

## **SUICIDE RISK EVALUATION**

### **WHAT TO DO**

If a resident makes a statement concerning suicidal ideation or displays behavior reflecting self harm of a suicidal nature.

### **ASSESS RISK**

Do they have a previous suicide attempt?

Do they have a family history of suicide?

Are their repeated suicidal ideations?

Is the resident male?

Are they white?

Is the resident less cognitively impaired than most residents?

Has their physical health worsened recently?

Do increased social stressors now exist?

Have they suffered an onset of or worsened disability?

Is there a friend or family member overly sympathetic to their suicidal wishes?

### **ASSESS OPPORTUNITY**

Are they ambulatory?

Can they readily leave the facility?

Is a method of suicide available (overdose, hanging, fall down stairs, cutting wrists, suffocation)?

Have you reduced available methods (remove cords, shoestrings and belts, plastic utensils, plastic bags, pill hoarding)?

Is their cognition intact enough to formulate a plan?

### **INFORMATION TO CONVEY TO THE PHYSICIAN**

When did the suicidal ideation begin?

What were the circumstances at the time it began?

What did they actually say or do?

How long did the suicidal talk or behavior last?

Are they angry or frustrated about something?

Have they made such claims before in the facility?

### **INTERVENTIONS**

Place the resident on 1:1 care for one hour, then reassess

Monitor every 15 minutes for one hour after the 1:1 is discontinued, then reassess

Re-explore whether any new statements have been made or behaviors noted, involving suicide

Document all statements, assessments, behaviors and interventions regarding self-harm

If symptoms persist, and risks are numerous, discuss with the primary provider the feasibility of having the resident evaluated for hospital admission

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### **WHAT TO DO WITH THE INFORMATION**

Thoroughly document all information concerning the episode of suicidal ideation or behavior.

Call the physician with this information:

An evaluation can be made on the telephone by a physician

A psychiatrist should be called if one is caring for the resident

If UNMC Geriatric Psychiatry is managing the resident

call 552-6007 M-F between 8 AM and 4:30 PM

call 559-4000 M-F after 4:30 PM and before 8 AM and ask for the Psychiatry Resident on call

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