

Zero Suicide Initiative Pathway v2.0: Ambulatory Screening

[Approval & Citation](#)

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AMBULATORY SUICIDE RISK SCREENING

Primary References

- National Institute of Mental Health
- Ask Suicide-Screening Questions ([ASQ](#)) Toolkit
- Brief Suicide Safety Assessment ([BSSA](#))
- Staff [script](#) to say to the parent/guardian and the patient

Inclusion Criteria

- All patients ≥ 10 years old
- In-person provider (MD, DO or APP) visits only

Exclusion Criteria

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

!

If parent/guardian refuses to allow screening questions, notify provider

ASQ

- In the past few weeks, have you wished you were dead?
- In the past few weeks, have you felt that you or others would be better off if you were dead?
- In the past week, have you been having thoughts about killing yourself? If yes, do you have a plan?
- Have you ever tried to kill yourself? If yes, when and how?
- Are you having thoughts of killing yourself right now?

CNA, MA or RN completes ASQ (#1 – 4)

Any "Yes" to ASQ questions 1 through 4?

! Any "Yes" is a Positive Screen

No Further Action

Yes

CNA, MA or RN completes ASQ (#5)

"Yes" to ASQ question 5?

! If "Yes" to #5, patient not to be left alone

Yes

No

- CNA, MA or RN notifies provider (MD, DO or APP)
- Initiate policy for Managing Patients, Family and Visitors at Risk of Self Harm (*for SCH Only*)
- Provider informs parent/guardian and provides handouts
- Provider orders Social Work referral

- CNA, MA or RN notifies provider (MD, DO or APP)
- Provider informs parent/guardian and provides handouts
- Provider orders Social Work referral
- Continue with appointment

- Social Work does BSSA after appointment

- Page Social Work
 - SW Intake (8am to 4pm)
 - SW On-Duty (afterhours)
- Or call Behavior Support Team
- Or transfer to nearest ED for evaluation (Regional Clinics Patient Transport policy) (*for SCH Only*)

!

If parent/guardian refuses BSSA, offer:

- Follow up phone call from mental health team
- Crisis Prevention Planning with PMHS II
- Resource list
- Call / notify PCP

Zero Suicide Initiative Pathway v2.0: ED Screening

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ED SUICIDE RISK SCREENING

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

Inclusion Criteria

- All patients ≥ 10 years old

Exclusion Criteria

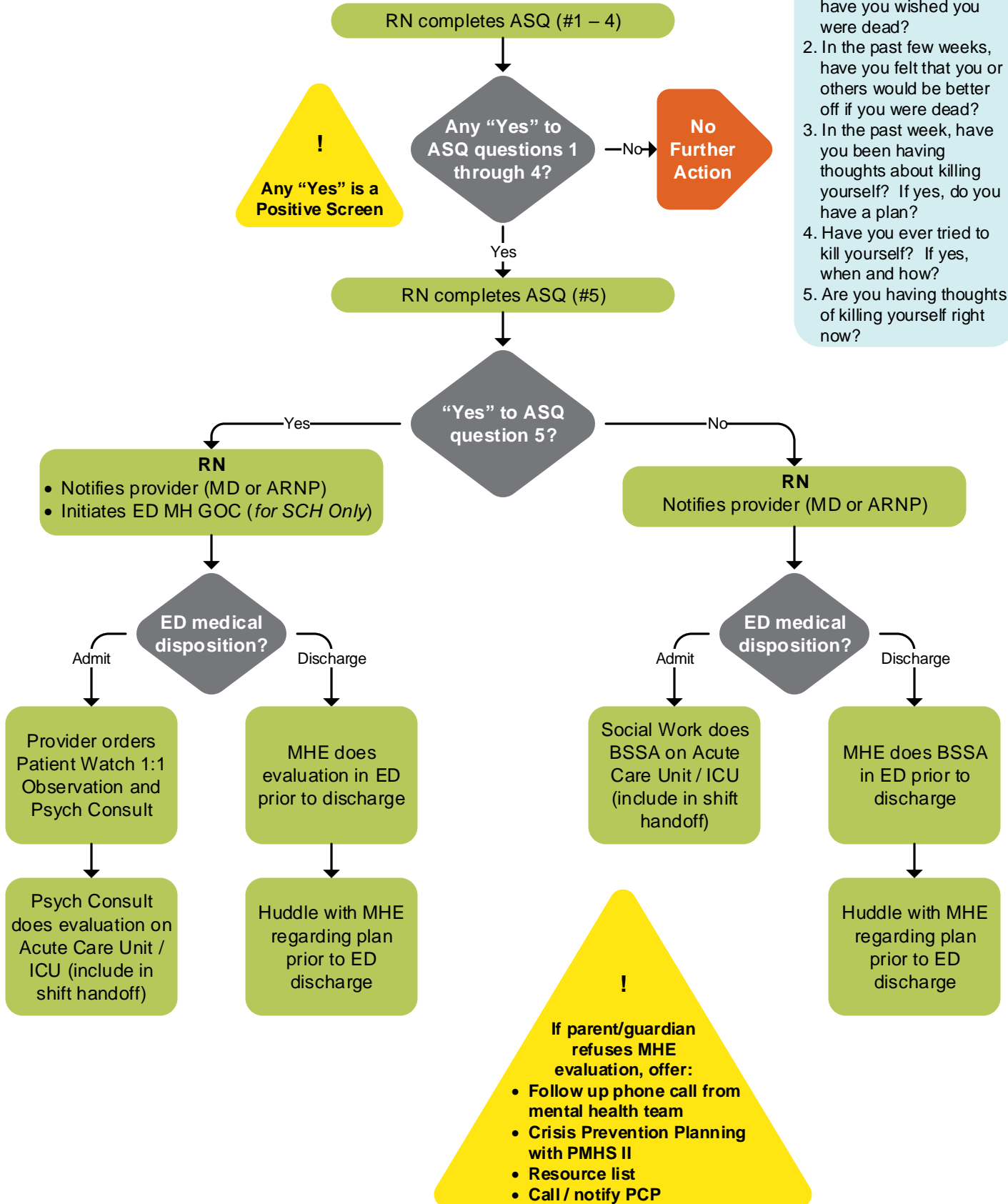
- Unable to answer questions due to medical acuity or developmental delay

