Brentwood Hospital Suicide Risk Screen

Patient Name:		**Date & Time:**	Date: Time:
Source of Information:	❑ **Patient** ❑ **Family Member:** (**Name and relationship**) ________ ❑ **Other:** (**Name and relationship**) ________		

Immediate Risk Factors ***All YES responses require narrative documentation*** **Positive immediate risk factors indicate that the patient may require increased monitoring and precautions**		
Is the patient presenting due to self injurious or suicidal behaviors?	❑ No ❑ **YES→**	Describe presenting problem:
Does the patient have injuries that appear to be self inflicted? (**cuts, burns, self mutilation, scars**)	❑ No ❑ **YES→**	Describe injuries:
Does the patient have a plan for suicide?	❑ No ❑ **YES→**	Describe plan and lethality:
Does the patient have a history of previous suicide attempts?	❑ No ❑ **YES→**	Describe all previous attempts:

Other Risks		
Have you ever been diagnosed with Schizophrenia or Major Depression?	❑ No ❑ **YES→**	
Are you currently or have you ever thought about harming yourself?	❑ No ❑ **YES→**	Explain:
Has anyone close to you ever committed or attempted suicide?	❑ No ❑ **YES→**	Who and when?:
Do you feel hopeless or helpless about your life?	❑ No ❑ **YES→**	Describe:
Are you feeling increasingly high levels of anxiety or stress?	❑ No ❑ **YES→**	Describe:
Have you been feeling depressed and are now feeling better?	❑ No ❑ **YES→**	Explain:
Do you have a chronic, debilitating or life threatening medical condition or pain level?	❑ No ❑ **YES→**	Explain:
Have you ever been physically or sexually abused?	❑ No ❑ **YES→**	Describe:
Do you currently use or have a history of substance abuse?	❑ No ❑ **YES→**	Describe:
Have you experienced any recent relationship or financial loses?	❑ No ❑ **YES→**	Describe:
Do you own or have access to firearms?	❑ No ❑ **YES→**	**If yes – initiate firearms safety plan.**

All positive risk factors should be clearly communicated to the admitting RN and MD to evaluate for heightened precautions and observations. Any patient with positive risk factors should not be left alone and the following precautions need to be taken:	
❑ **Ensure the safety of the environment**	❑ **Ask for any medications brought in by the patient**
❑ **Secure the patient's belongings**	❑ **Remove belts, shoelaces and other ligatures**
❑ **Perform a contraband check**	❑ **Remove all sharps**
Signature & Title of Clinician Completing Assessment	**Date & Time of MD Notification for positive indicators:**
	Who? Date & Time