Suicidality Assessment

Provider is encouraged to use this assessment if patient answered positive to question 9 on PHQ-9.

Provider should document responses for plan, intent, means and history in WebCIS note in order to justify decision to send patient home or to the ED.

1. In the past month, have you made any plans or had any thoughts about hurting yourself?
   - ○ YES ○ NO
   - [thoughts]
   - ASK QUESTIONS 2-5
   - STOP

2. Have you made any specific plans about how you might hurt yourself?
   2a. Please be specific about what plans you have considered.
   - ○ YES ○ NO
   - [plan]
   - ASK 2a

3. There’s a big difference between having a thought and acting on a thought. Do you think you might actually attempt to hurt yourself in the near future?
   3a. Can you be specific about how you might do this?
   3b. What keeps you from acting out on your thoughts?
   - ○ YES ○ NO
   - [intent]
   - ASK 3a
   - ASK 3b

4. Do you have what you need to successfully follow through with a plan to hurt yourself?
   4a. Can you be specific about what you would use? Do you have access to this?
   - ○ YES ○ NO
   - [means]
   - ASK 4a

5. Have you ever tried to hurt yourself in the past?
   5a. How many times? When was this? What happened?
   - ○ YES ○ NO
   - [history]
   - ASK 5a

In higher risk patients consider the following additional risk factors:

6. Current or recent alcohol abuse?
   - ○ YES ○ NO

7. Current or recent substance abuse?
   - ○ YES ○ NO

8. Recent severe life stressors, such as a recent loss?
   - ○ YES ○ NO

9. Family history of suicide?
   - ○ YES ○ NO

10. Recent impulsive or aggressive behavior?
    - ○ YES ○ NO

11. Current psychotic symptoms, such as auditory hallucinations or bizarre statements?
    - ○ YES ○ NO

12. Serious comorbid physical illness?
    - ○ YES ○ NO

13. Relationship distress?
    - ○ YES ○ NO

14. Lack of social support?
    - ○ YES ○ NO

15. Concurrent diagnosis of major depression, bipolar, or anxiety disorder?
    - ○ YES ○ NO

Helpful statement if patient asks about the consequences of divulging any of the above information:

“I can only promise you that I will do everything in my power to make sure you and everyone else will stay safe.”

** USE THE ALGORITHM ON THE BACK FOR THE NEXT STEPS IN MANAGEMENT**
1. Give patient suicide crisis hotline numbers:
   - Local# 1-800-233-6834 or
   - Ntnl# 1-800-784-2433

2. Schedule appointments:
   - PCP within 2-4 weeks
   - Consider referral to following resources:
     a. Outpatient Psychiatry
        - 966-5217
     b. IM Counseling Program
        - Encounter Form (Diane Dolan-Soto, LCSW)


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Positive response to question 9 on PHQ-9 Form

Provider may administer Suicidality Assessment Form to aid in making clinical decision

Provider suspects suicidal thoughts

Provider assesses question 1 on Suicidality Assessment Form

No active suicidal ideation – document “denies any suicidal thoughts or plans”

Provider assesses questions 2-5 on Suicidality Assessment Form

MINIMAL RISK
No intent, plan, or history

Clinical Judgment that patient is SAFE to go home

LOWER RISK
No intent – has clear preventive factors; may have plan or history

Discuss patient with another physician in the clinic. Residents review with Attending.

HIGHER RISK
Vague or positive intent without clear preventive factors

Clinical Judgment that patient is UNSAFE to go home

HIGHEST RISK
Vague or positive intent with a realistic and doable plan

Consider additional risk factors (6-15) on Suicidality Form

1. Complete the Affidavit for Involuntary Commitment – Get from exam room or Nurses’ Stations.

2. Document justification & have physician signature notarized by staff or ACC Security:
   a) Steve Desper, Clinic Manager, Internal Medicine (843-9159)
   b) Hilda Williams, Financial Counselor, ACC 3rd floor (966-7023)
   c) Penny Chumley, Admin Assistant, Old Clinic Bldg (966-2276 x 269)
   d) Deddie Craig, RN, ACC Administrative Office (843-5768)

3. Fax form to Orange County Magistrate’s Office. Call for contact name, to insure receipt of fax & ask when to expect approved document:
   a) Chapel Hill – Telephone 919-929-5707; Fax 919-929-3289
   b) Hillsborough – Telephone 919-644-4690; Fax 919-732-3642
   c) After Hours – 919-968-2760 (Chapel Hill), or 919-644-3050 (Hillsborough)

4. Get confirmation by return fax from Magistrate of Custody Order. Make 4 copies.

5. Call 911 for University Campus Police. Indicate if there is need for ambulance for transport to ED. Provide Police with 4 copies (fax confirmation & 3 copies). Submit 1 copy to Medical Records.

6. Inform UNC Psychiatry Crisis Team of patient’s arrival by calling 966-2166

7. Immediately document responses and actions in a clinic note. Include level of risk for plan, intent and access. Sign note. (to ensure that all health care personnel can see your assessment once patient arrives in ED)

8. If more detail is required consult General Internal Medicine site – Depression page: Suicidality Risk Response Outline