ED SUICIDE RISK SCREENING

Inclusion Criteria
- All patients ≥ 10 years old

Exclusion Criteria
- Unable to answer questions due to medical acuity or developmental delay

RN completes ASQ (#1 – 4)

Any “Yes” to ASQ questions 1 through 4?

- No
  - No Further Action
- Yes
  - RN completes ASQ (#5)

“Yes” to ASQ question 5?

- No
  - RN Notifies provider (MD or ARNP)
- Yes
  - RN Notifies provider (MD or ARNP)

ED medical disposition?

- Admit
- Discharge

Provider orders inpatient Suicide Precautions Plan

MHE does evaluation in ED prior to discharge

Social Work does BSSA on Acute Care Unit / ICU (include in shift handoff)

Huddle with MHE regarding plan prior to ED discharge

If parent/guardian refuses MHE evaluation, offer:
- Follow up phone call from mental health team
- Crisis Prevention Planning with PMHS II
- Resource list
- Call / notify PCP

Primary References
- National Institute of Mental Health
  - Ask Suicide-Screening Questions (ASQ) Toolkit
  - Brief Suicide Safety Assessment (BSSA)
  - Nursing script to say to the parent/guardian and the patient

For questions concerning this pathway, contact: ZeroSuicidePathway@seattlechildrens.org
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Last Updated: March 2019
Next Expected Review: March 2024
INPATIENT SUICIDE RISK SCREENING

Inclusion Criteria
- All patients ≥ 10 years old

Exclusion Criteria
- Unable to answer questions due to medical acuity or developmental delay

RN completes ASQ (#1–4)

Any “Yes” to ASQ questions 1 through 4?
- No Further Action
- Yes

RN completes ASQ (#5)

“Yes” to ASQ question 5?
- No
- Yes

RN
- Notifies provider to order Suicide Precautions Plan
- Notifies charge nurse

Psychiatry consult prior to discharge

Social Work consult with BSSA prior to discharge

MILD RISK
- Passive suicide ideation / no clear suicide plan
- No self-harm behavior (i.e. only ASQ #1 and #2 endorsed)

Then...
- Offer option for BST (7-0036) support of referrals and Crisis Prevention Planning and Home Safety Planning

MORE THAN MILD RISK
- Frequent suicide ideation
- Specific suicide plan
- Self-harm behavior (i.e. non-suicidal self-injury + suicide attempt) that is recent (within 3 months) or previously not identified

Then...
- Consult Psychiatry

ASQ completed in ED?
- No
- Yes

If parent/guardian refuses to allow screening questions, notify medical team

Primary References
- National Institute of Mental Health
- Ask Suicide-Screening Questions (ASQ) Toolkit
- Brief Suicide Safety Assessment (BSSA)
- Nursing script to say to the parent/guardian and the patient

ASQ
1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or others would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself? If yes, do you have a plan?
4. Have you ever tried to kill yourself? If yes, when and how?
5. Are you having thoughts of killing yourself right now?
Approved by the CSW Zero Suicide Initiative Pathway team for go-live on March 20, 2019

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Please cite as:
This pathway was developed through local consensus based on published evidence and expert opinion as part of Clinical Standard Work at Seattle Children’s. Pathway teams include representatives from Medical, Subspecialty, and/or Surgical Services, Nursing, Pharmacy, Clinical Effectiveness, and other services as appropriate.

When possible, we used the GRADE method of rating evidence quality. Evidence is first assessed as to whether it is from randomized trial or cohort studies. The rating is then adjusted in the following manner (from: Guyatt G et al. J Clin Epidemiol. 2011;4:383-94.):

Quality ratings are downgraded if studies:
- Have serious limitations
- Have inconsistent results
- If evidence does not directly address clinical questions
- If estimates are imprecise OR
- If it is felt that there is substantial publication bias

Quality ratings are upgraded if it is felt that:
- The effect size is large
- If studies are designed in a way that confounding would likely underreport the magnitude of the effect OR
- If a dose-response gradient is evident

Guideline – Recommendation is from a published guideline that used methodology deemed acceptable by the team.

Expert Opinion – Our expert opinion is based on available evidence that does not meet GRADE criteria (for example, case-control studies).

**Quality of Evidence:**
- ★★★★★ High quality
- ★★★★ Moderate quality
- ★★★ Low quality
- ★★★☆ Very low quality

Guideline
Expert Opinion
Summary of Version Changes

- **Version 1.0 (3/20/2019):** Go live.
Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required.

The authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication.

However, in view of the possibility of human error or changes in medical sciences, neither the authors nor Seattle Children’s Healthcare System nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such information.

Readers should confirm the information contained herein with other sources and are encouraged to consult with their health care provider before making any health care decision.
Search Methods, Zero Suicide, Clinical Standard Work

A literature search was conducted in April 2018 to target synthesized literature on suicide for 2008 to current and limited to English. The search was executed in Ovid Medline, Embase, Cochrane Database of Systematic Reviews (CDSR), National Guideline Clearinghouse and Turning Research into Practice (TRIP) databases and Cincinnati Children’s Evidence-Based Care Recommendations.

Sue Groshong, MLIS
February 19, 2019

Flow diagram adapted from Moher D et al. BMJ 2009;339:bmj.b2535
Bibliography

