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TITLE
CLIN_117  SUICIDE PRECAUTIONS IN THE ACUTE HOSPITAL NON-PSYCH SETTING

APPLICABILITY
EDWARD HOSPITAL

POLICY STATEMENT(S)
To provide and maintain a safe environment for those patients who are a suicidal risk. Suicide precautions are implemented based on the assessed needs of the patient in a humane and therapeutic manner to preserve the patient’s rights, dignity and physical and emotional well-being.

DEFINITION(S)
Constant Direct Observation: the observation of a patient at all times.
One-to-one observer: trained care provider.
Precautionary Measures: safety measures put in place by clinical staff when suicide risk is determined. These measures may be put in place pending physician orders for suicide precautions and include measures as detailed in section II of this policy.
Seclusion: the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.
Suicidal Risk: indicates the potential for suicide attempt, based on the patient exhibiting danger signs or risk factors for suicide including but not limited to:
- Presence of a suicide plan.
- Admission for a suicide attempt.
- Suicidal ideation.

PROCEDURE
A. Initiate suicide precautions based on the assessed needs of the patient:
   1. It is the responsibility of the attending physician, Emergency Department physician, and/or staff psychiatrist to order suicide precautions.
   2. Precautionary measures can be put in place by the nurse, Psychiatric Consult Liaison and/or Linden Oaks Resource and Referral Center staff member caring for patients who may present suicidal risk, until such time as an order can be obtained for suicide precautions or it is determined by the physician that the patient is not at risk for suicide. The nurse obtains an order within 2 hours of initiating these precautions. If a patient is secluded, an order for seclusion is obtained within 1 hour of initiating the seclusion.
   3. In the event that the Psychiatric Consult Liaison is recommending suicide precautions and the physician is not in agreement with this, the Psychiatric Consult Liaison and physician will discuss the case assessments/findings. If agreement cannot be reached and the Psychiatric Consult Liaison still feels suicide precautions are in the best interest of the patient, they will escalate this up the chain of command.
   4. Once suicide precautions are ordered for an admitted patient, initiate the suicide precaution
order set, including placing an order for a Diet - Suicide.

5. For admitted patients, notify the Patient Services Coordinator of the need for and scheduling of the One-to-One Observer.

6. Families are not allowed to perform the face to face observation function for patients on suicide precautions.

7. The constant direct observation for suicide precautions may be implemented in the following settings by the following means:
   a) ED: Face to face observation of the patient. If the patient meets criteria for seclusion, continuous auditory and visual observation through use of the electronic monitoring system in the seclusion room may be utilized.
   b) Inpatient Units: Face-to-face observation through the use of a One-to-One Observer. Exceptions to the one-to-one staffing may occur based on the patient’s level of consciousness.

8. A psychiatric consult is to be completed within 24 hours of suicide precautions being ordered unless transfer to an inpatient psychiatric setting occurs within that time frame. Should the medical condition of the patient prohibit psychiatric assessment (i.e., obtunded patient) the face to face evaluation can be delayed.

9. Suicide precautions remain in place until discontinued by the psychiatrists. The psychiatrist evaluates the patient face to face no more than 24 hours prior to discontinuing suicide precautions.

10. When suicide precautions are ordered, a letter explaining the suicide safety measures is given to the admitted patient (this is found on the intranet in the Suicide Precautions Care Provider Toolkit – Attachment B).

B. Precautionary Measures

1. Provide constant direct observation of the patient as defined in Section A.7. of this policy.

2. Stay with the patient at all times. Call a Dr. Strong and refer to Restraints and Seclusion policy if patient’s behavior escalates and presents an immediate and serious danger to the safety of the patient, other patients, staff, or others,

3. Provide a Safe Environment
   a) Prior to admitting the patient, evaluate the care setting and to the extent possible, remove any items which the patient could use to harm themselves. This includes but is not limited to: needles, push pins, latex gloves, and other items as deemed unsafe by the nurse. (See Attachment A Contraband List)
   b) The door to the patient’s room remains open unless medical necessity or confidentiality dictates otherwise.
   c) In the ED, the door to the seclusion room remains locked while the patient is in the room without a staff member present. Face-to-face observation, in lieu of closing door of seclusion room, can also be considered.

4. Restrict Personal Property
   a) Patients may not wear street clothes or scrubs. Street clothes are catalogued and sent to security or sent home with family.
   b) The nurse examines the admitted patient’s belongings and removes any prohibited items which may be used for self-harm. See Attachment A for a detailed listing of items that should be considered prohibited. In the ED, patients are required to surrender all personal items, including cigarettes. Items are secured by public safety. A nicotine substitute may be offered if appropriate, with a physician order.
c) Personal items are catalogued according to Section 3.b. of this policy (admitted patients only).