!

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

ASQ

- In the past few weeks, have you wished you were dead?
- In the past few weeks, have you felt that you or others would be better off if you were dead?
- In the past week, have you been having thoughts about killing yourself? If yes, do you have a plan?
- Have you ever tried to kill yourself? If yes, when and how?
- Are you having thoughts of killing yourself right now?



Zero Suicide Initiative Pathway v2.0: Inpatient Screening

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INPATIENT SUICIDE RISK SCREENING

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

Inclusion Criteria

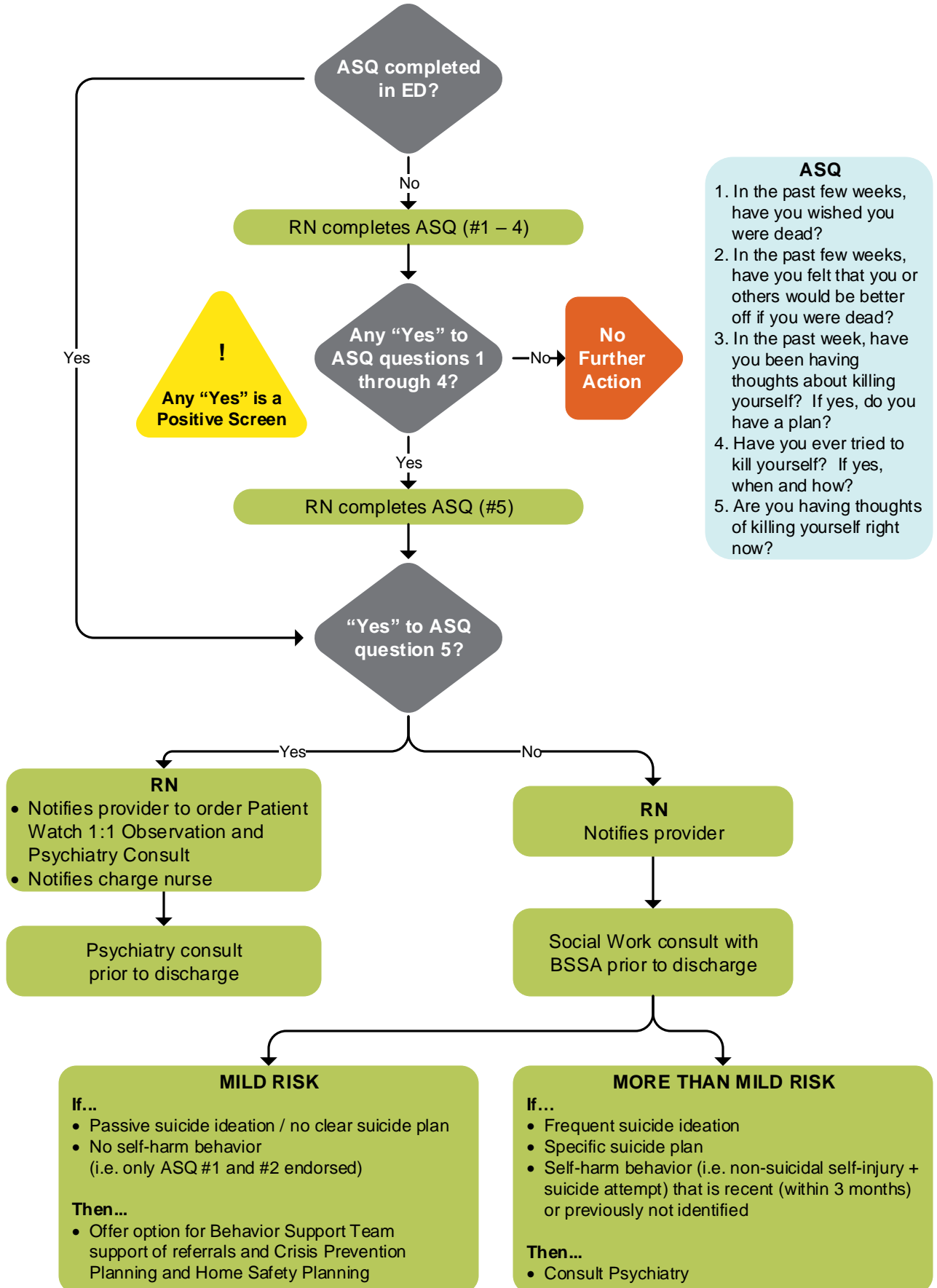
- All patients ≥ 10 years old

Exclusion Criteria

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

!

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



ASQ

- In the past few weeks, have you wished you were dead?
- In the past few weeks, have you felt that you or others would be better off if you were dead?
- In the past week, have you been having thoughts about killing yourself? If yes, do you have a plan?
- Have you ever tried to kill yourself? If yes, when and how?
- Are you having thoughts of killing yourself right now?

!

Any "Yes" is a Positive Screen

No Further Action

CSW Zero Suicide Initiative Pathway Approval & Citation

Approved by the CSW Zero Suicide Initiative Pathway team for March 20, 2019, go-live

CSW Zero Suicide Initiative Pathway Team:

