

## Moderate and High Risk Suicide Precautions Documentation

Follow the initial screening

- Notify the provider
- If they are being seen for behavioral health or a substance use issue, perform a room safety check and personal belongings check
- Initiate Q 1h checks

The following sections should be completed within the suicide precautions narrator:

### BH Suicide Precautions

Time taken: 08:56:35 10/23/2020 Show:  Row Info  Last Filed  Details  All Choices

[+ Add Row](#) [+ Add Group](#) [Responsible](#) [+ Create Note](#)

**Observation of Patient Safety**

Activity

<input type="checkbox"/>	Ambulate in patient unit	<input type="checkbox"/>	Ambulate in room
<input type="checkbox"/>	Ambulate to bathroom	<input type="checkbox"/>	Up to commode
<input type="checkbox"/>	Laying in bed	<input type="checkbox"/>	Sit edge of bed
<input type="checkbox"/>	Bed in chair position	<input type="checkbox"/>	Sit in chair
<input type="checkbox"/>	Stand at bedside	<input type="checkbox"/>	March at bedside
<input type="checkbox"/>	Held by family	<input type="checkbox"/>	Other (Comment)

Room Check  Yes  No  Other (Comment)

**Room Safety Checklist**

Sharp Objects: Status	<input type="text"/> Removed	<input type="text"/> Not Removed	<input type="text"/> Not Present
Weapon like Objects: Status	<input type="text"/> Removed	<input type="text"/> Not Removed	<input type="text"/> Not Present
Suffocation or Ingestion Risk: Status	<input type="text"/> Removed	<input type="text"/> Not Removed	<input type="text"/> Not Present
Strangulation Risk: Status	<input type="text"/> Removed	<input type="text"/> Not Removed	<input type="text"/> Not Present

**Observation for Patient Safety**

Patient Observation

<input type="checkbox"/>	Every 15 minutes
<input type="checkbox"/>	Every 1 hour
<input type="checkbox"/>	1:1 Observation - arm's distance
<input type="checkbox"/>	1:1 Observation - within 10 feet
<input type="checkbox"/>	1:1 Observation - within line of sight

**Psychosocial**

Permanent Psych Variance

Unchanged from previous assessment  Unchanged from previous

Self Injurious Thoughts	<input type="text"/> Denies	<input type="text"/> Intent without plan	<input type="text"/> Intent with plan
Thoughts of Harming Others	<input type="text"/> Denies	<input type="text"/> Intent without plan	<input type="text"/> Intent with plan

Complete every hour by the observer (BHT, RN or ED tech) as part of hourly rounding

Complete every shift by the observer (BHT, RN or ED tech)

Nursing use ED narrator- Psych- BH suicide precautions

Complete by RN once per shift and PRN