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| **POLICY TITLE: Care of the Inpatient with Suicidal Tendencies** | |
| **Department: Nursing, PETT, Physicians** | **Policy Number:** IDP S-03-e |
| **History of Review/Revision Dates:** 10/99, 5/02, 1/03, 07/08, 1/10 | **Effective Date:** 1/2012 |

STATEMENT OF POLICY: Suicide prevention is a National Patient Safety Goal. Upon admission, patients at risk for suicide will be identified, and interventions will be provided to decrease these risks. Suicide risk assessments will continue to be conducted on a regular basis – including change of status, change of diagnosis, and prior to discharge.

PROCEDURE

1. ASSESSMENT CONSIDERATIONS
2. Assess the patient for suicide risk factors and be aware that the following persons may be at risk for suicide:
3. Those with associative psychiatric illness (substance abuse, mood disorders), and those with borderline or antisocial personality traits related to suicide (aggression, impulsivity).
4. Those who have experienced loss, decreased social support, chronic/terminal illness (in self or significant other), termination of relationship, recent divorce, or retirement (especially elderly white males).
5. Those with genetic and familial factors (family history of depression, bipolar, suicide, alcoholism, or other substance abuse).
6. Those with verbalization of intent, preoccupation with death, overt acts (harm to self in any manner) or passive verbalization.
7. Those with a history of previous suicide attempts.
8. Interventions for individuals who are **on the premises**

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| A. | *Nursing assessment gives indicators that suicide risk may exist.* | Patients found to be at risk are immediately referred to Psychiatric Emergency Triage Team (PETT) for a thorough suicide assessment. |
|  | *1)* | PETT is accessed by calling 776-5781. For STAT requests, call the hospital operator at 776-5000. |
|  | *2)* | Enter the “Psych Liaison Consult” request in the Clinical Information System (CIS) |
|  | *3)* | Safety precautions are initiated by nursing staff, to include constant observation. |
| B. | *Behavioral Health professionals will assess and confirm suicidal intent.* | If the patient is found to be a suicide risk and unsafe in his/her present placement, the nurse/care giver will collaborate with PETT staff to determine appropriate level of care. While awaiting disposition, , the patient will be under observation until he/she is in a safe placement (Refer to Sitter Guideline, Nursing S-01-e). |
| C. | *Suicidal patients require IMMEDIATE special safety precautions* | Safety precautions for the patient determined to be suicidal: |
|  | 1) | Remove from patient’s possession all personal belongings, including clothing, which could lead to self harm, i.e. razor blades, medications, toiletries, smoking materials, other flammables, sharp objects, strings (items with hanging potential), plastic bags. |
|  | 2) | Remove all objects from the patient’s room which could lead to self harm, i.e. chemicals which could poison such as alcohol hand gel and cleaning solutions, any hard or sharp items which could cut or scratch, any cords, tubing or plastic **NOT** necessary for the patient’s current medical needs. PETT staff may be consulted when there are questions. |
|  | 3) | Record all information related to suicidal behavior in CIS “Notes”. Document ongoing observations and safety checks on serial monitoring. |

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| D. | *If a patient cannot be transferred to a behavioral health facility right away, the medical unit must take immediate steps to keep patient safe.* | If the patient must stay on a medical unit, even though considered suicidal: |
|  | 1) | All of the safety precautions in Item C (above) must be followed. |
|  | 2) | 1. If the suicidal patient is neither intoxicated nor under the influence nor incapacitated by alcohol or drugs, PETT staff or a physician completes a 72-hour (M-1) Hold, and sitters will be arranged for 24 hours/day. 2. If the suicidal patient is intoxicated or under the influence or incapacitated by alcohol or drugs, PETT staff or a physician completes an Emergency Commitment (E.C.) The E.C. allows the patient to be detained for treatment until the grounds for commitment no longer exist and for a period of not more than 5 days. A patient on an E.C. who is deemed to be a danger to self or others will have a sitter 24 hours/day. 3. A patient under the influence of drugs or ETOH cannot be placed on an M-1 Hold. After the substance levels have decreased and the patient has been reassessed and determined to no longer meet criteria for an E.C., the E.C. can be discontinued. If - based upon the reassessment – the patient is still deemed to be an imminent Danger to Self or Others or Gravely Disabled, the patient may be then placed on an M-1 Hold. 4. Patients on an M-1 Hold or an E.C. will be reassessed by PETT staff to ensure that grounds for the Hold still exist at the following intervals: a minimum of 24 hours, change of status; change of diagnosis; and prior to discharge. |
|  | 3) | PETT staff provides information such as a crisis hotline to individuals at risk for suicide (and to family members if appropriate). PETT documents what resources were given in CIS“Notes”. |
|  | 4) | Place patient in private room if possible. |
|  | 5) | Refer to Sitter Guideline, Nursing S-01-e. Sitters should notify the nursing staff before they need to leave the room or leave the patient’s presenceto ensure that patient is never left unattended. |
|  | 6)  (Combine # 6 and #7) | Family/friends/significant others may visit with the patient as the nurse deems appropriate but are not to be used as a substitute for a sitter. Visitors must be willing to have their personal belongings inspected prior to visiting with patients. Visitors must be told and must also verbalize the understanding that they may not give the patient ***anything*** before checking with the nurse. |
|  | 7) | Sitter is to accompany suicidal patient if patient needs to leave the unit for test, etc. |
|  | 8) | Nurse is to communicate to other departments involved in care that patient is at risk for suicide and if the patient is on any kind of Hold. |
| E. | *Attending physician determines if patient is medically stable and ready for transfer to a behavioral health facility.* |  |
|  | 1) | Medical unit staff reports to PETT as soon as patient is stable. |
|  | 2) | PETT staff determines disposition, based upon admission criteria of the behavioral health facility and bed availability. |
|  | 3 | The nurse/care giver and PETT will provide the necessary clinical information for the patient’s transfer/re-admission to a behavioral health facility. |
|  | 4) | Transfer to a behavioral health facility must be jointly determined by the attending physician and the receiving psychiatrist at the behavioral health facility, |
|  | 5) | Upon acceptance by the psychiatrist at the behavioral health facility, PETT staff will facilitate transfer paperwork and transportation. |
|  | 6) | The patient being transferred to a psychiatric facility will be transported in a hospital gown. All clothing and personal belongings will continue to be kept separate from the patient during the transport process and provided to staff at the receiving facility upon the patient’s arrival. |

1. REFERENCES:

Suicide Risk Assessment: Practical Strategies and Tools for Joint Commission Compliance, Lauren R. Ball, MSW, LCW, BCD. HCPro Inc., Feb. 2007.

Suicide in the Medical Setting, Elizabeth D. Ballard, et al. Joint Commission Journal of Quality and Patient Safety, August 2008.

Inpatient Suicide: Preventing a Common Sentinel Event, Carl L. Tishler, Ph.D., Natalie Staats Reiss, Ph.D., General Hospital Psychiatry, March-April, 2009.

Assessing Patients for Suicide Risk, Sharon M. Valente, Ph.D., PMHCNS, FAAN, Nursing, May 2010.

**POLICY VIOLATION**

Any Centura associate who fails to abide by this policy may be subject to disciplinary action, including termination.

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| **Approval Body:** Interdisciplinary Practice Committee | **Signature/Date: Katherine D McCord, RN 1/11/12** |
| **Secondary Approval Body:** | **Signature/Date: Jeff Oram Smith, MD 1/12/12** |

Last review facilitated by Charlene Coffin, PETT