Approach to suicidal patient in the emergency department

1. History
2. Physical Examination
3. Risk Assessment
4. Disposition

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| **History** | **Physical Examination** | **Risk Assessment** | **Disposition** |
| 1) Event or attempt   * Assess injury associated with attempt before assessing psychiatric component of the attempt (ex. Toxicology effects from an overdose/trauma) * Was there a trigger or stressor to cause the patient to attempt specifically on that day? * How long have they been it planning the attempt, how long did they go with the planning and organizing it? * If they did not attempt, what stopped them? * What were their thoughts and feelings during the attempt?   2) Past psychiatric or past medical history   * Medical – thyroid issues & other medical issues * Psychiatric history:   + Previous suicide attempts & method of attempt   + Bipolar and depression disorders   + Anxiety   + Psychosis   + Substance abuse   3) Family History of psych illness  \*\*\* If the patient hasn’t made a suicidal attempt but presents with features of these concurrent psychiatric illnesses (bipolar, depression, anxiety disorders, psychosis and substance abuse) suicide risk should be assessed.  ***Asking if them if they have ever attempted to harm themselves will NOT increase the risk.*** | 1) Assess injuries that may have been caused by attempt  2) Focused exam for specific medical illnesses:   * Hypothyroidism (Depression) * Delirium (psychosis) * PE/Asthma (panic attack/anxiety)   Perform the appropriate exam for symptoms.  3) Investigations: Hypothyroidism (TSH), Delirium (delirium workup), PE/Asthma (ECG, CXR, etc) | *Assessing: Will they harm themselves when released from the hospital?*  Increased risk with:   * Older age * Previous attempts * Male sex * Pre-planned and access to weapons or means to completed the plan. * Perceived lethality of plan * Lack of support system * Hopeless (writing goodbye letters and giving things away) * No regrets after attempt * No future plans or goals     *More concrete and organized the plan 🡪 more worrisome* | Injuries from attempt must be treated before psychiatric assessment and may require admission.  Low risk   * Good outside follow-up * Good support system * Must have future- oriented plan * Can consider consulting psych for opinion   High risk   * Consult psychiatry for an evaluation. * May need to use a *Form 1* to detain for max of 72 hours if fulfill these criteria:  1. Threat to themselves 2. Attempt to hurt self or others 3. Unable to care for themselves   Different jurisdictions may  have different forms. |