Section 9 Clinical Policies **Section 9.13 General Procedures** **Policy 9.13.38 Suicide Risk Screening and Suicide Precautions**	03/28/98 -Originated 04/05/12 -Reviewed w/ changes -Reviewed w/o changes 05/05/12 -Effective Nursing Services -Author

Suicide Risk Screening and Suicide Precautions

Definitions

A ***suicide risk screening*** is a method to separate patients who are at risk for suicide from those who have low or no risk of suicide.

A ***suicide risk assessment*** identifies specific individual characteristics and environmental features that may increase or decrease the possibility of suicide.

Suicide precautions are continuous interventions aimed at providing a safe environment for patients identified as exhibiting suicidal behavior and/or ideations.

A ***suicidal attempt*** is an effort to commit suicide involving definite risk. The outcome frequently depends on circumstances alone and is not under the person's control.

A ***suicidal threat*** is a statement of intent to commit suicide that is accompanied by behavior changes indicative of suicidal tendencies.

Policy

UTMB is committed to providing a safe environment for patients, students, visitors and employees. Early identification of patients at risk for suicide is a first step in providing reasonable care and intervention.

Each patient in the emergency room, ambulatory practice areas or inpatient units who presents with an emotional, behavioral and/or substance abuse problem shall undergo a suicide risk screening. ***Note:*** *ALL patients seen in the psychiatric clinics must undergo a full evaluation which shall include a suicide risk screening.*

If the patient has ever made a suicide attempt or the results of the suicide risk screening indicate the patient may have thoughts of self-harm, clinical staff shall notify the faculty provider for further evaluation and initiation of suicide precautions.

Arrangements for transfer to a psychiatric facility shall follow UTMB transportation policies for psychiatric transfers. Ambulatory practice areas shall arrange transport through Gulf Coast County Mental Health Mental Retardation (GCMHMR) Center or local police via the Mental Health Deputy escort or external facility ambulance.

Procedures

1. Suicide precautions will be implemented immediately once the need is determined.
2. A physician's written order shall be obtained within four (4) hours of implementation of suicide precautions.
3. The order for suicide precautions shall be reassessed daily for continued need by a physician. Specific therapeutic needs and interventions shall be addressed in the progress notes.
4. A physician's order is required for the discontinuation of suicide precautions.
5. UTMB suicide precautions include:
    a. Modification of the patient's environment to increase safety;
    b. Continuous observation by designated clinical staff;
    c. Documentation of observation every 15 minutes (or more frequently as needed, with no time lapse greater than 15 minutes).
6. Interventions and observations shall be documented in the appropriate location in the EMR, or on the *Downtime Continuous Observation Flow Sheet* form.
7. Patient/family education regarding suicide shall be documented on the *Interdisciplinary Patient/Family Teaching* form or in the appropriate location in the EMR. The education shall include suicide prevention information such as a crisis hotline.

Patient Care Guidelines

1. Use a direct and nonjudgmental approach in discussing suicide.
2. Inform the patient why these precautions are being taken.
3. Make the following modifications to the patient's environment:
    a) When possible, assign the patient to a room near the nurses' station for closer observation;
    b) Remove all sharp and dangerous objects from the patient and room (e.g., toiletries, , eye glasses, belts, shoe strings, ties, needles, jewelry, glass in picture frames, etc.), including glass objects;
    c) Remove any personal medications and return them to the family or store them in accordance with UTMB protocol;
    d) An electric razor for shaving (or, if necessary, a safety razor but under continual staff supervision only);
    Serve food in plastic or paper containers with plastic utensils (no knives) and sharp items should only be used only with continual staff supervision;
    e) String-less pajamas or gowns; and
    f) Redesign or modify the room as necessary to achieve environmental safety, taking into consideration the patient's medical condition.

Patient Care Guidelines, continued

4. Check the patient's room for potentially harmful items at least once every shift.
5. Inspect the patient's mouth after administering medication in tablet form to ensure it has been swallowed. Liquid concentrates are preferable.

References

Peate, I., and McGrory, C. "Performing searches on patients: a practical guide." *British Journal of Healthcare Assistants*, 2009 Nov; 3(11): 556-58.

Dochterman, J., and Bulechek, G., eds. *Nursing Interventions Classifications*. 4th Ed. St. Louis: Mosby Inc, 2004: 678-79.

US Preventive Services Task Force (USPSTF) Screening for suicide risk: Recommendation statement (2004). *Agency of Health Research & Quality*. Retrieved June 16, 2004 from http://www.guideline.gov/

UTMB Nursing Practice Standards:

- Policy 7.2.108 Management of Patients needing Psychiatric services, treatment for alcoholism and or substance abusePolicy 3.56 Continuous Observation of a Patient
- Policy 7.13.10 ED Transfer of a Patient to a Psychiatric Hospital

IHOP Policy 9.1.2 Management of Patient Belongings
Joint Commission Standards BoosterPak for Suicide Risk (NPSG.15.01.01)