(A) Policy Statement

Some patients admitted to UTMC with suicidal behaviors/thoughts may require more intensive observation.

(B) Purpose of Policy

Patients demonstrating suicidal behaviors/thoughts will be in a protective environment.

(C) Procedure

Suicide Risk Assessment

1. A suicide risk assessment will be completed on all admissions by the Registered Nurse (RN) by completing the Psychological History and the Suicide Risk Assessment (within the admission history) as part of the nursing admission assessment in the patient’s medical record.

2. If the patient answers ‘Yes’ to any of the screening questions, the Suicide Lethality Scale is completed within the patient’s medical record.

3. Nursing interventions will be implemented based on the Suicide Lethality Scale Score.

Suicide Precautions:

1. All staff needs to be aware of suicidal risks. Suicide precautions will be noted in the medical record. Report and document any suicidal ideation/plan to the physician immediately.

2. Patients that are deemed a low, moderate, or high risk for suicide per the Suicide Lethality Scale will be monitored by a continuous direct observation (1:1 staffing) until attending or consulting physicians deem them no longer a suicide risk. The patient and the order need to be reevaluated at no less than every 24 hours with a recommendation of a psychiatric consult.

3. Patients may be placed on suicide precautions by a physician’s written or verbal order or as a result of a clinical assessment. The RN may place a patient on suicide precautions, inform the physician of the patient’s behavior, and request that the physician write an order within 24 hours from initiation of precautions.

4. If at all possible, patients on suicide precautions will be assigned to a designated “safe” room. In the event that a designated safe room is not immediately available, the patient should be placed in a room close to nurses’ station where direct visual observation is enhanced.

5. Patients on suicide precautions will be monitored on an ongoing basis by the nursing staff. Patients and their environment will be checked for safety at least every 15 minutes. Documentation of behavior and observations will be recorded every 15 minutes on a Special Monitoring Special Precautions sheet.

6. ADL’s and toileting are to be closely monitored. Bathroom and shower doors must remain open providing uninterrupted direct observation of patients on suicide precautions.

7. Patients on suicide precautions will be restricted to activities within the unit, whenever possible.

8. A staff member will accompany each patient on suicide precautions when medical treatment requires the patient to leave the unit.

9. Patients on suicide precautions will not be eligible for leaves of absence (LOA’s).
10. If a suicide is attempted, the need for medical treatment will be assessed and procedures for treatment will be initiated. The nurse will notify the attending physician, resident, Nursing Director (ND), and House Supervisor (HS). The HS will notify the administrator on call.

11. If a patient on suicide precautions elopes from the unit, staff is to immediately initiate a Code Brown. Further notification is then to be made to the attending physician and the ND. Campus police will notify the Toledo Police Department and the HS will notify the administrator on call.

References:
Tomb, David [2008 Seventh edition, Lippincott Williams & Wilkins] Psychiatry