

# Office Protocol Development Guide for Suicidal Patients

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The purpose of an Office Protocol for Suicidal Patients is to anticipate and have an appropriate plan in place before a suicidal patient is identified. This “crisis plan” for the office allows providers and office staff to be more prepared when needing to arrange a safe environment for a patient who is assessed to be at high risk for suicide. Initial assessment of a potentially suicidal patient can be conducted by a member of the office staff or by an external consultant. Having a posted office protocol will simplify the process of further assessing and potentially hospitalizing a high risk patient.

Some important questions to answer in developing your office protocol are:

- 1. Who will conduct the initial assessment of a potentially suicidal patient (e.g., physician, nurse, mobile crisis team, in-house mental health professional)?**
- 2. Who may be called/paged to provide consultation or assist with assessing a potentially suicidal patient (e.g., psychiatrist, mental health professional, telemental health consultation)?**
- 3. Where will all necessary forms for hospitalizing suicidal patients be kept (it is assumed that the patient’s physician will fill out all necessary paperwork for hospitalization.)**
- 4. What emergency department is nearest to your clinic/facility? How do they handle potentially suicidal patients?**
- 5. Who will call the ambulance, family member, police, mobile crisis team, or other means of transportation to the emergency department?**
- 6. Who will call the emergency department to alert them that the patient is coming via ambulance or other means? What written information can be sent with the patient to give to ED clinicians? It is important that the ED clinicians have access to the information that led the provider to believe the patient may be high risk. Too often, by the time the patient arrives at the ED, they deny everything they said or did that caused concern.**
- 7. Who will sit with the patient who is waiting for transport to the emergency department when necessary?**
- 8. How will the office initiate follow up contact on a suicidal patient after discharge or in the event that the patient is not hospitalized? Who will initiate the follow-up?**
- 9. What procedures will be used to flag the charts of patients at risk of suicide (e.g., a system similar to denoting medication allergies or diabetes)?**
- 10. How soon should a patient be seen back in your clinic after being evaluated by the emergency department and/or hospitalized. How frequently should they be seen? For what duration should more intensive contact with the primary care provider occur?**

The office protocol is an essential component of a comprehensive office strategy for suicide prevention, and may be developed during staff meetings. Once the protocol is developed, it may be useful for the office to implement a “dry run” with a mock patient in order to ensure that the protocol can be followed seamlessly. Suicide prevention trainings, including warning signs to look for, inquiring about suicidal ideation, and how to respond to suicidal individuals, can be provided to all office staff as an in-service. See

the Prevention module of the Primer section of this Toolkit for detailed information about effective suicide prevention strategies for primary care offices. Though these strategies require an investment of time and money, they may save lives.

Consider involving the office staff in suicide prevention efforts. Staff members are frequently in positions to observe changes in behavior or hear patients express suicidal ideation that the patient may be reluctant to share with the provider. Office staff can play a crucial role by detecting concerning behaviors and alerting the patient's provider.

Locate specific information about your state's involuntary treatment laws and post this in the office along with contact information and appropriate expectations for mental health professionals who are responsible for making these determinations in your area.

Make sure you have information in the office about the National Suicide Prevention Lifeline, 1-800-273-TALK (8255). The Lifeline offers free materials, including posters and cards with the Lifeline number.

# Protocol for Suicidal Patients - Office Template

**Post in a visible or accessible place for key office staff.**

## *If a patient presents with suicidal ideation or suicidal ideation is suspected and detected with screening questions ...*

- ✓ \_\_\_\_\_ should be called/paged to assist with suicide risk assessment (e.g., physician, mental health professional, telemedicine consult etc.).
- ✓ Identify and call emergency support person in the community (e.g., family member, pastor, mental health provider, other support person).

## *If a patient requires hospitalization ...*

- ✓ Our nearest Emergency Department or psychiatric emergency center is \_\_\_\_\_  
\_\_\_\_\_. Phone # \_\_\_\_\_.
  - ✓ \_\_\_\_\_ will call \_\_\_\_\_ to arrange transport.  
(Name of individual or job title) (Means of transport [ambulance, police, etc] and phone #)
- Backup transportation plan: Call \_\_\_\_\_.
- ✓ \_\_\_\_\_ will wait with patient for transport.

## *Documentation and Follow-up ...*

- \_\_\_\_\_ will call ED to provide patient information.
- ✓ \_\_\_\_\_ will document incident in \_\_\_\_\_.  
(Name of individual or job title) (e.g. medical chart, suicide tracking chart, etc.)
- ✓ Necessary forms/ chart-flagging materials are located \_\_\_\_\_.
- ✓ \_\_\_\_\_ will follow-up with ED to determine disposition of patient.  
(Name of individual or job title)
- ✓ \_\_\_\_\_ will follow up with patient within \_\_\_\_\_.  
(Name of individual or job title) (Time frame)