# SUICIDE ASSESSMENT PROTOCOL 1. Has anything stressful happened to you in the last few weeks? 2a. Have you ever wished you were not alive or wished you No would not wake up? **End of Assessment** (to 2a and 2b) 2b. Have you had thoughts about hurting yourself? Yes (to 2a or 2b) Consider mental health referral, 3. When was the last time you had these More than one particularly if patient presents with thoughts? month ago current psychiatric symptoms or significant stressors Within last month 4. Have you ever thought of a way to kill No Go to Management Protocol Level 1 yourself or made a plan to commit (See Reverse of Page) suicide? Yes 5a. What ways of killing yourself have you thought about? NOT Discuss Safety Plan with patient 5b. How likely is it you will follow through on your plan? **ACUTE** 5c. When you think about killing yourself, what stops you? **AGREES DOES NOT** AGREE **ACUTE** Go to Management Protocol Level 2 (See Reverse of Page) Go to Management Protocol Level 3 Adjunctive Questions (Positive response to Go to Management Protocol each question increases risk): Level 3 (See Reverse of Page) Have you ever attempted suicide or harmed yourself in any way? Has a family member or a friend Developed by Angela C. Stanley, Psy.D. ever committed suicide? Medical College of Wisconsin Do you have access to firearms or **Department of Pediatrics** Division of Adolescent Medicine other weapons?

#### AMBULATORY CLINICS

### MANAGEMENT PROTOCOL FOR PATIENTS DISCLOSING SUICIDAL IDEATION

### **LEVEL 1:** Suicidal Ideation without plan or intent

- > Inform parent/guardian of patient's disclosure
- Complete Safety Plan in conjunction with parent/guardian (see protocol/worksheet)
- ➤ If needed and available, involve social worker. If you do not have an assigned social worker, [Insert local resource, if available]
- > If patient does not currently have a mental health provider, refer for mental health treatment
- > Schedule follow up appointment within 2 weeks with mental health provider or patient's PCP

## **LEVEL 2:** Suicidal Ideation with plan but no intent

- Inform parent/guardian of patient's disclosure
- > Complete Safety Plan in conjunction with parent/guardian (see protocol/worksheet)
- If needed, involve social worker. If you do not have an assigned social worker, [Insert local resource, if available]
- > If patient does not currently have a mental health provider, refer for mental health treatment
- > Schedule follow up appointment within 1 week with mental health provider or patient's PCP

### LEVEL 3: Suicidal Ideation with plan and intent; or no intent but patient will not agree to safety plan

➤ Initiate immediate psychiatric hospitalization

### STEPS TO PSYCHIATRICALLY HOSPITALIZE A PATIENT:

- Consult with social worker if available; if you do not have an assigned social worker, [Insert local resource if available]
- Ensure environment is safe, assign a staff member to remain with patient, and [request security or other local resource if available] to be present in case of patient flight risk or aggression
- ➤ If patient is willing to be hospitalized and a supportive, responsible parent/guardian is present, parent/guardian may transport patient to inpatient facility. [Insert role here, ideally would be social worker if available] will contact facility first to check on beds/insurance and facilitate admission)
- ➤ If patient/parent is not agreeable to hospitalization or no supportive adult is present, contact [Local Sheriff's office] to initiate an emergency detention
- Follow up with inpatient psychiatric facility or ask parent/guardian to call you with an update to ensure patient was hospitalized. If patient's disposition remains unknown, consider contacting the patient's local police station and requesting a safety check to ensure patient's safety

#### **SAFETY PLAN PROTOCOL (See Worksheet):**

- > Involve patient's parent/guardian, if available, in developing the safety plan
- Assist patient in identifying a support system—who can they talk to when upset?
- Elicit patient's verbal agreement that they will disclose suicidal thoughts to identified person(s) to obtain support, and/or encourage parent to check in routinely regarding patient's emotional state
- > Give patient suicide resources and elicit agreement to use them if support person(s) not available
- > Request that parent remove patient's access to all potentially dangerous objects
- Inform patient and parent/guardian to call 911 or go to nearest emergency room if patient develops a plan or discloses that suicidal behavior is imminent, and elicit patient and parent's agreement to do this
- Document safety plan in medical record