Suicide Risk Screen

Patient being seen as a result of suicidal attempt?	❑ Yes ❑ No If YES, this patient is HIGH risk, initiate *At Risk Interventions*
Is patient non-communicative and unengaged?	❑ Yes ❑ No Comments:
Is the patient having command hallucinations?	❑ Yes ❑ No Comments:
Patient's clinical condition does not allow for assessment	❑ Yes ❑ No Comments:
If Yes to any question above - Initiate *At Risk Interventions* / If No to questions above continue screening	
STATE:	"Your emotional health is as important to us as your physical health. Therefore, we want to ask you a few questions to determine if we can help you with your emotional needs."
Have you been feeling sad or depressed lately?	❑ Yes ❑ No Comments:
Have you been feeling helpless or hopeless?	❑ Yes ❑ No Comments: If no to both questions STOP NOW
If Yes to any question below - Initiate *At Risk Interventions*	
Have you had any recent thoughts of hurting yourself?	❑ Yes ❑ No Comments:
Have you thought about how you would do it?	❑ Yes ❑ No Comments:
If you have thought of a plan, what is it?	Comment:
Have you had any previous suicide attempts?	❑ Yes ❑ No Comments: If yes, how long ago?
What would prevent you from carrying out your suicide plan?	❑ Support System ❑ Lack Of Access To Means ❑ Sense Of Responsibility To Family ❑ Religious Beliefs ❑ Pregnancy ❑ Treatment Availability ❑ Responsibility For Children Under 18 Yrs Of Age ❑ Other: (Describe)
What would contribute to you completing your suicide plan?	❑ Limited or no social support ❑ Access to means ❑ Chronic Illness/Pain ❑ Drug or Alcohol addiction ❑ Loneliness/Loss of loved one ❑ Recent significant life changing event ❑ Job loss ❑ Divorce ❑ Custody Problems ❑ Legal Problems ❑ Financial Problems ❑ Loss of home/living arrangements ❑ Other: (Describe)
At Risk Interventions	
❑ ED	Initiate Safety Checklist Immediately Report results of screen to MD and Charge Nurse Initiate Suicidal/Risk for Harm Observation Record
❑ Inpatient	Report results of screen to MD and Charge Nurse Initiate Plan of Care Addendum - Suicide

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Signature Date Time

COVENANT HEALTH SYSTEM
Lubbock, Texas

SCREEN FOR SUICIDE RISK

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