



# Suicide Risk Screening Tool

## Ask Suicide-Screening Questions

Ask the patient: Abigail Bussey

- 1. In the past few weeks, have you wished you were dead?  Yes  No
- 2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
- 3. In the past week, have you been having thoughts about killing yourself?  Yes  No
- 4. Have you ever tried to kill yourself?  Yes  No

If yes, how? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 When? \_\_\_\_\_  
 \_\_\_\_\_

If the patient answers Yes to any of the above, ask the following acuity question:

- 5. Are you having thoughts of killing yourself right now?  Yes  No

If yes, please describe: \_\_\_\_\_

### Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (\*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
  - "Yes" to question #5 = acute positive screen (imminent risk identified)
    - Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - "No" to question #5 = non-acute positive screen (potential risk identified)
    - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

### Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741



## Reflection Assignment

Abigail Bussey

Noticing	Interpreting	Responding	Reflecting
<p>What did you notice during your mental status examination of the client? Were there any assessments that were abnormal or that stood out to you? Her speech was normal and she seemed a little agitated. She was biting her nails and unable to sit still. She is thin a clean she is alert and spoke clearly.</p>	<p>If something stood out to you or it was abnormal, explain it's potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so - briefly explain. She was biting her nails off and that could cause bleeding. I havent had any similar situations.</p>	<p>What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse? What therapeutic communication techniques did you utilize? I sat and allowed her to talk, that's all she wanted. She's been here for a day and said that she just wants to talk to someone. She said she doesn't have anyone at home to talk to when she feels sad. As a nurse I could check on her and see if she needs a listening ear. I could be an advocate for this client</p>	<p>What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction. I learned that looks may be deceiving and that even though someone looks happy on the outside they could really be sad and dealing with a lot on the inside. I will never judge someone base on their mental state. I listened to her problems and allowed her to express her feelings. I look at mental differently I have an open mind now and I want to learn more</p>

Abigail Bussey

Noticing	Interpreting	Responding	Reflecting
<p>Why did you choose this additional assessment? What did you notice during your additional assessment of the client? Were there any assessments that were abnormal or that stood out to you? I chose this assessment because this client was admitted for suicide risk and I wanted to know if she was still having thoughts about it. I noticed that she was anxious and she seems really sad. She was really friendly and her mood seemed stable.</p>	<p>If something stood out to you or it was abnormal, explain its potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so - briefly explain. The one thing that stood out the most was her biting her nails like she was nervous or anxious. I haven't had any similar situations like this.</p>	<p>What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse? I felt like I didn't really know what questions to ask her to keep the interview going. I need to know what happened with her so that I could help her find ways to cope with her stressors so that she doesn't revert to self harming.</p>	<p>What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction. I learned that clients are really good at hiding their true feelings and covering up what they are really feeling. I showed her that I cared by giving her my full attention and being a listening ear.</p>