

Suicide Precautions

CM S-09 Suicide Precautions, P-59 Patient Belongings/Room Search, PROC CM S-09B Pediatric Stoplight Program Procedure

Placing Patient on Suicide Precautions:

- RN will place patient who exhibits active suicide thoughts and/or behavior, or who is admitted for attempted suicide onto Suicide Precautions
 - Charge Nurse notifies Administrative Supervisor of 1:1 Suicide Watcher (SUWA)
- Covering MD will evaluate & determine need within 1 hour of implementation = order via EMR
 - MD order is required to discontinue
- Psychiatric consult is ordered by MD to determine continued need
 - Psychiatric Consultation Service – see patient daily
 - STAT Psychiatric Consultation Service – for elopement/AMA

Room Preparation:

- Place sign on door indicating visitors need to report to nurse's station prior to entering room (F87612) via Duplicating
- Remove all sharp objects
- Remove telephone
- Limit linen



Room Preparation (cont.):

- Limit 1 plastic liner to 1 trash can
- Remove unnecessary cables, cords, shoe laces and equipment
- If patient transfer – communicate precautions
- Confirm window latches are secured and locked

1:1 Suicide Watcher (SUWA) means:

- Constant visual observation, within-arms-reach, **visual observation of hands at all times** (including but not limited to: bathing/showering, toileting, sleeping, test/treatment)
- NO personal belongings except for quality of life items (glasses, dentures, hearing aides, etc.)
- Visitor belongings in room lockers/cupboards – nothing at bedside

1:1 Suicide Watcher (SUWA) means (cont.):

- MUST wear hospital SAFETY gowns, pants & socks (EXCEPTION: 2N)
 - DT = Medical Equipment Request via ZenWorks via linen services & CC = Environmental Services
- Patient restricted to room unless medical team give the “OK” (PEDS = stoplight)
- No outside food allowed, order disposable precautions via EMR (PEDS = stoplight)

RN Responsibilities:

- Assess patient behavior, thoughts, ideations q8h - document EMR
- Give verbal report to SUWA within 30 min of assignment
 - Behaviors & interventions
 - Review environmental risk assessment items **NOT** removed from room
 - Document Observation Level (Obs. Level)/Environmental Risk Assessment (ERA) q8h (F81973)

RN Responsibilities (cont.):

- Adults are NOT permitted off unit for any non-medical reason (PEDS – Stoplight)
- Explain to the patient & family about these safety precautions
 - Patient belongings in locker/cupboard – no outside food – pt. dress code – room restriction

SUWA Responsibilities:

- **NO** other patient assignment during 1:1 Suicide Watcher/SUWA
- Communication (F81973)
 - Off-going SUWA & On-coming SUWA, document
 - Receives verbal report from RN within 30 min of assignment
 - Verbalize to RN every shift: patient condition, behavior, affect, interactions and visitors.
 - Immediate attention (STAT RN): Verbal threats/yelling, level of alertness, pulling IV/tubes, refusal to comply
 - Report to RN when patient is leaving the unit for medical reasons

SUWA Responsibilities (cont.):

- Constant visual observation, within-arms-reach, **visual observation of hands at all times** (including but not limited to: bath/shower, toileting, sleeping, test/treatment)
- Use Vocera conference feature to join unit
- Document q15min via Observation Record (F81973 = part of medical record)
- Stay with patient at ALL times: tests, toileting, bathing and showering

SUWA Responsibilities (cont.):

- Stay alert & avoid distractions – be aware of patient activities
- Disposable precautions: account for ALL plastic utensils
- May step out of room, remaining just outside at physician request ONLY (examining patient)
- No eating, drinking, sleeping and resting of eyes
- No personal items or activities into patient's room (coat, purse, cell phone)

SUWA Responsibilities (cont.):

- When possible SUWA & patient = same gender
- Request immediate assistance = harm to patient/staff/visitor
- Continuously monitor/document RISK ITEMS in room (see Appendix A)

