

## Addictions Interactive Case

*Mr K. is a 57-year-old male presenting to the hospital for a scheduled inguinal hernia repair. He has a past medical history significant for coronary artery disease, hypertension, and chronic lower back pain. The surgical procedure was completed without complications, and he was transferred to the floor for further monitoring. On post-op day 2, nursing staff informed the surgical team of a change in mental status and new onset agitation overnight. Psychiatry was subsequently consulted for management of change in mental status and agitation.*

### Chart Review:

- *No known psychiatric history noted*
- *CBC: + thrombocytopenia*
- *CMP: K 3.4. Na 134. LFT's mildly elevated*
- *Urine drug screen on admission: + Opioids and EtOH. Otherwise unremarkable.*
- *CT Brain: no acute intracranial process: completed after patient was found with AMS*
- *Patient currently receiving opioids for post-op surgical pain*

*Exam: Patient is disheveled, lying in bed, hospital gown only covering lower body, swinging legs over bed rails. Pulling gown, sheets, and reaching into the air trying to grasp objects. Mumbling, slow, underproductive speech. Unable to attend to conversation. AxO x 0. + diaphoresis, mydriasis, tremor, HTN, tachycardia, psychomotor agitation.*

*At the conclusion of the exam, Mr. K's wife makes it into the hospital to visit and can provide further information. She reports that Mr. K has been drinking 1/5 of Jack Daniel's daily for the past 7 years. She believes his last drink to have been on the morning prior to his scheduled hospital admission. You also find out that Mr. K is prescribed Oxycodone 10mg TID by an outside pain management physician for his chronic back pain.*

- **Briefly discuss your differential diagnosis and what additional history you would like to obtain from patient's spouse. How might this guide your management and next steps?**
- **What medications, if any, would you start for this patient?**

*After speaking with the covering provider, you learn that there are significant staffing shortages such that your recommendation for 1:1 observation and frequent monitoring of alcohol withdrawal symptoms with CIWA-Ar will be challenging. You also are told that the patient is continuing to endorse significant pain despite the treatment team ordering their standard post-op pain regimen.*

- **How does this information change your management strategy?**
- **Following improvement in patient's mental status, how would you incorporate education regarding chronic opioid use in the setting of suspected severe alcohol use disorder?**