Nursing and Exercise Physiologist Guidelines
for Cardiovascular Rehabilitation (CR) #11

Title: **Psychosocial Assessment and Suicide Risk**

Responsibility: Cardiovascular Rehabilitation Personnel

Purpose of Guidelines: To ensure that UTMC CR staff members assess the psychosocial status of patients admitted into the UTMC Cardiovascular Rehabilitation Program and to respond to risk for suicide at program entry and exit.

Procedure:

I. Patients will be screened for suicidal ideation by a staff member during orientation appointment and upon completion of the program. The staff member will verbally administer the Columbia-Suicide Severity Rating Scale (Appendix A).

A. During the Cardiovascular Rehabilitation visit, the staff member will verbally administer the Columbia-Suicide Severity Scale and record written responses.

B. The staff member will follow the instructions on the rating scale and ask all questions. Based on patient responses, the staff member will implement the appropriate response and disposition plan linked to the last item answered "YES".

1. Item 1: (Low Risk) Cardiac Behavioral Health Referral
2. Item 2: (Low Risk) Cardiac Behavioral Health Referral
3. Item 3: (Moderate Risk) Implement patient safety monitor/procedures, complete the Outpatient Clinic Suicide Precautions Checklist in Athena (Appendix B), consult provider, psychiatry resident on-call, and/or Social Worker, and Cardiac Behavioral Health Referral
4. Item 4: (High Risk) Implement patient safety monitor/procedures, complete the Outpatient Clinic Suicide Precautions Checklist in Athena, consult provider, psychiatry resident on-call, and/or Social Worker, and Cardiac Behavioral Health Referral
5. Item 5: (High Risk) Implement patient safety monitor/procedures, complete the Outpatient Clinic Suicide Precautions Checklist in Athena, consult provider, psychiatry resident on-call, and/or Social Worker, and Cardiac Behavioral Health Referral
6. Item 6: <3 months, follow High Risk plan; >3 months, follow Moderate Risk plan

    a. If implementing patient safety monitor/procedures staff will do the following:

1) The staff member will remain with the patient for the entire visit and remove all harmful objects from the room.
2) The staff member or assisting personnel will consult with provider, psychiatry resident on-call, and/or Social Worker.
3) If the patient refuses to stay in the clinic, staff member will contact UT Security to assist.
4) The staff member, provider, psychiatry resident on-call, and/or Social Worker will complete the Outpatient Clinic Suicide Precautions Checklist in Athena.

C. Completed scales are scored and entered in the patient's Individualized Treatment Plan (ITP) in VersaCare.

D. Patients will be reassessed as needed or with change in condition during the CR Program.

E. Patients receiving a Cardiac Behavioral Health Referral may also be provided with a referral to other Mental Health Services.

II. Telehealth Considerations

A. When performing a telehealth appointment with a patient, the staff member should confirm:

1. The patient's physical location.
2. A telephone number to contact should they lose connection.
3. An emergency contact and their phone number should the staff member need to contact to assist in maintaining patient safety.

B. If a patient expresses a psychiatric emergency during a telehealth appointment:

1. The staff member is to attempt to remain on the phone with the patient.
2. The staff member is to contact 911/emergency services to request a well-check.

III. http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english

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COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version – Recent
Patient name: _____
Date: _____

Low Risk Moderate Risk High Risk

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*" ***Have you been thinking about how you might do this?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts, but I definitely will not do anything about them.*" ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior Question: ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: *Were any of these in the past 3 months?***	**Lifetime**	
	Past 3 Months	

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Outpatient Clinic Suicide Precautions Checklist

Patient Label

☐ Notified provider of identified suicide risk.

Provider Notified_____

☐ Removed all harmful, unsafe items from the room

☐ Stay with the patient and document visualization checks below every 15 minutes

Date/Time	Visualization Check (Patient remains free from harm, sitting quietly, restless, anxious, calm, etc.)	Initials

Provider Progress Note	Date/Time

☐ Depression Treatment Care Instructions provided upon discharge

Printed Name	Signature	Date/Time	Initials

CHECK