



Government of **Western Australia**  
Department of **Health**

# Western Australian Coding Rule

## 0719/46 Red Man Syndrome

WA Coding Rule 0312/05 *Red Man Syndrome* is retired.

In ICD-10-AM/ACHI/ACS Eleventh Edition (effective 1 July 2019) ACS 0005 *Syndromes* was amended and new code U91 *Syndrome, NEC* created.

See also *Guide to Major Eleventh Edition Changes: Australian Coding Standards and ICD-10-AM*, available on the WACCA website.

## DECISION

**WA Coding Rule 0312/05 *Red Man Syndrome* is retired.**

[Effective 1 Jul 2019, ICD-10-AM/ACHI/ACS 11<sup>th</sup> Ed.]



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## 0312/05 Red Man Syndrome

### Q.

We have a query regarding Red Man's Syndrome, a reaction to Vancomycin.

How should this be coded – are codes assigned for the symptoms presenting at the time e.g. rash or erythema and/or other symptoms e.g. swelling.

### A.

Red Man Syndrome (RMS) is a commonly observed adverse drug event associated with Vancomycin drug therapy. It is characterized by a sudden and/or profound drop in blood pressure, a maculopapular rash, angioedema, pruritus, erythema, wheezing or dyspnea. Any or all of these effects may be seen.

ACS 0005 *Syndromes* states that if no single code is available to describe all elements of a syndrome – follow the 6 guideline points. When assigning codes to represent the syndrome assign codes only for the manifestations that are relevant for the patient in question – all standard manifestations of a syndrome may not be present in every patient with the syndrome.

## DECISION

**To code Red Man Syndrome, follow the guidelines in ACS 0005 *Syndromes*. When assigning multiple codes to represent the syndrome, assign codes only for the manifestations that are relevant for the patient in question – all standard manifestations of a syndrome may not be present in every patient with the syndrome. The manifestation codes will be followed by the external cause codes to represent the adverse Vancomycin reaction.**

[Effective 28 Mar 2012, ICD-10-AM/ACHI/ACS 7<sup>th</sup> Ed.]