

Assess Suicide in <u>Safety/Risk/Regulatory</u> OR as an intervention <u>BH: Suicide/Homicide Screen</u>

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Process Interventions				×		
Current Date/Time PT				Ø√ of 33		
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<u>N</u> ow <u>I</u> nterv <u>I</u> nterv's <u>F</u>	<u>H</u> istory	Connection: TXF				
Patient N000013540 PATIENT, BEHAVIORAL Facility: Methodist Specialty/Transpland						
Resuscitation Status Pt: Patient, Behavioral						
Attend Dr ABDOLU Abdul,Olumuyiwa	A MD					
Start Date 11/25/19 at 1618 End Date 1	1/25/19	at 1618 Med Edit	l	Init# N00001288		
Include A,D,H AS,CP,MO,OE,PS 1:99 2L A	ALL INT	Acuity				
Interventions	5	Sts Directions	OD Doc	Src D C/N KI Prt		
-Quick Start +		A	26m	AS		
-Safety/Risk/Regulatory +			411	CP CP		
-1st Point of Contact MRSA/TB/n.5P) +	A		CP CP		
-Pain Assessment +		A		CP CP		
-Restraints Documentation +						
		Suicide can be done t	nrough			
	-	isk/Regulatory OR ide/Homicide Screen				
-COWS Assessment +	BH: Suid	ciae/Homiciae Screen				
-Sleep/Rest Monitor +		н				
-BH: Initial Nurse Assessment (INA		A .On Admission		CP		
-BH: Psychosocial Assessment (PSA)) +	A		CP		
-BH: RN Reassessment +		A		СР		
-BH: Psychosocial Assessment Updat	P	A		СР		
-BH: Suicide/Homicide Screen +				CP		
-BH: Detailed Risk Assessment +		C				
BH: Detailed Risk Assessment +		Ê		PS		

Suicidal thoughts: Suicidal thoughts: Current Address all 3 timeframes with patient and person to ensure accuracy. Ask: Current Address all 3 timeframes with patient and person to ensure accuracy. Ask: Current Address all 3 timeframes with patient and person to ensure accuracy. Ask: Current Address all 3 timeframes with patient and person to ensure accuracy. Ask: Currently Hone currently Have you had any thoughts of suicide in -Have you had any suicidal thoughts in you *BH must document a response to each of th Suicidal thoughts:> Describe current suicidal thoughts/plans/means/intent: Describe suicidal thoughts/plans/means/intent over past 6 months: Describe suicidal thoughts/plans/means/intent over lifetime:	recently? the last 6 wonths? pur lifetime? ne three questions. Suicide Assessment - BH 11/25	d or to not wake up In the p	
	,	Wish to be dead Wish to be d Non-specific actives	ad or to not wake up in the past wonth: or to not wake up in the past 6 wonths: * ead or to not wake up in your lifetime: * ve suicidal thoughts in the past 6 wonths: * ive suicidal thoughts in your lifetime: * (Mext Page)



Page 3 will calculate a risk level. If the risk level is Moderate or High, then answer the last question to document a detailed risk assessment now.

Suicide Assessment - BH 11/25 1623 N000013540 PATIENT,BEHAVIORAL	×				
🔣 Calculated suicide risk level:					
Low Risk: BH referral at discharge, assess need for safety					
precautions.					
Moderate Risk: BH consult (psych nurse/social worker), implement					
safety precautions and consider 15 minute safety checks. High Risk: Immediate physician notification, implement safety					
precautions and place on 1:1 Monitoring.					
Active suicidal ideation with plan and intent in the past month:> \overline{Yes} *					
Active suicidal ideation with plan and intent in the past 6 months: Yes					
Active suicidal ideation with plan and intent in your lifetime: Yes					
Attempted, plan to attempt, or prepared to end life in your lifetime:>\yes*					
Attempted, plan to attempt, or prepared to end life in the past 3 months: yes*					
Calculated suicide risk level¦>High risk					
Decument detailed nick accessore neuly					
Document detailed risk assessment now¦→					
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BH: Detailed Risk Assessment Inervention is several pages of the same format as below.

Suicide Assessment - BH 11/25 1623 N000013540 PATIENT,BEHAVIORAL	×
Suicidal and self-injurious behavior in past 3 months: For free text1 1 Aborted attempt 2 Actual suicidal attempt 3 Interrupted attempt 4 Self-harm w/out lethality 5 Self-interrupted attempt	
<u>Suicidal and self-injurious be</u> havior in past 3 months: Suicidal and self-injurious behavior in past 3 months details:	
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