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|---|--|--|---|
| Key Indicators  | Completed automatically from ASQ ANSWERS and doctor clicks on prompted decision support from ASQ INTERVIEW |  |   |
|   | <b>RISK SUMMARY REVIEW</b>   |  |   |
|   | Green  | Yellow   | Red   |
|   | Current No or Low risk of suicidal behavior  | May have factors for serious harm in the long-term, but protective factors are more compelling in the short-term. Needs non-inpatient care | Client is thought to be a current or short-term high risk for causing serious harm to self.<br><b>Needs immediate mental health evaluation. Cannot be left alone.</b> |
| <b>ASQ Score</b>  | NO on questions 1 - 4  | Yes to any question 1 - 4  | Yes to Question 5 on ASQ  |
| <b>Thoughts</b> of hurting self or ending life<br>Within past 2 weeks | No thoughts<br>Don't know/Not applicable   | Yes Thoughts<br>Once or twice<br>Several times a week<br>Once or twice a day   | Yes Thoughts<br>Several times a day<br>All the time   |
| <b>Plan</b> to hurt self or end life                                  | No plan  | Vague Plan<br>OR<br>No intention to carry out plan   | Feasible/or detailed Plan<br>Has intent to actually do it   |
| <b>Attempt</b> ever in past   | None   | Yes<br>But no intent to die<br>But no lethal method used   | Had intent to die<br>Or<br>Used potentially lethal method<br>Or<br>Was interrupted by someone/something before could complete potentially lethal act                  |

| <b>Support System</b>  | Trusted adult<br>Seeing Therapist<br>Interested family, friends, or others able and willing to provide support needed.<br>Clearly stated reasons for living<br>Willing to engage in strength building activities | Interested family, friends, or others, but some question exists of availability to help.<br><br>Considering engagement in strengths building activities | No supportive family, friends or others. Agencies cannot provide immediate support needed.<br>Some support might be mobilized, but its effectiveness will be limited.<br><br>Not clear about reasons for living |
|--|--|---|---|
| <b>Stressors</b>   | No serious stressors   | Some conflicts at home- not severe<br>Academic pressures<br>Problems with Peers   | Conflicts at home-hard to handle<br>Severe Bullying<br>Knows someone who recently suicided  |
| <b>Cooperation-</b> willingness to engage in treatment*  | Actively seeks outpatient treatment, is willing and able to cooperate.   | Passively accepts interventions. Wants to get help but motivation not strong.   | Unable to cooperate or actively refuses.<br>Shows little interest in or comprehension of efforts made on his/her behalf.  |
| <b>Other Symptoms</b><br>Depression<br>Anxiety<br>Impulsivity/Recklessness<br>Hopelessness<br>Irritability<br>Substance Abuse<br>Other (sleep, mania, psychosis,. etc) | Few or no serious symptoms<br>PHQ9 < 5   | Moderate symptoms in several areas<br><br>PHQ9 5 - 14   | Multiple problems<br>PHQ9 >15   |
| <b>Plan</b>  | Discharge to Home<br>May or may not need mental health referral  | Discharge to Home with Safety Plan<br>Mental Health Referral  | Needs immediate Mental Health Assessment<br>Call therapist if has one<br>ER evaluation OR Psychiatric Admission Evaluation over phone   |

| SAFETY PLAN             |                                |   |  |
|-------------------------|--------------------------------|---|--|
| Who will be in Control? | Child/Teen                     | <p>Joint Planning: Parent commands from <b>list of options*</b>, need agreement, if can't commit or agree, move to RED plan</p> <p>Let a parent and safety person know right away (who):</p>  | <p>Parent/Safety Person: Parent <b>commands</b> from list of options, no agreement needed, if can't follow, go to ED.</p> <p>Let a parent and safety person know right away (who);</p> |
| Plan                    | Keep doing what you are doing! | <p>Remove Sharp Objects or Anything That Can Use to Hurt Self, Lock Medications, Store guns and ammunition separately and locked</p> <p>Say: "Research has shown that limiting access to dangerous objects saves lives. What will you do to secure or remove these potentially dangerous items (guns, medications, ropes, etc.)?"</p> |  |
| Plan                    | Keep doing what you are doing! | Check Ins with parent/guardian 1 - 2 times a day regarding safety   | Bring to ED for safety evaluation if can't quickly develop plan to return to yellow level  |

## **MY COMMITMENT TO SAFETY**

Used for those in the yellow zone

Things that are good about life or that I am looking forward to in the future are:

- 1.
- 2.
- 3.

When I am having thoughts of wanting to kill myself (yellow or red zones), these thoughts can feel very strong. If I give it time, however, these thoughts will become less strong. Things I can do for 30-60 minutes that help me deal or get my mind off these thoughts are:

- 1.
- 2.
- 3.
- 4.

If I tell someone, he or she might be able to help. Adults I can talk to when I am feeling unsafe are:

|    | Name | Relationship | Phone # |
|----|------|--------------|---------|
| 1. |      |              |         |
| 2. |      |              |         |
| 3. |      |              |         |
| 4. |      |              |         |

When I am feeling unsafe, others can help me by:

- 1.
- 2.
- 3.
- 4.
- 5.

How confident are you that you can keep to this safety plan (from 0 – 100%)?

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**I understand that it is important to try to distract myself or use good tools to deal with my feelings and to talk to an adult when I am having thoughts of wanting to kill myself.**

**I commit that I will talk to an adult about my unsafe feelings or call the suicide hotline at 1-800-SUICIDE (1-800-784-2433) before doing anything to hurt myself or to end my life.**

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**Signature**

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**Date**

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**Determine disposition:**

*Choices create plan from drop down + refer button options for certain choices – safety plan above goes to careportal + can be printed with text alert general reminders and reminder to retrieve patient education and teen and parent to retrieve*

1. **Emergency psych eval: imminent risk/current suicidal thoughts.**
  - a. Send to ED for full mental health evaluation
  - b. Able to contact patient's current mental health provider and alternative safety plan for imminent risk is established.
2. **Further eval of risk is necessary:** Review safety plan and send home with a mental health referral as soon as can get appointment (preferably within 72 hours).  
Text reminder to trusted person/or parent and/or teen to query SI- select 1 – 3X/day
3. **Might benefit from non-urgent mental health follow-up:** Review the safety plan and send home with a mental health referral. Text reminder to trusted person/or parent and/or teen to query SI- select 1 – 3X/day
4. No further intervention is necessary at this time. E.g. Existential thinkers; situational stress.

**ALL:**

1. Check in call within 48 hours
2. Follow-up at next appointment- 1 week/2 weeks/1 month
3. Provide Resources:  
24/7 National Suicide Prevention  
Lifeline 1-800-273-TALK (8255);  
En Español: 1-888-628-9454;  
24/7 Crisis Text Line: Text "START" to 741-741