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Psychiatry & Behavioral Medicine, Owner
Emergency Medicine, Stakeholder
Medical Unit, Team Member
Emergency Medicine, Team Member
Nursing Informatics, Stakeholder
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Retrieval Website: <https://www.seattlechildrens.org/pdf/zero-suicide-initiative-pathway.pdf>

Please cite as:

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CSW Zero Suicide Initiative Pathway Approval & Citation

Approved by the CSW Zero Suicide Initiative Ambulatory team for May 5, 2021, go-live

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Retrieval Website: <https://www.seattlechildrens.org/pdf/zero-suicide-initiative-pathway.pdf>

Please cite as:

Seattle Children's Hospital, Adrian, M., Miller, E., Ardres, N., Bower, G., Chase, J., Estela, J., McElvaine, S., Storhoff, S., Sullivan, J., Yonekawa, K., Migita, D., 2021 May. Zero Suicide Initiative Pathway. Available from: <https://www.seattlechildrens.org/pdf/zero-suicide-initiative-pathway.pdf>

Evidence Ratings

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

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Summary of Version Changes

- **Version 1.0 (3/20/2019):** Go live for ED and inpatient.
- **Version 2.0 (5/5/2021):** Go live for ambulatory. Aligned verbiage to correspond with Epic: patient watch. Corrected search methods.

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Medical Disclaimer

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.

