



**Clinical Staff Executive Committee**

**MEDICAL CENTER POLICY NO. 0197**

- A. SUBJECT: Suicide Risk Assessment and Prevention
- B. EFFECTIVE DATE: July 1, 2014
- C. POLICY:

The University of Virginia Medical Center is committed to protecting the patient at risk for suicide and providing a safe environment for these patients. Patients who present with certain characteristics as outlined in this policy shall be screened for suicide risk. Patients who are identified as a suicide risk are cared for as outlined in this policy. In addition, all patients admitted to the Medical Center's inpatient psychiatric unit shall be screened for suicide risk. The use of suicide precautions for patients who have been admitted to the Medical Center's inpatient psychiatric unit is specified in Policies and Procedures of Psychiatric Services.

All patients for whom a suicide precaution order has been entered shall not leave the unit except for medically necessary tests and procedures, the delay of which would compromise the patient's health. When off unit tests or procedures are necessary, the patient shall have constant visual observation by a staff member with documented competency to observe suicidal patients.

If a patient who is on suicide precautions attempts to leave the unit or hospital without authorization, staff may follow [Medical Center Policy No. 0159 "Restraint and Seclusion of Patients"](#), if it is determined that the patient's behavior jeopardizes his/her immediate physical safety. [Medical Center Policy No. 0140 "Judicial Treatment Orders"](#), should be followed if it is determined that obtaining a judicial treatment order is necessary to protect the patient.

D. PROCEDURES:

1. Patients in the Emergency Department and in Acute Care, Critical Care, and Ambulatory Care settings meeting any of the following categories are screened for suicide risk:
  - Patient whose primary diagnosis or complaint is emotional or behavior disorder
  - Patient whose primary diagnosis is substance abuse
  - Patient presenting with injuries resulting from a suicide attempt
  - Obstetrical patients with a history of post partum depression
2. The registered nurse screens the patient at the time of admission/presentation by asking:
  - 2.1. If the patient has thoughts of committing suicide or harming self or others;
  - 2.2. If "yes", if the patient has a plan.

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3. If the patient expresses current suicidal thoughts, the nurse shall take appropriate steps to keep the patient safe and shall contact the Licensed Independent Practitioner (LIP)<sup>1</sup> to assess the patient. If the LIP assesses a patient is suicidal or likely to inflict serious harm upon himself or herself, the LIP shall document an assessment of the patient and provide for a safe environment (see D.5.). The LIP shall enter an order for “Suicide Precautions” in the medical record and initiate a Psychiatry Consultation (PIC #1225) indicating the level of urgency/emergency and reason for consultation, and shall notify the patient’s registered nurse. The consultation is expected to be performed in accordance with the standard set forth in [Medical Center Policy No. 0090 “Consultations”](#). The assessment by the Psychiatry consultant shall include asking if the patient has the means and the ability to complete the suicide plan. Patients shall be placed on constant visual observation to allow rapid intervention to maintain safety until complete psychiatric assessment is completed.
  - a. Staff assignment to accomplish constant visual observation is determined by the charge nurse.
  - b. Medical Center staff providing constant visual observation has completed appropriate training prior to being assigned.
4. A patient assessed by a nurse or LIP in an ambulatory care area in the University of Virginia Health System to be at risk for suicide requiring urgent evaluation by a psychiatrist, shall be placed under constant visual observation. For patient safety during transportation to the appropriate healthcare facility, arrangements shall be made for ambulance services, or if under judicial treatment order, transport by law enforcement personnel.
  - a. A patient assessed by the LIP to be at risk for suicide may have evaluation and treatment at a local, community behavioral care agency. The LIP will evaluate and determine a reliable transportation mechanism to the agency.
  - b. Should a patient or his/her representative refuse transfer and/or additional evaluation after being assessed by the LIP to have an emergency medical condition that, if not further evaluated and treated, could reasonably result in harm to self or others, the LIP should seek a judicial treatment order through local law enforcement and/or magistrate.
5. After a patient is assessed to be possibly suicidal or after a patient has been placed on suicide precautions, appropriate actions shall be taken to ensure a safe environment. The registered nurse shall search the patient’s person and environment for potentially harmful items and remove them. (See **Attachment A** for *Environmental Safety Checklist*). All searches shall be conducted in accordance with [Medical Center Policy No. 0219 “Searching a Patient and/or a Patient’s Belongings”](#).
6. Every effort shall be made to move patients on suicide precautions to a private room close to the nurses’ station and away from exits to help control environmental influence and minimize elopement risk. In the event of elopement of a patient on suicide precautions, immediately initiate [Medical Center Policy No. 0206 “Eloped Adult Patients”](#).
7. Patients who are on suicide precautions shall have constant visual observation until they are removed from suicide precautions or moved to an inpatient psychiatric unit. For patients in

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<sup>1</sup> For the purposes of this policy, licensed independent practitioner includes physicians, nurse practitioners, and physician’s assistants

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critical care units, the order for suicide precautions may allow normal critical care monitoring which includes frequent direct observation if the LIP has determined that the patient is not actively suicidal or the patient lacks the physical capacity to carry out an act of suicide.

