



# Suicidal Ideation Protocol

If a patient displays or reports suicidal ideation, put the following protocol into effect to ensure the safety and well-being of all patients.

## Step 1

- When a patient presents to a team member and verbalizes suicidal ideation, the team member will
  - sit with the patient in a private area
  - explore and gather information by using open-ended questions
    - “Tell me more about what’s going on?”
    - “When did this first start?”
    - “Do you have a plan to harm yourself right now?”
    - “Can I speak with your therapist about how you’re feeling?”

## Step 2

- The patient will stay within eyesight of a team member at all times during this information-gathering phase.
- The team member will contact the patient’s therapist and relay all the above information.
- The therapist will meet and speak with the patient and
  - ask open-ended questions
    - “Tell me a little about what is going on?”
    - “Has this happened in the past? If yes, what helped back then?”
    - “Have you ever attempted to harm yourself in the past? If so, did it result in hospitalization?”
    - “Do you feel safe here?”
  - validate their feelings
  - assess their motivation
  - assess risk and protective factors
  - review the safety plan

## Step 3

- The therapist will communicate with the facility medical director about the information received.
- The therapist and facility medical director will discuss appropriate steps:
  - if the patient does meet criteria and should be referred to a crisis unit
    - team members will be instructed to begin that process
  - if the patient does not meet the criteria for an outside referral, but there is concern about mental stability
    - team members will conduct 15-minute or 30-minute checks on the patient
    - the patient will not be on chore duty alone (for example, in the kitchen)
    - the therapist will follow up daily with the patient to ensure mental stability and assess continued suicide ideation
    - team members will secure all potential personal items that could be used as a weapon (for example, razor blades)
  - if unsure if a patient meets the criteria for a transfer to a crisis unit, contact the on-call physician to assess the patient and provide further direction