinoids [See before F10 for subdivisions]	F12	CANNABINOIDS
F13	Mental and behavioural disorders due to use of sedatives or hypnotics [See before F10 for subdivisions]	F13	SEDATIVES/HYPNOTICS
F14	Mental and behavioural disorders due to use of cocaine [See before F10 for subdivisions]	F14	COCAINE
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine [See before F10 for subdivisions]	F15	STIMULANTS - MA
F16	Mental and behavioural disorders due to use of hallucinogens [See before F10 for subdivisions]	F16	HALLUCINOGENS
F17	Mental and behavioural disorders due to use of tobacco [See before F10 for subdivisions]	F17	TOBACCO
F18	Mental and behavioural disorders due to use of volatile solvents [See before F10 for subdivisions]	F18	VOLATILE SUBSTANCES
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances [See before F10 for subdivisions] This category should be used when two or more psychoactive substances are known to be involved, but it is impossible to assess which substance is contributing most to the disorders. It should also be used when the exact identity of some or even all the psychoactive substances being used is uncertain or unknown, since many multiple drug users themselves often do not know the details of what they are taking.	F19	OTHER SUBSTANCES

.0 Acute intoxication

A condition that follows the administration of a psychoactive substance resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psycho-physiological functions and responses. The disturbances are directly related to the acute pharmacological effects of the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen. Complications may include trauma, inhalation of vomitus, delirium, coma, convulsions, and other medical complications. The nature of these complications depends on the pharmacological class of substance and mode of administration.

Acute drunkenness (in alcoholism)

"Bad trips" (drugs)

Drunkenness NOS

Pathological intoxication

Trance and possession disorders in psychoactive substance intoxication

Excl.: intoxication meaning poisoning ([T36-T50](#))

.1 Harmful use

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of injected psychoactive substances) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol).

Psychoactive substance abuse

.2 Dependence syndrome

A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

The dependence syndrome may be present for a specific psychoactive substance (e.g. tobacco, alcohol, or diazepam), for a class of substances (e.g. opioid drugs), or for a wider range of pharmacologically different psychoactive substances.

Chronic alcoholism

Dipsomania

Drug addiction

.3 Withdrawal state

A group of symptoms of variable clustering and severity occurring on absolute or relative withdrawal of a psychoactive substance after persistent use of that substance. The onset and course of the withdrawal state are time-limited and are related to the type of psychoactive substance and dose being used immediately before cessation or reduction of use. The withdrawal state may be complicated by convulsions.

.4 Withdrawal state with delirium

A condition where the withdrawal state as defined in the common fourth character .3 is complicated by delirium as defined in F05.-. Convulsions may also occur. When organic factors are also considered to play a role in the etiology, the condition should be classified to F05.8.

Delirium tremens (alcohol-induced)

.5 Psychotic disorder

A cluster of psychotic phenomena that occur during or following psychoactive substance use but that are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state. The disorder is characterized by hallucinations (typically auditory, but often in more than one sensory modality), perceptual distortions, delusions (often of a paranoid or persecutory nature), psychomotor disturbances (excitement or stupor), and an abnormal affect, which may range from intense fear to ecstasy. The sensorium is usually clear but some degree of clouding of consciousness, though not severe confusion, may be present.

Alcoholic:

- hallucinosis
- jealousy
- paranoia
- psychosis NOS

Excl.: alcohol- or other psychoactive substance-induced residual and late-onset psychotic disorder ([F10-F19 with common fourth character .7](#))

.6 Amnesic syndrome



Chapter V – F00-F99 Mental and Behavioural Disorders

F10-19 substances are
listed and qualified:

- **F 10.0** **Acute alcohol intoxication**
- F 10.1 Harmful use – includes depression from alcohol
- **F 10.2** **Dependence** (~ DSM 5 like definition, may involve several substances)
- **F 10.3** **Withdrawal state**
- F 10.4 Withdrawal complicated by delirium
- F 10.5 Psychotic state
- F 10.6 Amnesic
- F 10.7 Late onset psychosis
- F 10.8 Other manifestations / behaviours
- F 10.9 Unspecified mental and behaviour disorders