5. Safe Meal Tray
   a) Order a Diet –Suicide.
   b) Tray content includes:
      1) melamine plate
      2) plastic items including heated base, dome cover, bowl, coffee cup and drinking tumbler
      3) plastic ware including knife, fork and spoon
      4) straw and napkin
   c) Staff checks the content of the meal trays on arrival and removal to prevent any suicide tray items from being left in the patient room.

6. Visitation may be allowed at the discretion of the care providers (nurse, attending physician, Emergency Department physician, social worker, staff psychiatrist, and/or Linden Oaks Resource Referral Center staff member).
   a) Visitors may be limited or restricted based on the patient’s condition and/or to reduce the risk of the patient accessing prohibited items. The nurse examines any personal effects brought in by family members or visitors for patient’s use, to prevent prohibited items from being given to the patient.
   b) In the ED, appropriate patients may be visited by a limited number of visitors who agree to secure all personal items in a locked cabinet and stay in the locked seclusion room if the patient meets seclusion criteria.

C. Documentation
   1. RN staff document suicide precautions twice daily in the medical record for the admitted patient. Document use of seclusion and/or behavioral restraints according to the Restraints and Seclusion Policy.
   2. Staff providing continuous one-to-one observation for admitted patients document checks every 15 minutes on the Suicide Precautions Care Provider Record (found in the intranet in the Suicide Precautions Care Provider Toolkit –Attachment B). In the ED, staff document every 15 minute checks on the Emergency Department Close Observation/Restraint Record.
   3. Items removed from the patient, which remain at Edward, are secured by Public Safety. Valuables are inventoried, documented on the valuables envelope and signed by the patient and security officer. Bags/suit cases are stored by security. If the patient is unable to witness the belongings inventory a staff member will witness the inventory process.

D. Verify Psychiatric involvement in the case.
   1. The Emergency Department notifies the Linden Oaks Resource and Referral Center staff if the patient is being treated in the ED.
   2. Edward staff RNs inform Linden Oaks Resource and Referral Center of any orders for suicide precautions on admitted patients of Edward Hospital.

E. Transfer, discharge or leaving against medical advice while on suicide precautions.
   1. Discharge
      a) A patient may not be discharged while on suicide precautions.
      b) Suicide precautions remain in place until discontinued by the psychiatrist (see Section A.6.).
   2. Transfer
a) Patients on suicide precautions may not be transferred by family car.
b) Suicide precautions remain in place during transfer unless discontinued by the psychiatrist.
c) Obtain order for transfer to psychiatric facility.
d) Transfer the patient on suicide precautions by ambulance.
e) Notify Psychiatric Consult Liaison/Linden Oaks Hospital Resource and Referral Center staff of transfer order and to assist with the facilitation of the transfer process.

3. Attempting to leave against medical advice (AMA):
   a) Call a Dr. Strong if the patient attempts to leave the hospital.
   b) Notify the attending physician of the patient status.

CROSS REFERENCE(S)
CLIN_012  Restraints and Seclusion
CLIN_014  Chain Of Command to Resolve Patient Care and Safety Issues
CLIN_063  Refusal of Treatment/Discharge Against Medical Advice
SAFE_001  Child/Infant Abduction Plan (Code Pink)
8530_009  Transfers To Psychiatric Care (Social Services Departmental Policy)
For the patient’s safety, contraband items are not allowed in the patient room when Suicide Precautions are in place. Contraband items include but are not limited to the following:

**Clothing**
- String/rope or items—such as
- Ties (except for patient gowns)
- Ribbons
- Drawstrings
- Belts
- Nylons, pantyhose
- Tights
- Shoes with lace
- Pins
- Bras and underwear
- Knee socks, knee high hosiery
- Scarfs

**Personal Items**
- Jewelry (with the exception of wedding rings)
- Electrical appliances including hair dryers except with supervision
- Cords (any kind)
- Nail polish or remover
- Sharp objects including:
  - Metal picks
  - Hairclips
  - Pins
  - Tweezers
  - Fingernail files
  - Clippers
  - Scissors
  - Needles
  - Hooks
  - Disposable razors or razor blades
  - Aerosol cans
  - Metal cans
  - Glass products
  - Breakable hard plastic
  - Make-up compact case with mirror
  - Letter opener
  - Knife
  - Coat hangers
Glass or metal picture frames
Firearms
Matches or lighters and cigarettes
Medications
CDs
Pens – may use pencils without erasers
Alcohol
Cell phones, tablets (electronic), laptops
Cell phone charger and laptop charger cords
Headphones, ear buds, blue tooth devices

**Medical Supplies**
Needles/sharps unattended by a medical professional
Push pins/tacks
Latex gloves
Unnecessary medical equipment, cords or tubing

Attachment B
[Click Here for Suicide Precautions Care Provider Toolkit](#)