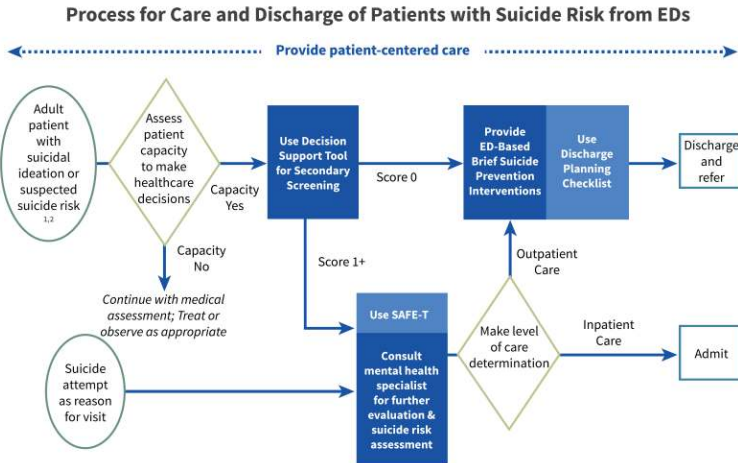


## 34. Suicidal & Homicidal Evaluation

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.



<sup>1</sup> Identification of individuals at risk may occur as a result of (1) patient disclosure; (2) reports by family, friends, or other collateral; (3) individual indicators such as depression, substance use or debilitating illness; or (4) primary screening.

<sup>2</sup> 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