AMBULATORY CHECKLIST FOR THE CARE OF THE PATIENT AT RISK FOR SUICIDE AND/OR SELF HARM

FOR SUICIDE AND/OR SELF HARM ELEMENTS	
Initial Actions	Notes
Do not leave patient alone. Keep patients who are in acute suicidal crisis in a safe health care environment under supervision, including toileting.	
Notify appropriate clinician to assess patient	
Call Security or 911 for escort to closest hospital or ED	
Environmental Monitoring	Notes
Maintain awareness of risks including anchor points for hanging and material that can be used for self-injury. Clinical Staff removes environmental hazards which may include but is not limited to:	
medical equipment (not attached to the wall)/supplies that may pose risk when not medically necessary	
• scissors	
hospital gloves	
• calstat	
plastic bags (including trash and patient belonging bags)	
anything small enough to swallow, e.g. paper clips, pin tack	
medications	
pens and pencils	
• sharps box	
electrical cords\telemetry wires when not medically necessary	
 If unable to create a safer environment, when able, identify a room or area that the patient will be held until they can be transferred to a hospital/higher level of care. 	
Emergency Management of Patient Attempting Harm	Notes
DO NOT PLACE SELF AT RISK. Wait for security/police to intervene with patient	
If patient is trying to leave, do not block patient but try to keep patient in sight. DO NOT PUT HANDS ON PATIENT	
Do not attempt to remove dangerous items from patient	
Remove other patients from area, if able	
If medical emergency, activate emergency response	
Emergency Management of Actively Suicidal Patient on Phone	
When a caller identifies as actively suicidal, licensed staff will remain on the line with the caller until an appropriate emergency response is activated.	