

Using the “Is Your Patient Suicidal?” Poster and Triage Guide

The “[Is Your Patient Suicidal?](#)” poster is designed to raise awareness that a large portion of ED patients are suicidal, regardless of their chief complaint. It features the most common and noticeable warning signs of acute risk for suicide and simple questions clinical staff can ask to uncover suicide risk when warning signs are noticed or suspected.

The poster is not for display in patient areas. Display the poster in staff-only areas such as charting areas, break rooms, or even restrooms.

The [accompanying guide](#) for evaluation and triage offers all the information on the poster—it can stand alone—and includes more tips for gathering a history, making triage decisions, documenting care, discharge planning, and managing elopement of suicidal patients.

Both products are in the public domain and can be copied or reproduced without permission. Every clinical staff member should have his or her own copy of the evaluation and triage guide. Its 8.5” x 11” format makes it suitable for keeping close at hand on a clipboard or in a three-hole binder, or tacking it up in the work area.

The poster and triage guide should be introduced to staff at a regular meeting or as part of an in-service training. Such a training could also cover the Joint Commission’s National Patient Safety Goal requiring that hospitals identify patients at risk for suicide.¹

These important points will promote the effective use of the poster and guide:

- ED clinicians have an important role in preventing suicide and how you respond to suicidal patients can make real differences in their long-term health.
- A large number of individuals who die by suicide have been previously seen in an ED. One in ten suicides (3,200/year) are by people seen in an ED within 2 months prior to dying. Many presented with chief complaints not directly related to their suicidality and were never assessed for suicide risk.
- Look for evidence of risk in *all* patients. Most suicidal people will display warning signs that can be picked up by alert clinicians, as well as family members and friends.

¹ National Patient Safety Goal Implementation Expectations for Requirement 15A:

The risk assessment includes identification of specific factors and features that may increase or decrease risk for suicide.

The patient’s immediate safety needs and most appropriate setting for treatment are addressed.

The organization provides information such as a crisis hotline to individuals and their family members for crisis situations.

- Detecting suicidal risk is easy; it requires only that a caring clinician ask a few questions, such as the examples on the poster.
- Asking about suicide does not increase risk for the patient; it does not cause patients to have thoughts they have not already had. The opportunity to discuss suicidal thoughts is usually cathartic for a suicidal individual.
- There are no screening tools that can accurately predict future suicide attempts or completions, though they can be useful in detecting suicide risk. If screening tools are used, they must be followed up with clinical interview questions.

When patients are identified as being suicidal, remember:

- Collecting information from collateral sources is essential, especially for at-risk adolescents. These may include: first responders (police, EMS), parents, friends attending the patient, and other clinicians (primary care or mental health).
- The ED is a key site of care delivery for adolescents at heightened risk for suicide. For many adolescents with serious mental illness, the ED is their first point of contact with the health care system. Improper or insensitive treatment in an ED at this vulnerable time may not only elevate their suicide risk, but also may delay or deter them from obtaining further diagnosis or treatment.
- Developing relationships with community mental health resources is key to ensuring continuity of care after discharge from the ED. In small or rural EDs, having access to 24-hour consultation (perhaps through a mobile crisis team or a telemedicine arrangement), will help ensure patients have access to mental health professionals who are skilled in assessing and managing suicide risk.
- Caring for suicidal patients, whether or not they present with self-inflicted injuries, evokes strong emotional and behavioral reactions in clinicians—even among seasoned mental health professionals. The clinician's responsibility is to manage those reactions in a way that does not interfere with the quality of care for the suicidal patient.

The National Suicide Prevention Lifeline (1-800-273-TALK) is a network of independent, certified telephone crisis services located across the United States linked by one or more national, toll-free numbers. Persons in emotional distress or suicidal crisis can access the Lifeline network 24/7 from any location. The services are free and confidential. Funding to link the crisis centers into the national network is provided by the Substance Abuse and Mental Health Services Administration (SAMHSA); the crisis centers themselves are independently funded.

The poster and resource guide were funded by SAMHSA, the Substance Abuse and Mental Health Services Administration. Additional suicide prevention information can be found at the Suicide Prevention Resource Center: www.sprc.org.