



Institutional Handbook of Operating Procedures Policy 9.13.38	
Section: Clinical Policies	Responsible Vice President: Executive Vice President UTMB Health System
Subject 9:13: General	Responsible Entity: Nursing Services

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.

Suicide Risk Screening:

Each patient, five years old or older, in the emergency room, ambulatory practice areas, or inpatient units who presents with an emotional, behavioral and/or substance abuse problem will undergo a [suicide risk screening](#).

Exceptions:

A patient who presents with a chief complaint of suicidal ideation or a complaint related to a current [suicide attempt](#) is considered to be at risk for suicide and therefore does not require screening to determine risk. Initiate suicide precautions for this patient.

All patients seen in the psychiatric clinics must undergo a full evaluation, which includes an [assessment](#) of risk.

Positive Suicide Risk Screen:

If the results of the suicide risk screening indicate the patient may have 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 whether further evaluation is needed.

If clinical staff become 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 practice areas will 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.

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III. Procedures

- A. [Suicide precautions](#) will be implemented immediately once the need is determined.
- B. A physician's written order will be obtained within four (4) hours of implementation of [suicide precautions](#).
- C. The need for [suicide precautions](#) will be reassessed daily for continued need by a physician. Specific therapeutic needs and interventions will be addressed in the progress notes.
- D. A physician's order is required for the discontinuation of [suicide precautions](#).
- E. [Suicide precautions](#) include:
 - 1. Modification of the patient's environment to increase safety;
 - 2. Continuous observation by designated clinical staff;
 - 3. Documentation of observation every 15 minutes (or more frequently as needed, with no time lapse greater than 15 minutes).
- F. 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.
- G. Interventions and observations will be documented in the appropriate location in the medical record.
- H. 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.

IV. Patient Care Guidelines

- A. Use a direct and nonjudgmental approach in discussing suicide.
- B. Inform the patient why these [precautions](#) are being taken.
- C. Make the following modifications to the patient's environment:
 - 1. When possible, assign the patient to a room near the nurses' station for closer observation;
 - 2. Remove any personal medications and return them to the family or store them in accordance with UTMB protocol;
 - 3. An electric razor for shaving (or, if necessary, a safety razor but under continual staff supervision only).
 - 4. Serve food in plastic or paper containers with plastic utensils (no knives) and sharp items should only be used only with continual staff supervision;
 - 5. Redesign or modify the room as necessary to achieve environmental safety, taking into consideration the patient's medical condition.

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6. Check the patient's room for potentially harmful items at least once every shift.
7. Inspect the patient's mouth after administering medication in tablet form to ensure it has been swallowed. Liquid concentrates are preferable. (Refer to the [Safety Checklist and Sitter Guidelines](#)).

V. 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.

VI. Related UTMB Policies and Procedures

UTMB Nursing Practice Standards:

- [Policy 3.5.6 Continuous Observation of a Patient](#)
- [Policy 7.2.108](#) Management of Patients needing Psychiatric services, treatment for alcoholism and or substance
- [Policy 7.13.10](#) ED Transfer of a Patient to a Psychiatric Hospital

[IHOP Policy 9.1.2 Management of Patient Belongings](#)

VII. References

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.

Puntil, Cheryl. "Suicide Assessment and Precautions" Mosby's Skills. Retrieved 8-17-2015.

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 on 8/17/2015.

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VIII. Dates Approved or Amended

<i>Originated: 03/28/1998</i>	
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IX. Contact Information

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