

Pediatric Safety Plan

As you fill in this form, focus on your own needs and what would be helpful to you in times of crisis. Your healthcare provider may also review with you to discuss ideas.

My Commitment to Be Safe

The one thing that is **most important to me** and worth living for is: _____

Warning Signs

What are some **situations, persons, thoughts, and feelings** that trigger my symptoms of depression and self-harm?

Situations

Thoughts

Persons

Feelings

Coping Skills

What are some **coping skills I can use to help myself immediately calm down** when I have the thoughts or feelings listed above? I will stop and think of these skills. (Deep breathing, etc.)

- I can/will: _____
- I can/will: _____

What are some **coping skills I can use to help me get control?**

(Activities that can distract me while I develop strength to cope with stress and pressure, such as talking to someone)

- I can/will: _____
- I can/will: _____

Home Treatment

What will my treatment be after I leave the hospital?

- Therapy: _____
- Medications: _____
- Other: _____

What are some specific steps I can take that will help me continue to get better?

Continued on next page →



Pediatric Safety Plan *(continued)*

My Support System

In what specific ways can my family or significant other help me to be healthier?

Who are the people that will support me in a positive and healthy way?

1. Name _____ Phone Number: _____

2. Name _____ Phone Number: _____

Making the Environment Safe

How can I make my environment safer? For example, **can I remove guns, medications, and other items?**

1. _____

2. _____

Professionals or agencies I can contact during a crisis

Who can I call for help? My doctor, a mental health provider, a suicide hotline?

• Clinician name: _____ Phone: _____ Pager or emergency #: _____

• Clinician name: _____ Phone: _____ Pager or emergency #: _____

• Local urgent care services: _____ Address: _____

Phone: _____

National Suicide Prevention Lifeline: 988

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Family Contract — Home Rules and Expectations

An important part of safety is supervision.

My parent/s and I must agree on the four **W's** and a **curfew** time before I go anywhere.

Who are you going with? **Where** are you going? **What** will you be doing? **When** will you be back?

If there is a change in plans, I will always call and let my parents know of the change.

Weekday Curfew: _____ Weekend Curfew: _____

Basic Family Rules (The rules that keep the family safe and demonstrate respect.)

1. _____

2. _____

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