APPENDIX E - TAB C

MEDICAL TREATMENT PROTOCOL FOR SUICIDAL BEHAVIOR

1. In the event of an embarked submariner presenting to his boat's IDC with suicidal ideation, gesture, and/or attempt, the following protocol is recommended for use by the IDC to assist with the management of the patient's acute situation and to assure his safety and that of the crew.

2. In recent years, sailors with suicidal ideation, gestures, and attempts have accounted for one of the largest groups that have required MEDEVAC from deployed submarines. These Sailors' conditions potentially posed a danger to themselves, their fellow crewmembers, and to the mission success of their submarines. Despite these inherent risks, close monitoring and regular communications with higher echelon medical support have helped to assure the safety and well-being of all concerned. The IDC represents the best source for information and reassurance to the crew and officers, so a working knowledge of basic psychiatry and how to perform a thorough mental status examination is imperative.

3. The mental status examination (MSE) represents a clinician's best tool for assessing psychiatric data and tracking a patient's symptoms over the course of time. This information, in conjunction with a physical examination, represents one of the vital elements of the "objective" data set for a clinician examining a psychiatric patient. Without this component of information, a full clinical assessment of the patient's situation is considered incomplete. When presented to a psychiatrist or medical officer, the MSE should paint a clear picture of the patient's current mental status at the time of the interview. The MSE is not intended as a history of present illness, but is often obtained concurrently. This information helps to differentiate and organize a patient's relevant psychiatric information for diagnostic and monitoring purposes.

4. The following protocol IS NOT offered as a substitute for prudent medical discretion on the part of the Independent Duty Corpsman (IDC). The protocol is meant to offer a recommended course of action for patients presenting with suspected signs and symptoms of suicidality, which when implemented, ensures that they receive a complete work-up and that a timely care plan is started and implemented while awaiting definitive psychiatric care at a medical treatment facility.

5. Protocol:

a. Patient presents to the IDC with suspected suicidal ideation and/or complaints of depressive symptoms.

b. History: Obtain a complete history of present illness including the following:

- Timing (onset, duration, and frequency of symptoms)
- Depressive symptoms (depressed mood, diminished/increased sleep, anhedonia, guilt, feelings of worthlessness/hopelessness, avolition, fatigue, decreased concentration, diminished/increased appetite, suicidal/ homicidal thoughts; i.e., SIGECAPS)
- Anxiety symptoms
- Psychotic symptoms (audio-visual hallucinations, ideas of reference, delusions, disorganization, catatonia)
- Associated symptoms (fevers, chills, nausea, vomiting, diarrhea, constipation, pain, etc)
- Aggravating factors
- Alleviating factors (cutting behavior–past and present)
- Setting in which symptoms occur or develop.
- Effect on the patient’s ability to perform daily tasks and work.
- Other relevant information (specifically a past psychiatric history, past medical and surgical history, social history, current medications, allergies, etc)
- Attempt to obtain additional information from witnesses or chain of command to verify or amplify patient’s statements.

c. Physical Examination: Obtain a thorough physical examination, specifically noting any signs of self-mutilation, scarring, abnormal vital signs, or other evidence of self-harm.

d. Mental Status Examination: Following the AMSIT model briefly described below, obtain a complete MSE, with daily and regular monitoring and follow-up.

A- Appearance/ Behavior/ Speech
- General description of the patient’s dress and behavior during the interview
- A description of the patient’s manner of relating to the examiner
    - Behavioral evidence of emotion
    - Repetitious activities

- Disturbance of attention (distractibility, self-absorption, etc)
- Speech volume, rate, rhythm, clarity, Spontaneity

M- Mood and Affect
- Mood: sustained emotional status (in the patient's own words: angry, sad, happy, etc)
- Affect: transient outward evidence of emotional state (range, intensity, lability, appropriateness of emotions to immediate thoughts)

S- Sensorium
- Orientation to person, place, time, situation
- Memory (recent and remote)
- Concentration
- Calculating Ability (as indicated)

I- Intellectual Functioning
- Estimate of current level of function Based on the patient's general fund of information, vocabulary, and complexity of concepts.

T- Thought
- Coherence of sentence structure and communication.
- Logic (are their thoughts plausible?)
- Goal directedness of thought (tangential Or circumstantial thoughts)
- Associations (blocking, flight of ideas, loose associations)
- Perceptions (evidence of current hallucinations, illusions, depersonalization, etc)
- Delusions (currently held)
- Content (noteworthy memories, feelings, suicidal or homicidal thoughts, past symptoms, etc)
- Judgment (making appropriate decisions)
- Insight (how the patient understands their current situation and the implications of their actions)

e. Contract for Safety: Assure a written contract for the patient's safety with an appropriate senior witness (CO, XO, etc.) to assure the patient's safety and well-being as well as the safety of the crew and the ship.

f. One-to-one Watch: If the patient expresses persisting thoughts of active suicidality (plan, expresses genuine intent, or has made an attempt), homicidal ideation, or refuses to contract for safety, immediately notify higher echelon medical authority and place the patient on a 24-hour one-to-one watch with a rotating watch section until the patient can be safely transferred to a medical treatment facility. This watch should be present for all of the patient's movements and activities (sleep, personal hygiene, meals, etc).

g. Monitoring: Given the confines and close-quarters relationships aboard a submarine, a patient who has expressed a history of suicidal ideation or has current symptoms poses a risk and a threat to the entire crew and should be immediately removed from watch-standing responsibilities and qualification expectations. Despite an effective and genuine contract for safety, the patient's chain-of-command and the IDC should be actively involved in monitoring the patient's status while the patient remains aboard pending transfer from the submarine to a medical treatment facility.

h. Medications: The patient should continue to take all previously prescribed medications as indicated, but should have these medications administered and controlled by the IDC. The patient should not have direct access to any medications (over-the-counter or prescription). No additional medications should be administered unless directed to do so by the higher echelon medical authority.

i. Notification: Seek higher echelon medical support via MEDEVAC or MEDADVICE message detailing ALL available clinical information.

j. Updates: Provide an update on the patient's medical status to the higher echelon medical authority, as needed, or sooner if directed, if the patient develops active signs of suicidality or becomes violent. Assure that the following information is included:

- Interval history
- Complete physical examination
- Vital signs

- MSE
- Current treatment plan
- Fitness for MEDEVAC
- Availability of an appropriate escort

k. Definitive Care: The patient should be evaluated by a medical officer or physician as soon as feasible. An appropriate escort should be provided until the patient is transferred to a medical treatment facility and relieved by the local cognizant medical authority taking charge of the case.

l. Sitrep: Per OPNAVINST 3100.6H Special Incident Reporting Procedures, an OPREP-3 Unit SITREP must be submitted for all cases involving suicide, suicidal attempt, suicidal gestures, and suicidal ideations.

m. Physical qualification status: Any service member that exhibits suicidality (attempt, gesture or ideation) is considered Not Physically Qualified for submarine and nuclear field duty until evaluated by a UMO and a waiver of physical standards is granted by higher authority.