Acute Intoxication: F 10.0 (i.e. alcohol)

- A condition that follows the administration of a **psychoactive substance** resulting in **disturbances** in level of **consciousness, cognition, perception, affect or behaviour** or other psychophysiological functions and responses.
- The disturbances are directly related to the **acute pharmacological effects of the substance** and **resolve with time** with complete recovery except where tissue damage or other complications have arisen.
- **Complications may include** trauma, inhalation of vomit, delirium, coma, convulsions of other medical complications.
- The nature of the complications depends on the pharmacological class of substance and mode of administration



Dependence syndrome: F 10.2 (i.e. alcohol)

- A **cluster of behavioural, cognitive and physiological phenomenon** that develop after repeated substance use and that typically include a strong **desire** to take the drug, difficulties **in controlling** its use, **persisting** in its use despite harmful consequences, a **higher priority** given to the substance use than to other activities and obligations increased **tolerance** and sometimes a physical **withdrawal** state.

Withdrawal
state
F10.3
(i.e. alcohol)

- a group of symptoms of variable clustering and severity occurring on **absolute or relative withdrawal** of a **psychoactive substance after persistent use of that substance**. The onset and course of the withdrawal state are time are **time-limited** and are related to the type of psychoactive substance and dose being used immediately before cessation or reduction in use.

48 year old man

- Alcohol use since age 22, daily drinking >4 years
- Up to 2.4 L of spirits / day
- Smokes 30 cigarettes per day
- Last drink 4 hours ago, BAL 0.35%
- Slurred speech, nystagmus, tachycardia, hypertension,

Any provisional diagnoses?

ICD 10 coding? **F10.0 + F17.2**



F10

ALCOHOL

F11

OPIOIDS

F12

CANNABINOIDS

F13

SEDATIVES/HYPNOTICS

F14

COCAINE

F15

STIMULANTS - MA

F16

HALLUCINOGENS

F17

TOBACCO

F18

VOLATILE SUBSTANCES

F19

OTHER SUBSTANCES

.0 Acute Intoxication

.1 Harmful use

.2 Dependence syndrome

.3 Withdrawal state

43 year old man

Using methamphetamine for 15 years,
5 days week, iv

Generally sleeps 3-4 nights per month
Past psychotic episode, quit alcohol 2
years ago, non-smoker, no BZD

Up to 1 gm MA per day

Due to COVID-19 price has escalated
from \$250 to \$1250/gm

On parole

Seeking entry into residential rehab

Any provisional diagnoses?

ICD 10 coding? **F15.2**



F10

ALCOHOL

F11

OPIOIDS

F12

CANNABINOIDS

F13

SEDATIVES/HYPNOTICS

F14

COCAINE

F15

STIMULANTS - MA

F16

HALLUCINOGENS

F17

TOBACCO

F18

VOLATILE SUBSTANCES

F19

OTHER SUBSTANCES

.0 Acute Intoxication

.1 Harmful use

.2 Dependence syndrome

.3 Withdrawal state

24 year old single mother

Using heroin from age 20, daily for 1 year
¼ gm per day iv, + 20 cigarettes daily 6yrs &
1.5 gm THC nightly 4 years
h/o depression and anxiety, past deliberate
self harm

Traumatic upbringing, lost custody of her
children 6/12 ago

Last used 12 hours before

OE Restless, sniffles, moist skin, pupils 6
mm brisk

Any provisional diagnoses?