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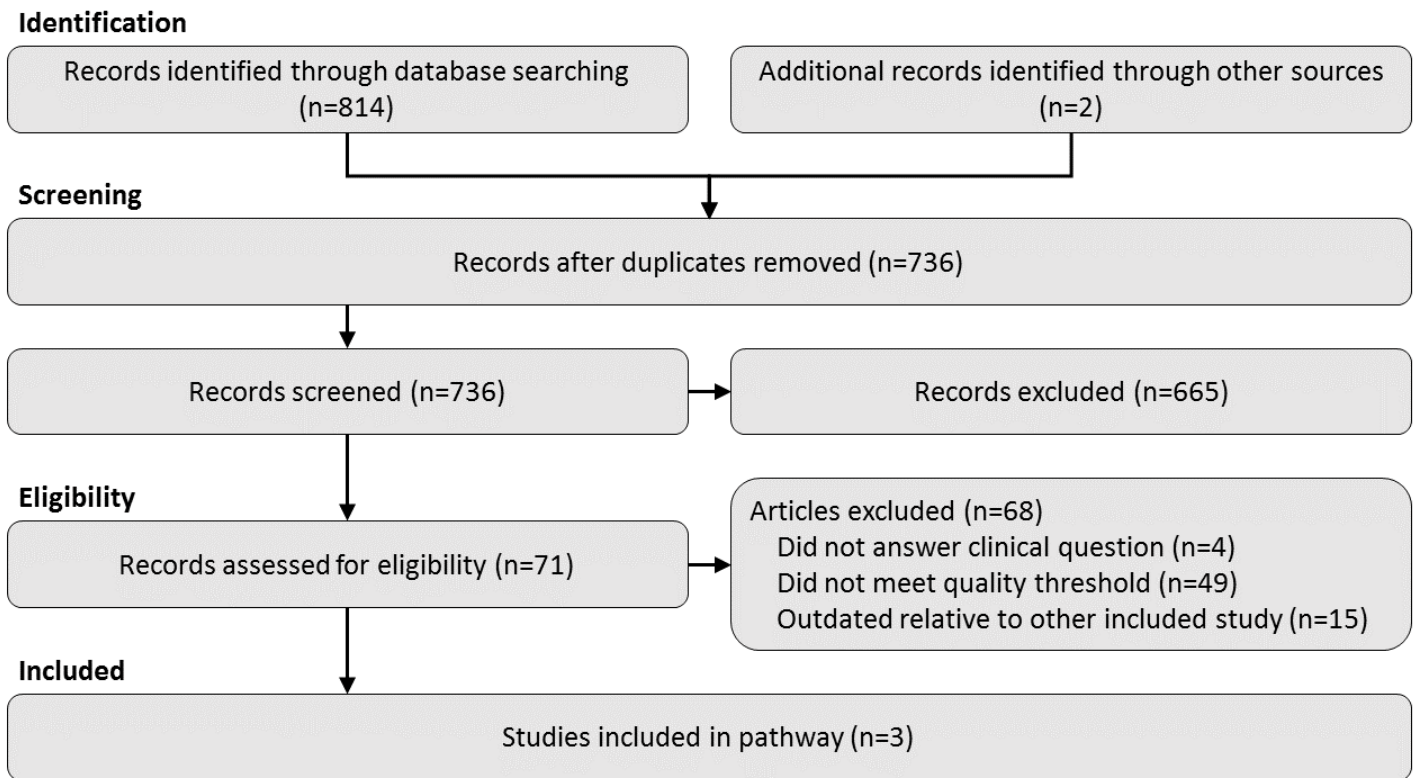
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Bibliography

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. Additional articles were identified by team members and added to the results.

Sue Groshong, MLIS
February 19, 2019



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

Bibliography

- Brahmbhatt K, Kurtz BP, Afzal KI, et al. Suicide risk screening in pediatric hospitals: Clinical pathways to address a global health crisis. *Psychosomatics*. 2018. Accessed 2/14/2019 5:50:21 PM. <https://dx.doi.org/10.1016/j.psym.2018.09.003>.
- Carter G, Milner A, McGill K, Pirkis J, Kapur N, Spittal MJ. Predicting suicidal behaviours using clinical instruments: Systematic review and meta-analysis of positive predictive values for risk scales. *Br J Psychiatry [ZS]*. 2017;210(6):387-395. Accessed 4/16/2018 3:19:43 PM. <https://dx.doi.org/10.1192/bjp.bp.116.182717>.
- Horowitz LM, Bridge JA, Teach SJ, et al. Ask suicide-screening questions (ASQ): A brief instrument for the pediatric emergency department. *Arch Pediatr Adolesc Med*. 2012;166(12):1170-1176. Accessed 2/14/2019 5:50:21 PM. <https://dx.doi.org/10.1001/archpediatrics.2012.1276>.