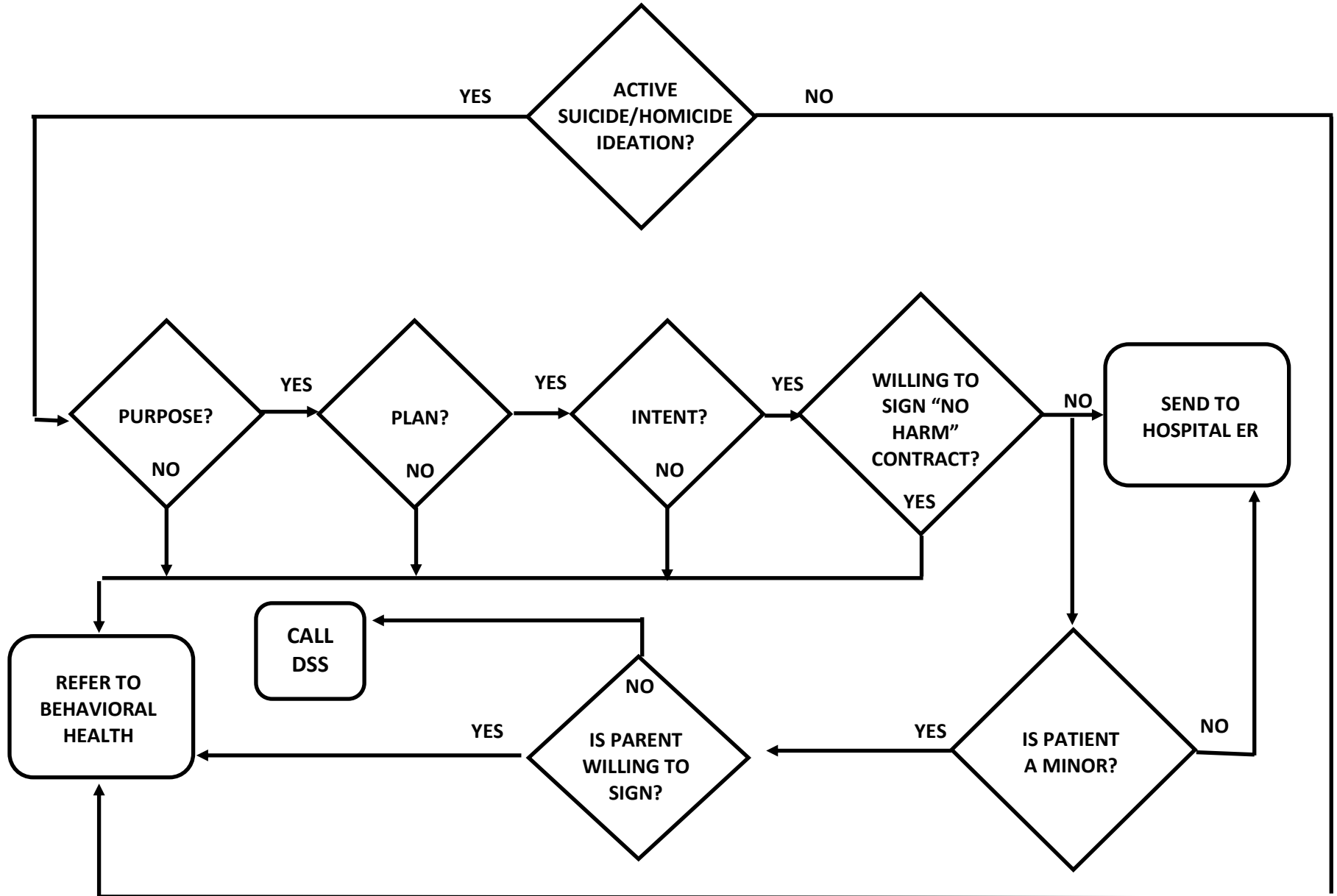


SUICIDE/HOMICIDE IDEATION DECISION FLOWCHART



SUICIDE/HOMICIDE IDEATION DECISION NOTES

ACTIVE SUICIDE/HOMICIDE IDEATION – “I want to kill myself (or someone else)” as opposed to “Sometimes I wish I was dead.”

PURPOSE – Patient has demonstrated through thoughts, words, or deeds that they have an active ideation to harm self or others. Take all threats of suicide, homicide, self-harm, or harming others seriously.

PLAN – Patient has demonstrated a plan to harm self or others (bought a gun, gotten pills, thought about how they’d do it). A high number of people contemplate suicide by automobile, so include this information in your assessment by asking, “Have you ever thought of hurting or killing yourself in an automobile crash?”

INTENT – Patient has demonstrated intent through thoughts, words, or deeds; e.g. given away possessions, written a suicide note, said “goodbye” to family members, made arrangements for care of pets/children.

“NO HARM” CONTRACT – If patient is suicidal, complete “Suicide Prevention Action Plan.” If patient is homicidal, complete “No Harm” contract. If patient refuses to sign, and is not a minor, then emergency services must be called.

PURPOSE – Patient has demonstrated through thoughts, words, or deeds that they have an active intent to harm self or others.

MINORS – If patient is a minor, or otherwise incompetent or incapacitated, a parent, guardian, or other legally responsible adult can sign for them, with the understanding that if the suicide/homicide ideation returns the patient must immediately be taken to the emergency room.

CALLING DSS – If the patient is a minor or otherwise unable to sign for themselves, and a parent/guardian refuses to sign, the Department of Social Services must be notified, and the child must be sent to emergency services. Refusal to protect a minor child or a vulnerable adult who has a suicide/homicide ideation constitutes abuse and/or neglect and a mandated report is required.

REFER TO BEHAVIORAL HEALTH – Only if patient is not actively suicidal/homicidal as defined by the flow chart. Otherwise, send patient to emergency services. If the patient is actively suicidal/homicidal but is willing to sign the “no harm” contract, then referral to emergency services is not necessary; however, they would still need to be seen by behavioral health, preferably on the same day. If a same-day appointment is not available, then the patient would need to be seen by behavioral health within 24 hours. Crisis appointments take precedence over all other behavioral health appointments.

WHEN IN DOUBT – Err on the side of caution. If patient is evasive, uncooperative or non-responsive, contact emergency services. Use your best clinical judgment.