ICD 10 coding? **F11.3 + (F17.2 & F12.2)**



F10	ALCOHOL
F11	OPIOIDS
F12	CANNABINOIDS
F13	SEDATIVES/HYPNOTICS
F14	COCAINE
F15	STIMULANTS - MA
F16	HALLUCINOGENS
F17	TOBACCO
F18	VOLATILE SUBSTANCES
F19	OTHER SUBSTANCES

.0 Acute Intoxication

.1 Harmful use

.2 Dependence syndrome

.3 Withdrawal state

Poisoning by drugs, medicaments and biological substances (T36-T50)

Incl.: overdose of these substances
wrong substance given or taken in error

Excl.: abuse of non-dependence-producing substances ([F55](#))
adverse effects ["hypersensitivity", "reaction", etc.] of correct substance properly administered; such cases are to be classified according to the nature of the adverse effect, such as:

- aspirin gastritis ([K29.-](#))
- blood disorders ([D50-D76](#))
- dermatitis:
 - contact ([L23-L25](#))
 - due to substances taken internally ([L27.-](#))
- nephropathy ([N14.0-N14.2](#))
- unspecified adverse effect of drug ([T88.7](#))

intoxication meaning inebriation ([F10-F19](#))
drug reaction and poisoning affecting the fetus and newborn ([P00-P96](#))
pathological drug intoxication ([F10-F19](#))

- ▶ S80-S89 Injuries to the knee and lower leg
- ▶ S90-S99 Injuries to the ankle and foot
- ▶ T00-T07 Injuries involving multiple body regions
- ▶ T08-T14 Injuries to unspecified part of trunk, limb or body region
- ▶ T15-T19 Effects of foreign body entering through natural orifice
- ▶ T20-T32 Burns and corrosions
- ▶ T33-T35 Frostbite
- ▶ T36-T50 Poisoning by drugs, medicaments and biological substances
- ▶ T51-T65 Toxic effects of substances chiefly nonmedicinal as to source
- ▶ T66-T78 Other and unspecified effects of external causes
- ▶ T79-T79 Certain early complications of trauma
- ▶ T80-T88 Complications of surgical and medical care, not elsewhere classified
- ▶ T90-T98 Sequelae of injuries, of poisoning and of other consequences of external causes
- ▶ XX External causes of morbidity and mortality
- ▶ XXI Factors influencing health status and contact with health services

T40 Poisoning by narcotics and psychodysleptics [hallucinogens]

Excl.: intoxication meaning inebriation ([F10-F19](#))

T40.0 Opium

T40.1 Heroin

T40.2 Other opioids

Codeine

Morphine

T40.3 Methadone

T40.4 Other synthetic narcotics

Pethidine

T40.5 Cocaine

T40.6 Other and unspecified narcotics

T40.7 Cannabis (derivatives)

T40.8 Lysergide [LSD]

T40.9 Other and unspecified psychodysleptics [hallucinogens]

Mescaline

Psilocin

Psilocybine

Diagnosis

- Provisional
- Confirmed by MDT
- Ended – Referral/Service Episode Ended
- Ended – Ongoing further care
- Ended – superseded by new entry
- Ended – superseded incorrect entry
- Ended - resolved

The drop down selection for * ICD Code is as per the screen shot, “Diagnosis types”, each item in the list expands to eventually reach the specific diagnosis e.g. F10.0.

**Comprehensive Care
Education Series**



**Supporting clinicians to
deliver comprehensive care**

Next Webinar

Formulation – Part I

Dr Kathryn Turner – Primary Presenter (and Co.)

Wednesday 11th November 2020

1130 – 1230

Via Zoom

(Keep an eye out of the invite)

Insight - Toolkits - Comprehensive x +

insight.qld.edu.au/toolkits/comprehensive-care/detail

SIGN UP or SIGN INTO your account

insight
Centre for sharing and other things
learning and excellence development


Comprehensive Care

Information

A toolkit to support Queensland Health Alcohol and Drug and Mental Health staff in the implementation of the Comprehensive Care: Partnerships in Care and Communication Project. These resources are made available through a collaboration involving Insight, Dovetail, the Queensland Centre for Mental Health Learning and Clinical Excellence Queensland.

Training

All (1) Workshop (0) Webinars (0) eLearning (0) Videos (1)



www.insight.qld.edu.au