MILITARY SETTINGS (U.S. FORT CARSON)

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screening Version with Triage Patients—3-step form

II. EACH Response Protocol to C-SSRS Screening

Suicide Ideation Level — **MANAGEMENT PROTOCOL**

LEVEL	SEVERITY	
0	Low risk	ROUTINE Behavioral Health Referral at physician discretion
1 & 2	Mild	ROUTINE Behavioral Health Referral at discharge
3	Moderate	Review by Care Team- Consider safety precautions and telephone consult with Behavioral Health
4 & 5	Serious	EMERGENT ACTION NECESSARY: Behavioral Health Consultation and Patient Safety Monitor/ Procedures

Suicide Behavior History — **MANAGEMENT PROTOCOL**

1 week ago and less	ACUTE: Behavioral Health Consultation and Patient Safety precautions
Between 1 week and 3 months ago	CONCERN: Care Team Review, safety precautions and telephone consultation with Behavioral Health
Over 3 months ago	DISCRETIONARY: Consider Behavioral Health Referral at discharge

III. REFERENCE ONLY: SUICIDE IDEATION DEFINITIONS AND PROMPTS

Note: Wording may be adjusted for children and young adolescents

1	**Ideation I** **Wish to be Dead:**	***Have you wished you were dead or wished you could go to sleep and not wake up?*** Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up?
2	**Ideation II** **Suicidal Thoughts:**	***Have you had any actual thoughts of killing yourself?*** General non-specific thoughts of wanting to end one's life/commit suicide, "*I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.*"
3	**Suicidal Thoughts with Method** *(without Specific Plan or Intent to Act):*	***Have you been thinking about how you might kill yourself?*** Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"
4	**Suicidal Intent I** *(without Specific Plan):*	***Have you had these thoughts and had some intention of acting on them?*** Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them.*"
5	**Suicide Intent II** *(with Specific Plan)*	***Have you started to work out or worked out the details of how to kill yourself?*** Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

Ft. Carson policy specifies that an ideation severity of:

- 4 or 5 results in **EMERGENT ACTION**,
- 3 results in a review by the care team
- 1 or 2 results in a routine behavioral heath referral.

Presence of any suicidal behavior:

- within the past week results in **EMERGENT ACTION**,
- within the past 3 months results in a review by the care team
- over 3 months ago results in a routine behavioral health referral.

Ft Carson's Rules for Determining Level of Suicide Risk

	Recent Suicidal Ideation	Past Suicidal Ideation	Recent Suicidal Behavior	Past Suicidal Behavior
Very Low Risk	0	0	0	0
Low Risk	1-2	1-3	0	0
Moderate Risk	3	4-5	0	Y
High Risk	4-5	4-5	0	Y
Very High Risk	4-5	4-5	Y	Y