

Use this pocket card as a job aid or training tool when implementing universal suicide screening in acute care settings.

The Patient Safety Screener can be used during the Triage or Primary Nursing Assessment in acute care settings.

Ask all three screening questions. Do not skip items.

Introduction

"Now I'm going to ask you some questions that we ask everyone treated here, no matter what problem they are here for. It is part of the hospital's policy, and it helps us to make sure we are not missing anything important."

Depression

① Over the past **2 weeks**, have you felt down, depressed, or hopeless?

Yes No Refused Patient unable to complete

Suicidal ideation

② Over the past **2 weeks**, have you had thoughts of killing yourself?

Yes No Refused Patient unable to complete

Suicide attempt

③ Have you **ever** attempted to kill yourself?

Yes No Refused Patient unable to complete

...3a. If Yes to item 3, ask: **when did this last happen?**

Within the past 24 hours (including today) More than 6 months ago
 Within the last month (but not today) Refused
 Between 1 and 6 months ago Patient unable to complete

TIPS

- ✓ Ask all questions **exactly** as worded
- ✓ Do not bundle or re-word questions
- ✓ Treat the patient with empathy

"Yes" to Item 1= positive screen for **Depression**.

"Yes" to Item 2 **OR** "Last 6 months" to Item 3= positive screen for **Suicide Risk**.

Apply site protocol for further evaluation and management.

Patient Safety Screener (PSS-3) Pocket Card

The Patient Safety Screener 3 (PSS-3) has been validated in prospective studies and is detailed in Boudreaux et al. (2015)