

Preview Procedure**Suicide Precautions - Inpatient WI - System****■ Application**

Suicide is a serious health problem in the United States. The purpose of suicide precautions is to maintain a safe environment based on the patient's suicide risk. This work instruction is to provide guidelines for the safe care of a patient at risk for suicide/suicidal ideation.

■ Definitions

1. **1:1 monitoring** - continuous visual observation provided by trained staff. 1:1 monitoring requires 1 dedicated trained staff to remain within a distance that allows immediate intervention if self-harm is attempted.
2. **Ligature Risk** - a ligature risk (point) is defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation. Ligature risks/points include shower rails, coat hooks, pipes, bedsteads, window and door frames, ceiling fittings, handles, hinges and closures.
3. **Potential Self-Harm Items** - a variety of items, both personal belongings and items common to the inpatient healthcare setting. This may include but is not limited to items such as sharps, tubing, cords, strings such as shoe laces, mirrors etc.
4. **Cheeking** - pretending to swallow, or concealing medication in the mouth.

■ Instruction Steps

1. Patients being admitted that have a risk of suicide or attempt at self-harm identified, suicide precautions will be initiated by nursing staff.
2. RN to assess suicide risk using the screening tool on admission and at least once per shift.
3. Notify Nursing Supervisor of need for 1:1 trained staff for continuous monitoring.
4. Prepare room for safety with reduction of ligature risk utilizing "Suicide Precautions Room Readiness Checklist."
5. Patient is required to undress and remove all belongings under direction of staff. Paper scrubs are to be used. Check patient mouth for foreign objects. Remove any concerning piercings.
6. Place all patient belongings in a labeled and sealed bag/container that will be sent with family or stored in a secure area. Document belongings in EMR.
 - a. If weapon is found, notify security/police and refer to the SHS Weapons policy
 - b. Prescription/OTC drugs will be documented in EMR and sent to pharmacy in secure bag
 - c. If illegal drugs or substances are found, refer to Illegal Drugs System Policy
7. Notify nutrition to deliver meals on safety trays/disposable plates, cups, plastic utensils.
8. Patient Care Needs:
 - a. Mobility - if determined by physician order, patient may ambulate on their unit with trained staff
 - b. Hygiene - 1:1 monitoring with continuous visual observation includes toileting and showering, doors are to remain open with access for response as needed
 - c. Medications - after administration of PO medications, RN needs to check patients mouth for "cheeking"
 - d. Visitors may be allowed as determined by staff: items being brought by visitors need to be approved prior to room entry. Patient room is to be reassessed for safety after visitors leave.
 - e. Behavior - the trained staff should notify the RN immediately for any changes in behavior, mood, emotional state, or the expression to harm self or others.

■ Documentation

1. Suicide precautions with 1:1 monitoring
2. RN to verify:
 - a. 1:1 continuous monitoring every shift

- b. Psychosocial/physical assessment at least every shift or as per patient status
3. Trained staff 1:1 continuous monitoring to be documented in safety/comfort/needs every 15 minutes
4. A physician order is needed to discontinue suicide precautions.


■ Other Considerations

1. Paper/disposable linen may be used instead of cloth linen.
2. Communication/hand off as needed to other healthcare team members, such as imaging, and lab. If patient needs to go to another department the 1:1 trained staff will accompany the patient.
3. Upon reentry to the patient room, the room should be reassessed for safety.

■ References

- Center for Clinical Standards and Quality/Survey & Certification Group. S&C Memo; 18-06-Hospitals
- Center for Clinical Standards and Quality/Survey & Certification Group. QSO: 12-21-All Hospitals
- TJC Suicide Panel Special Report: Suicide Preventions in Health Care Settings.
- Condition of Participation (CoP) Interpretive Guidelines Ss482.13(c)(2)

■ Suicide Room Readiness

 **Suicide Precautions Room Readiness Checklist**
This list is NOT comprehensive. Nursing MUST use their best judgment when determining room readiness.

Patients assessed to be a suicide risk and are admitted to the non-Behavioral Health Inpatient setting or to the ED often require equipment to monitor and treat their medical conditions, so it is impossible to make their environment truly ligature-resistant. However, all objects that pose a risk for self-harm that can be removed without adversely affecting the ability to deliver medical care should be removed. If the item is required for safe patient care, it is permissible while in use.

Remove any of the following NON-ESSENTIAL items (consider removing anything in patient room that doesn't require tools or engineering):

- BP cuff, tubing, cords (including monitor and exercise equipment cords)
- IV pole
- Extra blankets/sheets
- Power cords
- Kick buckets, trash cans, linen carts & plastic bags
- Cleaners & disinfectants
- Rolls of coban, gauze, tape, etc.
- Silverware
- Any nurse server or procedure cart
- Sharps container and container trap (Macro strap)

Remove patient belongings. Remember to consider the following as potential self-harm items:

- Pocket knife
- Nail files/clippers/nails
- Perfume, cologne, make-up
- Medications brought from home
- Belts, hoses, neckties
- Straps
- Metal prong fasteners from pants/sweatshirt

Items that are generally expected to be removed due to the essential need for the care of the hospitalized patient:

- Medical equipment in use (oxygen, IV, etc.)
- IV pump/pump in use
- Plastic utensils with meals
- Plastic bags in use (liner to waste receptacle)

Not a part of the permanent medical record. Please return completed form to Department Manager. Once Department Manager has reviewed this form, please send to your site Quality Director.

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