O2 meter/tubing	Toxic Substances	Thermometers	Soda Cans
Cords Of Any Kind	Otoscope	Linen	Pens/Pencils
Wire baskets	Ophthalmoscope	Plastic Bags	Mirrors
Suction Gauge	BP Cuffs	Glass/Sharp Items	Bed/Stretcher
Blinds/Curtains	Stethoscope	Clothes Hangers	Chair/Sofa

Risk Items:

1. BP Cuff
2. Stethoscope
3. SCD Tubing
4. Extra Dirty Linen
5. Chair
6. Bed Frame
7. Telephone
8. Call Bell
9. IV Pump
10. Privacy Curtain
11. Suction Gauge
12. Over-bed Table
13. Bed-Side Stand
14. Air Conditioner
15. Blinds
16. Extra Telephone
17. Wire Basket



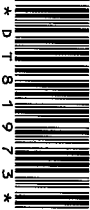
EXCEPTIONS:

- Psychiatric Inpatient Unit (4B and 5 West): Refer to unit specific policy PSY S-05 Suicide Precautions.
- Patients who intubated and on a continuous sedative drip will require a 1:1 SUWA during any period of holding or weaning the continuous sedative drip. The Observation Record must be completed. (F81973)
- Pediatric ICU: An RN or unlicensed personnel will act as the 1:1 SUWA while the patient is intubated and sedated. The Observation Record must be completed. (F81973)

Correction Officers (State & County):

- May assume responsibility for 1:1 SUWA constant observation (no nursing staff required).
- Required to document every 15-minute observations in the DOCCS log book or the County Jail log book on admitted patients including admitted inmates in the ED awaiting placement.
- A copy of the log will be obtained by the nurse caring for the patient every 8 hours & attach to Observation Record Form (F81973).
- Nursing will place a patient sticker on the copy of the log and document “Constant Observation by DOCCS/County Jail Officer”.

Column NAME change - RN Only - KEY ON BACK



Patient Name: Sally Safety MR#: 0123456

Account #: ABC789 DOB: 12-12-12 Date: 1-1-19

OBSERVATION RECORD

Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.	Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.	Time	Activity Code	Behavior Code	Obs Level	Location Code	ERA	Init.	
2400							0800	134	B				LK	1600	14	A	SUWA			A	CB
15							15							15	21	A				B.C	mm
30							30							30	21	A				D	mm
45							45							45						I	
0100							0900	89	JK				LK	1700							
15							15							15							
30	14	M	1:1			SW	30							30							
45							45							45							
0200		M				CL	1000	10	JK				LK	1800							
15							15	14	L	D			SB	15							
30							30							30							
45							45							45							
0300		DEF				CL	1100	5	IL				PP	1900							
15							15							15							
30							30							30							
45							45							45							
0400		DEF				CL	1200	5	IL				PP	2000							
15							15							15							
30							30							30							
45							45							45							
0500	12	B				CL	1300	11	IL				PP	2100							
15							15							15							
30							30							30							
45							45							45							
0600	12	B				DD	1400	12	B				PP	2200							
15							15							15							
30							30							30							
45							45							45							
0700	12	B				DD	1500	12	B				mm	2300							
15	14		1:1			SB	15	12,14	B	D			CB	15							
30	12	B				LK	30							30							
45							45		A				mm	45							

RN order at initiation of Safety Companion Level

RN assessment is q8h or if level changes

RN can place pt on Suicide Precautions (SUWA), then must document Obs Level & ERA q8h - MD will evaluate in 1 hour

Now the Safety Companion is now a Suicide Watcher (SUWA), documentation on Observation Record is now q15 minutes

Encourage rotating SC assignments on unit q4h

New shift RN validates previous RN order & RN HANDOFF but NO new order is needed unless a change or 8 hours has passed

