

This is a guideline for human expert reviewers to annotate suicidality documented in physician notes during ED visits. Three human expert reviewers (RX, AM, AG) will reach consensus for annotating suicidality in physician notes.

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Study Population

- Demographics: Pediatric patients aged 6-18 years old at time of ED visit
 - Study Period: 2016-06-01 to 2022-06-01
 - Note Types: ED Note (required) and Psych Note (optional). BCH notes are formally “Emergency MD”, “Discharge Summary”, “Psychiatry Consultation”, “Psychiatry Evaluation Consultation”.
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Suicidality Subtypes

| Subtype | Include | Exclude |
|-----------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Ideation | Thought without action Thoughts of suicide Thoughts of self-harm Thoughts “better off dead” | Depression without mention of suicide or self-harm |
| Action | Self harm Intentional Injury Intentional Poisoning Intentional Asphyxiation | Eating Disorders |
| | Attempt Self harm with <i>intent</i> to end life Self harm with <i>possibility</i> to end life | |

LabelStudio:

ideation-past 1

ideation-present 2

action-past 3

action-present 4

suicidality-NOS 5

Hierarchy (order of importance)

- **action-present** > **ideation-present**
 - Present self-injury or suicide-attempt implies ideation-present.
- **ideation-present** > **ideation-past**
 - Present ideation is more important than past ideation, note that ICD10 has no code for ideation-past. Only required to annotate ideation-past if there is no ideation-present.
- **action-present** > **action-past**
 - Present action is more important than past action
 - Present action is more important than past or present ideation

Ideation-past

Ideation documented for previous healthcare visit or episode outside of healthcare setting. Typically "history of SI", "chronic SI", "worsening SI".

Notice: ICD10 codes do not include past ideation.

Ideation-present

Ideation documented for current visit. Typically in CC, HPI, or exams. "Mild to severe SI", "worsening SI", "thoughts of self-harm"

Notice: ICD10 codes do not include past ideation.

action-past

Self-harm or attempt documented for previous encounter or episode outside of healthcare setting. Typically, "previous" or "second" or "history of" self-harm or attempt. "Chronic" types of self-harm are considered the past.

action-present

Current encounter is for self-harm or attempt *with or without* history of.

If patient states self-harm or attempt, then action-present is true.
If provider states self-harm or attempt then true, even if pt denies.

suicidality-NOS

Use NOS to mark uncertainty of how to annotate chart based on current annotation guidelines. We will discuss together in next meeting. Cases marked NOS will be EXCLUDED from our publishable results.

Past VS Present

| JUDGEMENT | EXAMPLE(S) |
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| Ideation-past Ideation: thoughts of suicide or self-harm Past: thoughts disclosed previous to the encounter. | <ul style="list-style-type: none">• “History of” SI• Disclosed suicidal thoughts to school guidance counselor last semester• Disclosed thoughts of hurting himself to the school guidance counselor last semester• Told parents he wished he was dead (in the setting of a previous encounter)• Thoughts started after a traumatic life event |
| Ideation-present Ideation: thoughts of suicide or self-harm Present: “concern for” | <ul style="list-style-type: none">• At risk of self-injurious behavior (SIB)• Consult Request: concern for self-harm. Pt denies suicidality.• Mom brought child to ED for concern of SIB |
| Ideation-present Ideation: SI documented Present: “presents with” | <ul style="list-style-type: none">• Chief Complaint: suicidal ideation• HPI: Presents with SI• Recent SI related to present reason for visit• Pt here with me today with SI• Ongoing SI with plans and intent |

