

This document may be used only with the permission of the VISN 3 Suicide Workgroup and the VISN 3 MIRECC

Patient Information:

Current Suicidal Ideation/Intent/Plan: (patient may be at risk for suicide without voicing ideation, intent or plan)

Ideation yes [] no []

{if yes to ideation then the options of passive or active will appear, and the positives will be checked off and described. For a yes at least one would need to be checked but both could be applicable}

Passive yes [] no []

Active yes [] no []

Intent yes [] no []

Plan yes [] no []

Describe: *free text required*

[NO's will be included in the note generated from template]

Longstanding, Chronic Risk Factors: *these factors place the person at an increased risk for suicidal behavior. They are relatively immutable trait type characteristics (the exception being an illness that enters remission)*

Previous Suicide Attempts: (describe circumstances, stressors and means of previous suicide attempts, in particular the details of the most recent attempt prior to the current one, including response to treatment interventions) *free text required*

Impulsivity:	Violence	yes []	no []
	Verbal Aggression	yes []	no []
	Head Injury	yes []	no []
	Smoking	yes []	no []
	Impulsive behaviors	yes []	no []

Describe: *free text required for positives*

[NO's will be included in the note generated from template]

Illness:	[] Depression	[] Substance Abuse
	[] Psychosis	[] Alcohol Abuse
	[] Bipolar Disorder	[] Serious medical Illness
	[] Cluster B personality	[] Pain

Describe: *specify, free text optional except for serious medical illness which should be*

described.

[only positives will be incorporated in note]

Acute Factors: *these are factors that place a person in a more acute risk of suicide. They are not as longstanding, tend to be more mutable, and are targets for treatment. When identified in a person at risk, the treatment plan should describe how these factors will be addressed.*

Symptoms: psychic anxiety	yes []	no []
panic	yes []	no []
hopelessness/demoralization	yes []	no []
insomnia	yes []	no []
obsessionality	yes []	no []
alcohol use	yes []	no []
hallucinations	yes []	no []
pain	yes []	no []

Describe: *free text for all yes responses*

[NO's will be included in the note generated from template]

Social: check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Poor Social Support | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Environmental change | <input type="checkbox"/> Recent discharge |
| <input type="checkbox"/> Recent loss | <input type="checkbox"/> Acute life stressors |
| <input type="checkbox"/> Family history of suicide | |

Describe: *free text required if positive responses.*

Medication Factors: adherence to medication
yes [] no []
 recent Lithium withdrawal
 recent medication change
 pain management (where applicable)

Describe: *free text required*

This document may be used only with the permission of the VISN 3 Suicide Workgroup and the VISN 3 MIRECC

Personal Risk Factors: (particular factors that have triggered previous suicidal behavior or are leading to current suicide risk; may include idiosyncratic circumstances predictive only in this patient. This involves an individualized constellation of factors, usually both chronic factors and a combination of acute factors that have led to current or previous suicidal impulses and/or the attempts described above, if applicable)

Describe: *free text required*

Firearms: (The most common means for completing suicide in the United States for both men and women, and the environmental factor that most increases the risk of completed suicide)

Currently Available yes no

Removed yes no

Describe: *free text required*

[NO's will be included in the note generated from template]

Access to other Means: Currently Available yes no

Removed yes no

Describe: *free text required*

[NO's will be included in the note generated from template]

Mitigating Factors: (alternatives to suicide, plans and hopes for future, beliefs supportive of continued living, religious beliefs, reasons to continue living, dependant children, psychic toughness, other)

Describe: *free text required*

Category of Risk: (the first check off is if there are acute factors, identified above, currently active that need to be addressed)

Acute Factors Current

(the next two categories refer predominantly to the long-term or diathesis type risk, rather than aspects of more acute suicide risk)

Baseline Increased Risk

Limited risk

Interventions and Plan:

Contact with family/social support made

Containment

This document may be used only with the permission of the VISN 3 Suicide Workgroup and the VISN 3 MIRECC

- Family agrees to observe patient
- Other social support (e.g. residence staff) agrees to observe patient

Removal of means

- Firearms
- Other
- Initiate emergency hold:
- Admit to inpatient care
- Place patient on 1:1 observation

Arrange Continuing Care

- Arrange Outpatient follow-up:
[*(textbox) required description of referral*]

- Patient to be seen within 24 hours.
[*(textbox) required description of referral*]

- New Referrals to
[*(textbox) required description of referral*]

Acute Factors Addressed

- Symptoms
- Environmental Factors
- Medication Factors

Treatment of Underlying Psychiatric Disorder(s):

- Medication Change or Adjustment
- Psychotherapeutic Changes or adjustments

Identification of reasons to live/mitigating factors

Veteran response to changes

- Positive
- Neutral
- Negative

Describe:

This document may be used only with the permission of the VISN 3 Suicide Workgroup and the VISN 3 MIRECC

The progress note should document the steps taken towards ensuring the patients safety, their level of cooperation with these procedures, steps taken towards relieving the factors creating the acute distress. A complete treatment plan involves addressing the acute factors, treating the underlying psychiatric illness, decreasing access to means, enhancing the mitigating factors. For patients who are acutely at risk, these aspects should be addressed immediately with plans for follow-up described. It is impossible to treat everything all at once, so it is reasonable to treat the most important, highest risk and distressing aspects first, and then move on to other issues as patient improves.