

## **Appendix A**

### *Strategy to Develop a Portable Booklet with a List of Pediatric Diagnoses in Alphabetic Order*

1. Diagnoses used at the pediatric department of the Leiden University Medical Centre from 1978 to 1992 were taken as a starting point. This set encompassed about 1,700 different ICD-9-CM-based codes. Each diagnosis code was provided with a subspecialty code.
2. A draft AMC children's list was composed by selecting the matching ADC diagnoses. Subspecialty codes of the Leiden children's list were also incorporated.
3. Using the subspecialty codes, the draft AMC list was divided into subspecialty lists. Every subspecialty criticized its own list with the following comments: (a) diagnosis has to be made more specific; (b) diagnosis has to be formulated differently; (c) diagnosis can be omitted; and (d) missing diagnosis has to be added.
4. The subspecialties pediatric cardiology, oncology, and genetics had their own, non ICD-9-CM-based, classifications. Diagnoses in these classifications were translated to the ADC. Where diagnoses were more specific than those of the ADC, ADC codes were extended. The translated lists were finalized with comments from the subspecialties concerned.
5. Lists from steps three and four were combined, resulting in a list of 2,480 diagnoses. In order to make it easy for pediatricians to find diagnoses, syntax rules were applied and led to clustering of diagnoses, for example, diagnoses that relate to meningitis (Figure 3). For oncology, the topography (T) codes and associated morphology (M) codes were listed separately. Overlapping and uncommon diagnoses were omitted. The booklet contained 1,560 diagnoses, of which 468 were newly specified.