AAH Suicide Screening Decision Support Tool FINAL VERSION – Revised September 2020		
Screening	**IMMEDIATE GOAL**	**POSSIBLE RESOURCES & INTERVENTIONS FOR CARE TEAM*** **More than one intervention/resource may be used for patients* ***Consider the following support for decision-making:***

High Risk
 	
Defined as: Suicidal Ideation with intent or intent with plan in the past month and/or suicidal behavior within the past three months
	Implement safety measures per policy.
	
	Immediate notification to provider to assess and determine ultimate disposition.
		EMERGENCY DEPT RESOURCES:
		- Complete ED BH Nursing Assessment
		- Enter Inpatient Consult to Behavioral Health Intake (ED Only) order to BH Intake Counselor (WI) or Psych Liaison Consultant (IL)
		- Utilize BH Intake Counselor (WI) or Psych Liaison Consultant (IL) services onsite or tele-intake.
		- Contact Local Crisis Team & Law enforcement per state statues (enter phone numbers) for evaluation of involuntary detention or diversion service (crisis group home, community safety plan)
		- Complete assessment called Columbia Suicide Severity Rating Scale – Lifetime (recent) , if available
		- Collaborative completion of Stanley Brown Patient Safety Plan by care team
		  ○ Help the individual to identify his/her personal support system.
		- Determine next level of care and provide warm handoff
		
		INPATIENT MEDICAL FLOORS RESOURCES:
		- Initiate Care Plan for Depressive Symptoms/Suicide (aka Depression)
		- Complete RN Mental Status Assessment
		- Enter Psychiatrist/Psych Specialist Consult
		  ○ Inpatient consult to Neuropsychology (aka psychologist)
		  ○ Inpatient consult to Psychiatry
		  ○ Inpatient consult to Psychologist
		  ○ Inpatient consult to Psychiatry (aka intake)
		- Contact Local Crisis Team for evaluation of involuntary detention or diversion service (crisis group home, safety plan), ff needed
		- Enter consult to Case Manager/Social Work
		- Consider transfer to Behavioral Health specific unit.
		- Complete assessment called Columbia Suicide Severity Rating Scale – Lifetime (recent) , if available
		- Collaborative completion of Stanley Brown Patient Safety Plan by care team
		  ○ Help the individual to identify his/her personal support system.

Moderate Risk
 	
Defined as: Suicidal ideation including method but without plan or intent within the past month.
	Implement safety measures per policy.
	
	Immediate notification to provider to assess and determine ultimate disposition.
		EMERGENCY DEPT RESOURCES:
		- Complete ED BH Nursing Assessment
		- Enter Inpatient Consult to Behavioral Health Intake (ED Only) order to BH Intake Counselor (WI) or Psych Liaison Consultant (IL)
		- Utilize BH Intake Counselor (WI) or Psych Liaison Consultant (IL) services onsite or tele-intake.
		- Contact Local Crisis Team & Law enforcement per state statues (enter phone numbers) for evaluation of involuntary detention or diversion service (crisis group home, community safety plan)
		- Complete assessment called Columbia Suicide Severity Rating Scale – Lifetime (recent) , if available
		- Collaborative completion of Stanley Brown Patient Safety Plan by care team
		  ○ Help the individual to identify his/her personal support system.
		- Determine next level of care and provide warm handoff
		
		INPATIENT MEDICAL FLOORS RESOURCES:
		- Initiate Care Plan for Depressive Symptoms/Suicide (aka Depression)
		- Complete RN Mental Status Assessment
		- Enter Psychiatrist/Psych Specialist Consult
		  ○ Inpatient consult to Neuropsychology (aka psychologist)
		  ○ Inpatient consult to Psychiatry
		  ○ Inpatient consult to Psychologist
		  ○ Inpatient consult to Psychiatry (aka intake)
		- Contact Local Crisis Team for evaluation of involuntary detention or diversion service (crisis group home, safety plan), ff needed
		- Enter consult to Case Manager/Social Work
		- Consider transfer to Behavioral Health specific unit.
		- Complete assessment called Columbia Suicide Severity Rating Scale – Lifetime (recent) , if available
		- Collaborative completion of Stanley Brown Patient Safety Plan by care team
		- Help the individual to identify his/her personal support system.

