This smart phrase is designed to assist residents in assessing for suicidal risk and documenting their intervention plan. It was adapted from a lethality assessment designed by the Ohio Department of Mental Health. Created by: Linda Myerholtz, Ph.D. (Epic)

SUICIDE ASSESSMENT & PLAN

Patient’s Suicidal Statements (document patient's statements):

Ideation/Thoughts: \*\*\*

Intentions: \*\*\*

Plans: \*\*\*

|  |
| --- |
| **Assess each risk factor and rate from "no risk" to "high” risk and check each row accordingly.** |
| **Risk Factors** | **X** | **No Risk** | **X** | **Mild** | **X** | **Moderate** | **X** | **Severe** |
| Suicide Plan **S**everity |  | No Plan |  | No current plan- but hx of planning |  | Vague Current Plan |  | Specific Plan – resolved with preparation |
| **L**ethality of Means |  | None Reported |  | Low Lethality |  | Potentially Lethal |  | Lethal |
| Means **A**ccessibility |  | None Reported |  | Poor Access |  | Accessible |  | Possesses |
| Suicide Attempt History  |  | None Reported |  | Ideation/Threat(s) |  | One attempt |  | 2 or more attempts |
| Lethality of Attempts |  | None Reported |  | Non-Lethal |  | Injurious |  | Potentially Lethal |
| Last Attempt |  | None Reported |  | > 2 Years |  | 6 Months to 2 Years |  | Less than 6 Months |
| Family History |  | None Reported |  | Ideation/Threat(s) |  | Suicide Attempts |  | Death(s) by Suicide |
| Psychiatric Hospitalization History |  | None Reported |  | Discharged > 6 months ago |  | Discharged within past month |  | Discharged within past 2 weeks |
| Arrest Record |  | None Reported |  | None |  | Single Arrest |  | Multiple Arrests |
| Physical Abuse Hx |  | None Reported |  | Minimal Abuse |  | Moderate Abuse |  | Severe Abuse |
| Sexual Abuse Hx |  | None Reported |  | No Abuse Reported |  | Abuse Reported |  | Severe Abuse |
| Substance Abuse |  | None Reported |  | Social Use |  | AoD Abuse Hx; Not Under Influence |  | AoD Dependent and/or under Influence |
| MH Symptoms |  | None Reported |  | Mild Symptoms |  | Moderate Symptoms |  | Severe/Acute |
| Self injurious behavior (cutting, burning, etc.) |  | None Reported |  | > 2 years |  | Frequent & within past 2 yrs. |  | Frequent & within past 6 months |
| Impulsivity |  | Normal |  | Occasional |  | Frequent |  | Persistent |
| Stress |  | None Reported |  | Minimal |  | Moderate |  | Severe |
| Loss |  | None Reported |  | > 2 Years |  | 6 Months to 2 Years |  | Less than 6 Months |
| Physical Condition |  | Excellent |  | Good |  | Fair |  | Poor |
| Financial Stress |  | None Reported |  | Mild |  | Moderate |  | Severe |
| Living Arrangements (**P**roximity to help) |  | Safe |  | With Others |  | Access to Others |  | Alone/Isolated |
| Relationship with Significant Others |  | Positive/Helpful |  | Present/Helpful |  | Accessible/Somewhat Helpful |  | Unable/Unwilling to Help |
| Social isolation (how connected with a valued group or relationship is client?) |  | Strong sense of belonging |  | Some positive connections |  | Few positive connections |  | Socially isolated; lack of sense of belonging |
| Sense of being a burden on loved ones |  | No endorsement of burdensomeness |  | Mild endorsement |  | Moderate endorsement |  | Strongly feels that he/she is a burden |
| Hopelessness |  | Positive; future oriented |  | Mild level |  | Moderate level |  | No hope for positive change in future |
| Male Age Suicide |  | 0-12 |  | 35-49 |  | 13-34 |  | 50+ |
| Female Age Suicide |  | 0-12 |  | 39-59 |  | 13-38 |  | 60+ |
| **Overall Risk Level** | **[ ]  None / Minimal** | **[ ]  Mild** | **[ ]  Moderate** | **[ ]  Severe** |
| **Protective Factors:**[ ]  Dependent children [ ]  Good social support [ ]  Willingness to seek help [ ]  Active religious faith [ ]  Good coping/problem solving skills[ ]  Other: \*\*\* |

**Additional Information:**

**\*\*\***

**Action Plan/Interventions:**

[ ]  Contacted \*\*\* (patient’s family/friends) to discuss patient’s safety

[ ]  Developed Crisis Response Plan with patient

[ ]  Patient prescribed medication (see medication list)

[ ]  Referred patient for outpatient mental health services

[ ]  Contacted patient’s psychiatrist/mental health provider re: pt status

[ ]  Patient referred to Rescue Crisis:

[ ]  Agreed to go voluntarily

[ ]  Refused

[ ]  Initiated involuntary commitment process

[ ]  Other: \*\*\*

[ ]  Consulted with \*\*\*

[ ]  Follow up with patient in {NUMBER:21184} days

(lethality assessment adapted from Ohio Department of Mental Health Lethality Assessment)