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| | <ul style="list-style-type: none"> • Suicide pact with friends • Phone Text messages plan to hang herself |
| Ideation-present Ideation: "worsening SI" Present: "worsening SI" | <ul style="list-style-type: none"> • Here today with worsening SI |
| Ideation-present Ideation: "thinks/thinking" is present tense. Past: potentially chronic, see also PMH for "history of" ideation. | <ul style="list-style-type: none"> • Patient thinks about what it would be like to be dead. • Intermittent thoughts about suicide • Thoughts about hurting myself • Passive SI with no plan |
| Ideation-present Ideation: Exam Present: Exam result at time of visit | <ul style="list-style-type: none"> • Suicidal Ideation: 1 = Very Mild • Suicidal Ideation: 2, 3, 4, or 5 • Suicidal Ideation: 3 = Moderate • Suicidal Ideation: 6= Extremely severe |
| action-past Attempt: history of attempt before this today (present encounter). | <ul style="list-style-type: none"> • Pt tried to kill himself with random pills from the family medicine cabinet when his mother died. Pt was admitted to a psych facility for over a week before being discharged. Things at home settled for a while until recently when SI returned, and he started cutting again last month. • Last year attempted to act on suicidal intent by holding a knife to his chest before family member stopped them |
| action-past Attempt: recently | <ul style="list-style-type: none"> • Tried downing 3 days ago (prior ED visit) • Recent suicide attempt one month ago • Previously attempted to asphyxiate with nitrous. • Multiple suicide attempts over the last year. |
| action-past Self harm: history of, no mention or | <ul style="list-style-type: none"> • "History of" self-harm • "History of" cutting himself |

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| evidence in present encounter. | <ul style="list-style-type: none"> • “Chronic” self-harming behavior • PMH: previously diagnosed with self-harming behaviors • Cut in the past starting in December and most recently cut 1 month ago. Pt does not show any marks. • Pt reports self-cutting over a year ago for stress relief. Pt denies self-harm presently. No visible scars at time of observation. • History of cutting, last episode was 2020. |
| <p>action-past action-present</p> <p>Self harm: past and present</p> <p>Present: “acute on chronic”</p> | <ul style="list-style-type: none"> • HPI: presents today for SIB. Self-cutting for over a year, progressively getting worse. |
| <p>action-present</p> <p>Self harm: Chief Complaint</p> | <ul style="list-style-type: none"> • CC: I cut myself, so my therapist told me to go to the hospital • CC: self-harm with melatonin |
| <p>action-present</p> <p>Self harm: even if patient denies.</p> | <ul style="list-style-type: none"> • HPI: self-mutilation by knife • HPI: patient reports self-harm by razorblade. Pt did not intend to die. • HPI: patient denies self-harm, contrary ED care provider opinion. • Suicidal/self-injurious behaviors: none reported by patient, but mother shared recent SIB |
| <p>action-present</p> <p>Self harm: superficial signs documented as observable at time of present encounter.</p> | <ul style="list-style-type: none"> • Forearms show superficial lacerations (in the context of SI/ideation) |

Medical Section Headings

NOT comprehensive or authoritative list of medical section headings.

General guidelines:

- **Diagnosis** sections must be excluded (ignored)
- CC/reason/indication usually refer to “present encounter”
- HPI can be both present and past
- Diagnostic studies like Labs/CXR/EKG are skipped
- Procedures are skipped
- Meds/Treatments are skipped

| Section | Include as Past or present | Exclude |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Chief Complaint Reason for Visit Reason for Evaluation | Ideation-present Action-present Also annotate action-past if action documented in previous encounter | |
| HPI History of Present Illness Presenting Illness | Ideation-present Action-present Also annotate action-past if action documented in previous encounter | |
| History: past medical | Past | ICD10 codes or ICD10 keywords |
| History: FHx family | | Exclude suicidality of family members |
| Treatment | | Exclude (e.g. antipsychotics PRN for manic episode) |
| Procedures | | |
| Investigations | | Exclude (e.g. EKG result) |
| Mental Status Exam PHQ-9, ASQ, Psych Questionnaires | Present (unless explicitly past) | |
| Assessment and plan, | Present if acute | |

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|------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------|
| course, evaluation | Past if chronic Past if "history of" Present and past if "acute on chronic" | |
| Discharge Instructions | Present encounter | Exclude future tense |
| ANY diagnosis section | | Exclude |
| Associated diagnosis | | Exclude |
| Final diagnosis | | Exclude |
| Other sections | Present if acute Past if chronic Past if "history of" Present and past if "acute on chronic" | ICD10 codes or ICD10 keywords |