

Supplementary Table. Details of each presentation of serotonin syndrome.

		Occasion 1	Occasion 2	Occasion 3
Timeframe of occasions		Reference (0-days)	6 days since Occasion 1	18 days since Occasion 1
Prescribed medications		Lithium (12-hour level 0.7mmol/L) Fluoxetine 40mg PO MANE ^c Melatonin 10mg PO NOCTE	Lithium (12-hour level 0.7mmol/L) Fluoxetine 40mg PO MANE Melatonin 10mg PO NOCTE	Lithium (12-hour level 0.7mmol/L) Fluoxetine 40mg PO MANE Melatonin 10mg PO NOCTE
Medication overdose		Fluoxetine 560mg PO Lithium (unknown quantity) Timeframe before ED presentation is not established (<8 hours)	None ^d	None
Cannabis use		Evidenced by positive UDS only	Cannabis oil (THC 28.5mg/mL + cannabidiol<1mg/mL) PO, unknown quantity taken 1-2 hours before ED presentation. Prescription for cannabis oil was dated 9 months earlier.	Inhalation via vaporizer (unknown concentration) prior to presentation
Absence of serotonin syndrome features at last medical review		Five days prior	4 days prior	2 days prior
Last witnessed in the absence of serotonin syndrome features		Two hours prior	<5-hours prior	<3-hours prior
Documented features at ED presentation		Ambulance note: 'GCS 10 (E4, V1, M5) and dilated pupils'. On initial Emergency Department review 'significant diaphoresis whole body, HR 130-140bpm sinus tachy, normotensive... pupils 7mm bilaterally and reactive, patient hypertonic with persistent ankle clonus'. Rapid emergence of tonic-clonic seizures.	Ambulance note: 'Acute behavioural disturbance. Restless... Temp 37.4°C. SR 125, systolic BP 150, BGL 6.3'. On initial Emergency Department review: Temp 37.7°C, HR 119, BP 154/95, RR 24, GCS=10 (E4, V1, M5). The following were reported on examination 'restless and agitated', bilateral patellar and ankle hyperreflexia, symmetrical ankle clonus and intermittent right calf clonus.	Ambulance note: 'Unresponsive to verbal stimuli, no consciousness, lethargic'. On initial Emergency Department review: 'Diaphoretic, confused, tachycardic, but responding to verbal stimuli'. On examination: unable to provide any history, examination: diaphoretic (37.5°C), HR135, BP154/95, RR24, nystagmus, pupils 5mm bilaterally, clonus (>30 beats), and rigidity.
Hunter criteria ^a	Spontaneous clonus	Yes	-	-
	Inducible clonus and Agitation/diaphoresis	-	Yes	-
	Ocular clonus and Agitation/diaphoresis	-	-	-
	Inducible clonus/Ocular clonus and Hypertonia+hyperthermia	-	-	-
	Tremor and Hyperreflexia	-	-	-
Severity of serotonin syndrome symptoms ^a		Severe	Moderate	Mild
Timeframe to resolution		~24-hours ^e	<18 hours	<12 hours
Hospital-based interventions		Intubation > ICU admission, Levitiracetam and midazolam.	Diazepam + IV antibiotics, supportive care, ICU monitoring	Midazolam, Carbamazepine, telemetry, Supportive care, benzodiazepines

^a See: Wang HZ, Vashistha V, Kaur S, Houchens NW. Serotonin syndrome: preventing, recognizing, and treating it. Cleveland Clinic Journal of Medicine. 2016;83(11):810-817.

^b Severity categorisation based on the classification outlined in Wang HZ, Vashistha V, Kaur S, Houchens NW. Serotonin syndrome: preventing, recognizing, and treating it. Cleveland Clinic Journal of Medicine. 2016;83(11):810-817.

^c Commenced at 20mg 28 days prior, increased to 40mg 20 days prior.

^d The patient did not have access to medications at these times (supported administration)

^e Timeframe to extubation and waking in ICU