

**Institutional Handbook of Operating Procedures**  
**Policy 09.13.38**

Section: Clinical Policies	Responsible Vice President: Executive Vice President UTMB Health System
Subject: General	Responsible Entity: Quality Management

**I. Title**

*[Suicide Risk Screening](#) and [Suicide Precautions](#) for Patients*

**II. Policy**

The University of Texas Medical Branch (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.

**Determining Need for and Conducting [Suicide Risk Screening](#):**

Clinical staff who perform intake screenings on patients, ages 5 years old or older, within the UTMB Health System will document whether or not a patient is presenting with an emotional, behavioral and/or substance abuse problem. If a patient appears to present with any of these problems, clinical staff will then perform a [suicide risk screening](#). Alternatively, at the medical directors’ discretion, ambulatory areas may utilize a validated depression screening tool (e.g. the PHQ-2/9 or Edinburg Post Natal Depression Scale) as the suicide risk screening. If using a validated depression screening tool at intake, it is not necessary to select if a patient is presenting with an emotional, behavioral or substance abuse problem.

**Suicide Risk Screening Results:**

If the results of the [suicide risk screening](#) indicate the patient may have current thoughts of self-harm, clinical staff will initiate [suicide precautions](#) and notify the faculty provider for further evaluation.

If the results of the [suicide risk screening](#) indicate the patient has previously [attempted suicide](#), the clinical staff will notify the appropriate faculty provider to determine if further evaluation is needed.

If clinical staff is concerned by emotional or behavioral disturbances exhibited by a patient at any time during the patient’s clinic visit/admission, regardless of the results of the patient’s [suicide risk screening](#), the clinical staff will notify the faculty provider to determine appropriate evaluation and precautions needed.

Arrangements for transfer to a psychiatric facility will follow UTMB transportation policies for psychiatric transfers.

Ambulatory areas will arrange for transport to the closest emergency department by calling 911. (See [Ambulatory Depression and Suicide Screening Algorithm](#) and [Mental Health Resource Contact List](#)).

**III. Procedures**

**Implementing [Suicide Precautions](#) in Inpatient, Emergency Department, and Procedure Areas**

- A. [Suicide precautions](#) will be implemented immediately once the need is determined. Staff should inform the patient that these precautions are being taken in their best interest.
- B. A physician's written order for [suicide precautions](#) will be obtained within four (4) hours of implementation of [suicide precautions](#).
- C. A physician's order is required for the discontinuation of [suicide precautions](#).
- D. [Suicide precautions](#) include:
1. Modifications of the patient's environment to increase safety (Refer to [Suicide Risk Safety Checklist and Guidelines](#) and [IHOP - 08.02.09 – Concealed Handguns on UTMB's Campus](#));
  2. Continuous observation by designated staff; (Refer to [Policy 3.56 Continuous Observation of a Patient](#));
  3. Staff may delay implementation of continuous observation and Q15 min documentation for ICU level patients with a [Richmond Agitation-Sedation Scale \(RASS\)](#) score of – 3 (moderate sedation), – 4 (deep sedation), or – 5 (un-arousable). Any delayed suicide precautions interventions must be initiated upon any change that could result in a RASS score of – 2 (light sedation) or above.
  4. If a patient must be transported off the unit, he/she will be accompanied at all times by a qualified staff and transport personnel (two-person transport is required at a minimum).
  5. Remove any personal medications and return them to the family or store them in accordance with UTMB policy;
  6. When a patient is in the bathroom or shower, a qualified staff will maintain observation;
  7. An electric razor for shaving or, if necessary, a safety razor but under continual staff supervision only);
  8. Order food tray in plastic or paper containers with plastic utensils (no knives or aluminum cans) by modifying the diet order in the electronic chart, and sharp items should only be used with continual staff supervision;
  9. Inspect the patient's mouth after administering medication in tablet form to ensure patient has swallowed it. Liquid concentrates are preferable.
- E. Patient/family education regarding suicide will be documented in the appropriate location in the medical record. The education will include suicide prevention information such as a crisis hotline.

## Implementing Suicide Precautions in Ambulatory Areas

- A. [Suicide precautions](#) will be implemented immediately once the need is determined and the provider and nurse supervisor will be notified.
- B. [Suicide precautions](#) include:
  - 1. Modifications of the patient's environment to increase safety using the [Guidelines for Suicide Risk Safety in the Ambulatory Care Setting](#).
  - 2. Continuous observation by designated trained staff. (Refer to [Policy 3.56 Continuous Observation of a Patient](#))
  - 3. Documentation of observation every 15 minutes (or more frequently as needed, with no time lapse greater than 15 minutes) in the behavioral observation flowsheet in the electronic health record (EHR).
- C. The provider will perform a further evaluation and transfer care to a local emergency department if applicable. (Refer to [Ambulatory Depression and Suicide Screening Algorithm](#))
- D. Patient/family education regarding suicide will be documented in the appropriate location in the EHR. The education will include suicide prevention information such as a crisis hotline.

## IV. Definitions

*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.

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

*Suicidal ideation*, also known as suicidal thoughts, is thinking about or an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role-playing (e.g., standing on a chair with a noose), and incomplete attempts.

*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.

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

## V. Related UTMB Policies, Procedures, and Resources

[Nursing Service Policy 3.56 Continuous Observation of a Patient](#)

[Nursing Service Policy 7.13.10 ED Transfer of a Patient to a Psychiatric Hospital](#)

[Nursing Service Policy 07.07 Medications Brought from Home](#)

[IHOP – 08.02.09 – Concealed Handguns on UTMB's Campus](#)

[IHOP - 09.01.02 - Management of Patient Belongings](#)

[Suicide Risk Safety Checklist and Guidelines](#)

[Suicide Risk Screening Process](#)

[Guidelines for Suicide Risk Safety in the Ambulatory Care Setting](#)

[Ambulatory Depression and Suicide Screening Algorithm](#)

[Mental Health Resource Contact List](#)

**VI. References**

Patient Health Questionnaire (PHQ-9 & PHQ-2) obtained from <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx> obtained on April 24, 2018 at 10:32 AM.

Mitchell, A., Garand, L., Dean, D., Panzak, G., and Taylor, M. (2005). "Suicide Assessment in Hospital Emergency Departments: Implications for Patient Satisfaction and Compliance." *Top Emerg Med.* 2005 October; 27 (4): 302-312.

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

Puntill, Cheryl. (2018) "Suicide Assessment and Precautions." [https://lms-elsevierperformancemanager-com.libux.utmb.edu/ContentArea/NursingSkills/GetNursingSkillsDetails?skillid=MH\\_010&skillkeyid=1238&searchTerm=suicide&searchContext=home](https://lms-elsevierperformancemanager-com.libux.utmb.edu/ContentArea/NursingSkills/GetNursingSkillsDetails?skillid=MH_010&skillkeyid=1238&searchTerm=suicide&searchContext=home)

The Joint Commission Standards BoosterPak for Suicide Risk (NPSG.15.01.01)

The Joint Commission Sentinel Event Alert – A follow-up report on preventing suicide: Focus on medical/ surgical units and the emergency department. *Issue 46, November 17, 2010.*

[Richmond Agitation-Sedation Scale \(RASS\)](#) graphic obtained from [www.icudelirium.org/docs/RASS.pdf](http://www.icudelirium.org/docs/RASS.pdf) on 8/17/2015.

**VII. Dates Approved or Amended**

<i>Originated:</i> 03/28/1998	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
08/01/2013	
02/19/2016	
08/19/2018	

**VIII. Contact Information**

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