Using the "Is Your Patient Suicidal?" Poster and Triage Guide

The "Is Your Patient Suicidal?" poster is designed to raise the 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 that 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, *Suicide Risk: A Guide for ED Evaluation and Triage*, includes all the information on the poster as well as 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 may be copied or reproduced without permission. Every clinical staff member should have his or her own copy of the guide. Its 8.5 x 11 format makes it suitable for keeping close at hand on a clipboard or for tacking 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 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. 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 (or 3,200 per year) are by people seen in an ED within two 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 listed on the poster.

- Asking about suicide does *not* increase risk for the patient, and does *not* plant the idea of suicide in the minds of patients not already considering it. The opportunity to discuss suicidal thoughts is usually cathartic and may bring relief to a suicidal patient.

- There are no screening tools that can accurately predict future suicide attempts or completions, although they can be useful in detecting suicide risk. If screening tools are used, they must be followed up with clinical interview questions.

Once you identify a suicidal patient, remember the following:

- It is essential to collect information from collateral sources, especially for at-risk adolescents. These sources may include first responders (e.g., police or EMS), parents, friends attending to the patient, and other clinicians (e.g., primary care or mental health).

- The ED is a key site of care delivery for adolescents at a heightened risk for suicide and so may be an adolescent's first point of contact with the health care system. Improper 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.

- In caring for suicidal patients, clinicians—even seasoned mental health professionals—may experience strong emotional and behavioral reactions, whether or not patients present with self-inflicted injuries. 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.

- Formed relationships between EDs and community mental health resources are key to ensuring patients receive continuity of care after their 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 patient access to mental health professionals who are skilled in assessing and managing suicide risk.[2]

The National Suicide Prevention Lifeline (1.800.273.TALK) is a network of independent, certified telephone crisis services located across the United States that are linked by one or more national, toll-free numbers. Individuals 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. Additional suicide prevention information can be found on the Suicide Prevention Resource Center website: www.sprc.org.

[2] For more information on this topic, see the report *Continuity of Care for Suicide Prevention and Research: Suicide Attempts and Suicide Deaths Subsequent to Discharge from the Emergency Department or Psychiatry Inpatient Unit*, available at www.sprc.org.