BEST PRACTICE FLASH CARD

Suicide Prevention – INPATIENT

Intermountain® Healthcare

Reference Link

SCREENING and ACTIONS

Patient presents with mental health concern or clinical suspicion of suicidal ideation present

SCREEN for suicide risk using the C-SSRS Quick Screen

Q1: Have you wished you were dead or wished you could go to sleep and not wake up?

Q2: Have you actually had any thoughts of killing yourself?

y1, n2

no to 1, yes to 2 OR yes to both

Q3: Have you been thinking about how you might kill yourself?

Q4: Have you had these thoughts and had some intention of acting on them?

Q5: Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

Q6: Have you ever done anything, started to do anything, or prepared to do anything to end your life?

ACTIONS based on positive responses *(respond based on highest level of risk)*

y1, n2	LOW risk	• Continue with plan of care *Note: Patient response to question 6 may increase risk and result in additional steps.*
y3	MODERATE risk	• Continue with plan of care • Initiate nursing interventions
y4 &/or, y5	HIGH risk	• Notify charge nurse/shift coordinator & attending physician • Assess need for 1:1 • Initiate nursing interventions • Administer C-SSRS Lifetime/ Recent Assessment
y6	HIGH	**If in the past 4 weeks:** Notify change nurse/shift coordinator & attending physician; assess need for 1:1; initiate nursing interventions
	MOD	**If 1–12 months ago:** Assess risk factors & consider referral to MHI or BH provider; nursing interventions
	LOW	**If ≥1 year ago:** Consider referral to MHI or BH provider & patient education

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ADDITIONAL SCREENING TOOLS

Reference Link

Columbia Suicide Severity Rating Scale (C-SSRS)		
C-SSRS version	**Description**	**Who administers?**
Adult/Adolescent (≥12 years) Quick Screen *Pediatric (≤11 years) Quick Screen*	Used in primary care and EDs to quickly screen patients for suicidal thoughts and behaviors; 3–6 questions (depending on patient responses). *Assesses past month.*	Any clinician can administer this screen. At Intermountain, the Quick Screen is used by: • Primary care providers (PCPs) • Emergency department (ED) triage nurses • Clinicians (nurses, MDs, etc.) on BH units and inpatient units
Adult/Adolescent (≥12 years) Lifetime/Recent Assessment *Pediatric (≤11 years) Lifetime/Recent Assessment*	Used for full assessment during initial visit; 2-page assessment (number of questions varies based on patient responses). *Assesses lifetime and past month.*	• PCPs treating patients at low risk • Any MD • Mental health specialists • Trained MHI team members (care managers, health advocates, etc.) • ED crisis workers • Other trained clinicians
C-SSRS — Adult/ Adolescent (≥12 years) Since Last Visit Version *Pediatric (≤11 years) Since Last Visit Version*	Used to assess patient at follow-up visits; same questions as the Lifetime/Recent versions. *Assesses since last visit or since last assessment.*	
Suicide Prevention — Risk Assessment Tool	Used to assess the patient's level of risk during initial visit and over time; 1-page list of suicide risk and protective factors. *Assesses current risk.*	