Suicide Risk Evaluation Sheet for Long-Term Care

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

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