|  |
| --- |
| **WARNING SIGNS*** Talking about or wanting die or kill oneself
* Looking for a way to kill oneself, such as searching online or obtaining a gun
* Talking about feeling hopeless or having no reason to live
* Talking about feeling trapped or in unbearable pain
* Talking about being a burden to others
* Increasing the use of alcohol or drugs
* Acting anxious or agitated; behaving recklessly
* Sleeping too little or too much
* Withdrawing or feeling isolated
* Showing rage or talking about seeking revenge
* Displaying extreme mood swings
 |
|  |
| **RISK FACTORS*** Prior suicide attempts
* Misuse/abuse of alcohol or other drugs
* History of mental illness (mood disorders, anxiety, schizophrenia)
* Access to lethal means
* Knowing someone who died from suicide
* Social isolation
* Chronic disease/disability
* Lack of access to BH care
* End of relationship or marriage
* Death of loved on or pet
* An arrest
* Serious financial problems
* Recent discharge from psychiatric hospital
 | **PROTECTIVE FACTORS*** Effective BH care
* Close connections to individuals, family, community & social institutions
* Adept skills in problem solving and coping
* Self-esteem/sense of purpose or meaning
* Cultural, religious or person beliefs discouraging suicide
 |

Risk Factors, Protective Factors, and Warning Signs

Updated 9/27/18

**NEXT STEPS**

* Provider Treats
* Warm intro to BHC or MHS if available
* Consider hospitalization
* If hospitalization not required:
* Complete Progress Note with dot phrase (.CCZSPROGRESSNOTE)
* Complete Safety
* Add Suicide Risk to Problem List using Preference List
* Add FYI: Patient Safety Alert and complete summary with dot phrase (.CCZSFYISAFETYALERT) to document High Risk
* Add Safety Plan, Client Education Letter & Crisis Contacts to AVS using (.CCZSAVSDETAILS)
* Schedule follow-up appt. w/PCP or BHC w/in 1-3 days
* Referral to MH Provider
* Route note to ZS Risk Pool and mark with “red arrow” for high priority for follow-up call w/in 24 hrs using dot phrase (.CCZSFOLLOWUPNEEDS)
* Complete After Hour Alert to send to Clackamas County Crisis for outreach same day if clinically appropriate.
* Document level of risk and tools used in encounter

**HIGH RISK**

* Suicidal ideation w/ any active planning
* Gestures/attempt
* Intent
* Significant risk factors
* Limited protective factors

**NEXT STEPS**

* Provider Treats
* Warm intro to BHC or MHS if available
* Complete Progress Note with dot phrase (.CCZSPROGRESSNOTE)
* Complete Safety Plan
* Add SI to Problem List from the Preference Lists
* Add FYI: Patient Safety Alert and complete summary with dot phrase (.CCZSFYISAFETYALERT) to document Moderate Risk
* Add Safety Plan, Client Education Letter, and Crisis Contacts to AVS using (.CCZSAVSDETAILS)
* Schedule follow-up appt. w/ PCP or BHC w/in 1 week
* Referral to MH Provider
* Route note to ZS Risk Pool for follow-up call w/in 3-5 days using dot phrase (.CCZSFOLLOWUPNEEDS)
* Document level of risk and tools used in encounter

**MODERATE RISK**

* Suicidal ideation
* Passive plans
* No gestures/attempts
* No intent
* Risk factors
* Limited protective factors

**NEXT STEPS**

* Provider Treats
* Add Crisis Contacts to AVS using dot phrase (.CCZSAVSDETAILS)
* Consider referral to BHC, MHS or MH provider
* Route note to ZS Risk Pool and mark with “blue arrow” for low priority for follow-up call w/in 1 week & use dot phrase (.CCZSFOLLOWUPNEEDS)
* Document level of risk and tools used in encounter

POSITIVE response or clinical concern, administer PHQ-9\*

Question #9 is endorsed on PHQ, or clinical judgment has you “Ask the Question”

**LOW RISK**

* Suicidal ideation
* No plans
* No gestures/attempts
* No intent
* None or few risk factors
* Protective factors

\*Consider Risk Factors, Protective Factors and Warning Signs throughout.

\*\*Risk levels are fluid. A patient can move from one level to the other.

Assess Level of Risk\*\* using the Columbia Suicide Severity Rating Scale

Every patient, every visit:

Two Question Screen: PHQ-2

Providers Role in

Suicide Prevention