



Date: \_\_\_\_\_

Time: \_\_\_\_\_

RN Initials: \_\_\_\_\_

# THE PATIENT SAFETY SCREENER (PSS-3)

This tool can be used to detect suicide risk in EDs and inpatient medical settings with patients ages 12 years and older.

Ask the following three questions exactly as worded. If the answer to Question 3 is Yes, ask Question 3a

Opening script: *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*

**1. In the past two weeks, have you felt down, depressed, or hopeless?**

- Yes     No     Patient unable to complete     Patient refused

**2. In the past two weeks, have you had thoughts of killing yourself?\***

- Yes**     No     Patient unable to complete     Patient refused

**3 In your lifetime, have you ever attempted to kill yourself?\***

- Yes     No     Patient unable to complete     Patient refused

**3a. If yes, when did this happen?**

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

\*Patient presenting with a current suicide attempt is an automatic Yes on Items 2 and 3.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INTERPRETATION

"Yes" to Item 2 (ideation)? =  **Positive screen**

"Within past 24 hours", "Within last month" or "Between 1 and 6 months ago" on Item 3a =  **Positive screen**

## RESPONDING TO A POSITIVE SCREEN

Administer a secondary screener tool (like the ESS-6) to stratify risk and guide your risk mitigation plan