History Only
 	
Defined as: No suicidal ideation within the past month and suicidal behavior more than three months ago.
	Notify provider to assess and determine ultimate disposition.
	
	Provide education on community resources and facilitate follow up based on needs identified by provider.
		EMERGENCY DEPT RESOURCES:
		- Complete ED BH Nursing Assessment
		- Enter Inpatient Consult to Behavioral Health Intake (ED Only) order to BH Intake Counselor (WI) or Psych Liaison Consultant (IL) to determine plan of care.
		- Contact Behavioral Health Call Center: 414-454-6777 (WI) or XXX-XXX-XXXX (IL) for questions, or assistance in next step decision making.
		- Collaborative completion of the Stanley Brown Patient Safety Plan by care team
		  o Help the individual to identify his/her personal support system.
		- Provide individual with education, community resources and facilitate follow-up appointment.
		  o Krames OnDemand
		  o Select Suicide Prevention folder or search Krames On Demand for "suicide." Select the following documents:
		  ▪ Coping with Crisis xpe187 fywb (EN)
		  ▪ Crisis Resources x47554 fywb (EN)
		  ▪ Facts About Depression X12396 fywb (EN, SP, HMN)
		- Document discharge instructions and relevant discharge information in the treatment record.
		
		INPATIENT MEDICAL FLOORS RESOURCES:
		- Initiate Care Plan for Depressive Symptoms/Suicide (aka Depression)
		- Complete RN Mental Status Assessment
		- Enter Psychiatrist/Psych Specialist Consult
		  o Inpatient consult to Neuropsychology (aka psychologist)
		  o Inpatient consult to Psychiatry
		  o Inpatient consult to Psychologist
		  o Inpatient consult to Psychiatry (aka intake)
		- Contact Local Crisis Team for evaluation of involuntary detention or diversion service (crisis group home, safety plan), ff needed
		- Enter consult to Case Manager/Social Work
		- Consider transfer to Behavioral Health specific unit.
		- Complete assessment called Columbia Suicide Severity Rating Scale – Lifetime (recent) , if available
		- Collaborative completion of Stanley Brown Patient Safety Plan by care team
		  o Help the individual to identify his/her personal support system.
		- Consider scheduling follow-up appt. with:
		  o Behavioral Health **and/or**
		  o Primary Care Physician
		- Provider may inquire if patient would like any educational resources:
		  o Krames OnDemand
		  o Select Suicide Prevention folder or search Krames On Demand for "suicide." Select the following documents:
		  ▪ Coping with Crisis xpe187 fywb (EN)
		  ▪ Crisis Resources x47554 fywb (EN)
		  ▪ Facts About Depression X12396 fywb (EN, SP, HMN)

Low Risk
 	
Defined as: Wish to die with no method, plan, intent or behavior; suicidal ideation without method, plan intent or behavior; no reported history of behavior.
	Collaborate with provider to determine if further assessment is needed.
	
	Provide education on community resources and facilitate follow up based on needs identified by provider.
		HOSPITAL- WIDE RESOURCES:
		– Collaborative completion of Stanley Brown Patient Safety Plan
		  o Help the individual to identify his/her personal support system.
		– Consult with local BH Intake (WI) or Psych Liaison Consultant (IL), tele-intake, or Behavioral Health Call Center, if more guidance needed
		– Provider may inquire if patient would like any educational resources:
		  o Krames OnDemand
		  o Select Suicide Prevention folder or search Krames On Demand for "suicide." Select the following documents:
		  ▪ Coping with Crisis xpe187 fywb (EN)
		  ▪ Crisis Resources x47554 fywb (EN)
		  ▪ Facts About Depression X12396 fywb (EN, SP, HMN)
		– Document discharge instructions and relevant discharge information in the treatment record.
		– Consider at discharge:
		  o Referral to Behavioral Health **and/or**
		  o Follow up appt with Primary Care Physician