Patient Name: Sally Safety Account #: ABC 989 MR#: 0123456 Date: 1-1-19

Observation (Obs) Level: (Safety Companion-RN Only-assessed every 8 hours) ←
 1:1=High Risk, 2:1=Cohorting, D=Distance Safety Companion, R=Purposeful Rounding, F=Family/Friends, 1:1 SUWA=Suicide Watch, DC=Discontinue Safety Companion/Suicide Watcher
 O/O=One to One (IP Psych) 15=15 minute Observation (IP Psych) 30=30 minute Observation (IP Psych) CO=Constant Observation (IP Psych)

RN ONLY - q8h/prn, must communicate to SC/SUWA

Environmental Risk Assessment (ERA): These items will be removed from the patients room once medically cleared: (Environmental Risk Assessment-RN Only-assessed every 8 hours) ←
 A. O2 flow meter/tubing C. Suction gauge E. Otoscope, ophthalmoscope G. Stethoscope I. Phone K. Other: _____
 B. Monitors & Cords D. BP cuff F. Wire basket H. Thermometer J. Other: _____ L. Other: _____

Suicide Precautions ONLY: RN must complete ERA q8h

Please be aware of items in the room that are not removed and pose a risk to the patient including, but not limited to: ←
 Curtains and blinds Shower curtain C-locker Call bell Lamp shade Cords of any kind Bed frame/Stretcher
 Chairs Sleeper sofa Linen and gown Mirror Extra linen

Suicide Precautions ONLY: SUWA constantly aware of items remaining in room

Activity Code:
 1. TV/Movie 5. On the telephone 9. Shower/bathing 13. Book/Magazines/Tablet 16. Puzzles/book mind game 19. Urinal/bedpan 21. Other (Describe):
 2. Therapeutic Play 6. Approved visitor visiting 10. Ambulating 14. RN present 17. Resting 20. Off unit for test/ procedure 22. Other (Describe): Bed
 3. Eating 7. Physician present 11. Story Telling/Reminisce 15. Activity Apron/repetitive activity 18. Playing cards/board games
 4. Drinking 8. Toileting 12. Sleeping

Behavior Code:
 a. Crying d. Yelling/screaming f. Restless i. Cooperative k. Responds to verbal cueing m. Risk Behavior: (hitting, biting, self-injury)
 b. Quiet/reclusive e. Unable to follow directions g. Sleepy j. Follows directions l. Calm n. Other: _____
 c. Impulsive

Location Code: (IP Psych only) Inpatient Psych ONLY
 R = Room Awake K = Kit = Dayroom QR = Quiet Room B = Bathroom H = Hallway
 SW - Social Worker S = Asleep T = Treatment Room GR = Group Therapy SH = Shower CR = Conference
 L = Laundry OU = Off Unit P = Privilege/Pass O = Doctor Office MR = Music Room C = Classroom

Date	Time	Initial	On-coming Companion Signature	Print Name/Title	Date	Time	Initial	Off-going Companion Signature	Print Name/Title
1/1/19	0200	CL	Chic Little	Chic Little, MOA	1/1/19	0600	CL	Chic Little	Chic Little, MOA
1/1/19	0600	DD	David Duck	David Duck, HCT	1/1/19	0700	DD	David Duck	David Duck, HCT
1/1/19	0730	LK	Little King	Little King, HCT	1/1/19	1100	LK	Little King	Little King, HCT
1/1/19	1100	PP	Pretty Pink	Pretty Pink, HCT	1/1/19	1500	PP	Pretty Pink	Pretty Pink, HCT
1/1/19	1500	mm	Mickey Moose	Mickey Moose, MOA					

Date	Time	Initial	RN Order	RN - Signature	Print Name	Date	Time	Initial	RN Order	RN - Signature	Print Name
1/1/19	0130	SW	✓	Snowy White	Snowy White, RN						
1/1/19	0715	SB	✓	Sleeping Blue	Sleeping Blue, RN						
1/1/19	1015	SB	✓	Sleeping Blue	Sleeping Blue, RN						
1/1/19	1515	CB	✓	Chuck Brown	Chuck Brown, RN						
1/1/19	1600	CB	✓	Chuck Brown	Chuck Brown, RN						