8. Unit staff shall continue to provide constant visual observation for patients who may also be attended by law enforcement personnel.
9. Patients on suicide precautions shall be assessed by the registered nurse for the presence of self-destructive or suicidal behavior at least every shift or as the patient's condition changes. Document any changes in the patient's condition in the medical record. The psychiatric consultation service must re-evaluate the need for suicide precautions every calendar day and document the results of their evaluation in the medical record. Only the patient's covering LIP shall reduce or discontinue the level of precautions. The patient's current clinical state and the reasons for continuing, modifying or discontinuing precautions must be documented by the LIP in the patient's medical record.
10. Patients on suicide precautions who no longer need hospitalization for other reasons shall not be taken off suicide precautions, transferred to another facility or discharged until reviewed with the Psychiatric Medicine consultant. When appropriate, patients needing further psychiatric care may be admitted to psychiatry services at UVA or other approved facilities. When a patient who refuses to agree to continuing hospitalization is believed to be a danger to him or herself due to mental illness, practitioners may consider initiating procedures for judicially authorized treatment. See [Medical Center Policy No. 0140 "Judicial Treatment Orders"](#). Following a hearing, a special justice or judge may order either continuing treatment or the release of the patient.
11. Upon discharge, all patients who have been on suicide precautions shall have an effective discharge plan developed and implemented. This plan should integrate, to the extent possible, involved family/significant others, and shall include written suicide prevention information, including the number of a toll-free suicide prevention hotline and a follow-up appointment for continued evaluation and treatment.
12. An Environment of Care Risk Assessment for Patient on Suicide Precautions shall be performed as a baseline and a minimum of every three years using a standard risk assessment tool. The results of the assessment shall be presented to medical center leadership utilizing existing reporting structures for development of corrective actions. Additional assessment will be completed at the time of any attempted or completed suicide attempt.
13. The registered nurse initiating Suicide Precautions shall perform the following actions to provide a safe environment for the patient.
  - 13.1. Remove patient clothes, shoes, and belt. Place patient in a hospital gown with snap closure (a gown that is not closed with strings) and non-skid slippers.
  - 13.2. Search the patient and remove personal belongings, labeling and placing them in an area inaccessible to the patient. ([See Medical Center Policy No. 0219 "Searching a Patient and/or a Patient's Belongings"](#))
  - 13.3. Ensure that a dietary order has been placed for meals to be sent on a "safety tray" that includes plastic eating utensils.

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- 13.4. Instruct all visitors to report to the nurses' station before visiting the patient. Give visitors a copy of the prohibited items list, and instruct them to present all gifts and personal items for inspection by nursing staff before given to the patient.
14. The registered nurse shall be responsible for directing and ensuring that all Prohibited Items described in **Attachment A** are immediately removed from the patient room. Additional Precautionary Items shall be removed when possible, but may be left in the room as long as the patient remains under constant observation by a staff member that can intervene if self-destructive behavior occurs.

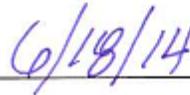
SIGNATURE:



Robert S. Gibson, MD, President, Clinical Staff



R. Edward Howell, CEO, UVA Medical Center



DATE:

Medical Center Policy No. 0197 (R)

Approved December 1998

Revised October 1999, June 2003, December 2004, December 2007, January 2011, March 2011, November 2011, June 2014

Approved by Patient Care Committee

Approved by Clinical Staff Executive Committee

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**ATTACHMENT A****ENVIRONMENTAL SAFETY CHECKLIST**

<b>Prohibited Items: Remove from the patient's room</b>
Pajama bottom string
Gown with string closure
Belts
Neckties
Pantyhose
Shoelaces
Knives, metal eating utensils
Curtain rods/hooks/clips
Electrical items (hair dryers, curling irons, etc)
Jewelry
Aluminum cans
No linens not being used
Cell phone, pager
Glass items
Scissors
Safety razor
Lighters, matches, smoking materials
Nail clippers/metal nail file
Mouthwash containing alcohol
Pencils/pens
Medications
<b>Precaution Items: Remove when possible <i>or</i> Patient must be under constant observation</b>
Sharps container
Regulated medical waste container
Plastic trashcan liners
Electric cord (apply zip tie to shortest functional length)
Overhead light cord
Oxygen/suction tubing
Telemetry cables (apply zip tie to shortest functional length)
Keyboard cord
IV tubing
Shower head
Shower curtain rods
Mirrors
Cassette tapes, CDs, DVDs
Spiral bound books
Aerosols (deodorant, hair spray)
Dental floss
Electric razor
Battery operated electronics (charging these devices shall not occur within the reach of the patient)
Call bell cord