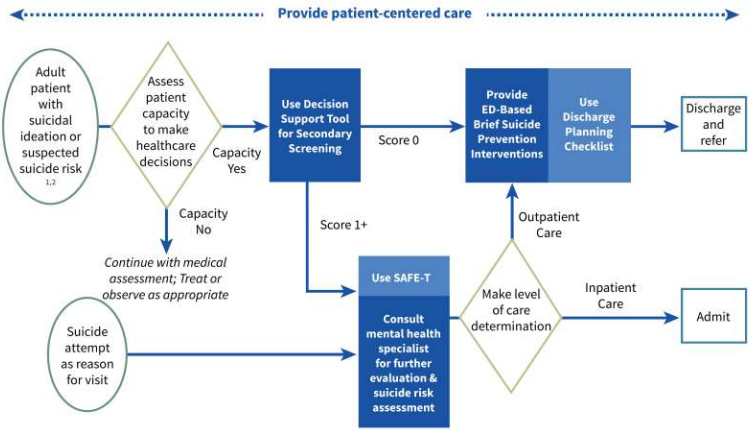
30. Suicidal & Homicidal Evaluation

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

Process for Care and Discharge of Patients with Suicide Risk from EDs



[1] Identification of individuals at risk may occur as a result of (1) patient disclosure; (2) reports by family, friends, or other collaterals; (3) individual indicators such as depression, substance use or debilitating illness; or (4) primary screening.
[2] Consult your ED's policies to determine how medical clearance applies to this diagram.

Decision Support Tool for Secondary Screening

(A "yes" response is equal to 1)

	TRANSITION QUESTION: CONFIRM SUICIDAL IDEATION Have you had recent thoughts of killing yourself? Is there other evidence of suicidal thoughts, such as reports from family or friends? **(NOTE: Not part of scoring.)**	Y	
1	**THOUGHTS OF CARRYING OUT A PLAN** Recently, have you been thinking about how you might kill yourself? **If yes, consider the immediate safety needs of the patient.**	Y	N
2	**SUICIDE INTENT** Do you have any intention of killing yourself?	Y	N
3	**PAST SUICIDE ATTEMPT** Have you ever tried to kill yourself?	Y	N
4	**SIGNIFICANT MENTAL HEALTH CONDITION** Have you had treatment for mental health problems? Do you have a mental health issue that affects your ability to do things in life?	Y	N
5	**SUBSTANCE USE DISORDER** Have you had four or more (female) or five or more (male) drinks on one occasion in the past month or have you used drugs or medication for non-medical reasons in the past month? Has drinking or drug use been a problem for you?	Y	N
6	**IRRITABILITY/AGITATION/AGGRESSION** Recently, have you been feeling very anxious or agitated? Have you been having conflicts or getting into fights? Is there direct evidence of irritability, agitation, or aggression?	Y	N

Brief Suicide Prevention Interventions

For all patients with suicidal ideation who are being discharged:

1. Provide at least one of the following brief suicide prevention interventions prior to discharge.
2. Include crisis center/hotline information with every brief intervention provided.
3. Involve significant other(s) in the intervention if present.

- **Brief Patient Education:** Discuss the condition, risk and protective factors, type of treatment and treatment options, medication instructions, home care, lethal means restriction, follow-up recommendations, and signs of a worsening condition and how to respond. Provide verbal and written information on the nearest crisis hotline.
- **Safety Planning:** Work with the patient to develop a list of coping strategies and resources that he or she can use during or before suicidal crises. Use the Safety Planning resources (paper version or mobile app) provided in the full guide.
- **Lethal Means Counselling:** Assess whether the patient has access to firearms or other lethal means (e.g., prescription medications), and discuss ways to limit access until the patient is no longer feeling suicidal. Follow the Lethal Means Counselling Recommendations for Clinicians sheet available from Means Matter.
- **Rapid Referral:** During the ED visit, schedule an outpatient mental health appointment for the patient within seven days of discharge. If no appointments are available, review additional suggestions in the full guide and/or refer the patient for a follow-up with a primary care provider.
- **Caring Contacts:** Follow up with discharged patients via postcards, letters, e-mail or text messages, or phone calls. See sample messages in the full guide. These communications can be automated.

Discharge Planning Checklist

Involve the patient in the decision-making process. Shared decision-making lowers patient stress, gives patients a sense of control, and leads to better outcomes. Patients with suicide risk report higher satisfaction when they are involved in decisions about their care.

- Patient involved in planning
- Follow-up appointment scheduled for a date within one week of discharge
- Discharge plan reviewed verbally and understood by patient
- Barriers and solutions discussed
- Crisis center phone number provided
- Access to lethal means reviewed and discussed
- Written instructions and education materials provided, **including what to do if the patient's condition worsens and when to return to the ED**
- Patient confirms his or her understanding of the patient care plan
- Relevant health information transmitted to referral providers
- Patient senses the provider's care and concern