

Assessment Parameters	No Risk	Low Risk	Moderate Risk	High Risk
Presence of Plan				
A. Details	<input type="checkbox"/> None Present (0)	<input type="checkbox"/> Has thought about it vague plans (1)	<input type="checkbox"/> Has some specifics (2)	<input type="checkbox"/> Well thought out plan (5)*
B. Availability of Means		<input type="checkbox"/> Not available & would have to obtain (0)	<input type="checkbox"/> Available - close by (1)	<input type="checkbox"/> Has in hand (5)*
C. Time	<input type="checkbox"/> None Present (0)	<input type="checkbox"/> No time or sometime in the future (1)	<input type="checkbox"/> Within a few hours (2)	<input type="checkbox"/> Immediately (3)*
Alliance with Staff		<input type="checkbox"/> High level of comfort or alliance (0)	<input type="checkbox"/> Moderate/some (1)	<input type="checkbox"/> None identified (3)
Ability to Contract for Safety	<input type="checkbox"/> None Present (0)	<input type="checkbox"/> Able & willing (1)	<input type="checkbox"/> Ambivalent (3)	<input type="checkbox"/> Unable (4)
Lethality of Attempted Method	<input type="checkbox"/> None Present (0)	<input type="checkbox"/> Pills, slash wrists (2)	<input type="checkbox"/> Drugs; wreck car. (3)	<input type="checkbox"/> Gun, hanging, or jumping (5)*
Behaviors (Risk increases with more than one psychiatric disorder)				
A. Normal Activities		<input type="checkbox"/> ADLs with little/no change (0)	<input type="checkbox"/> Some disruption (2)	<input type="checkbox"/> ADLs grossly disturbed (3)
B. Depression	<input type="checkbox"/> None Present (0)	<input type="checkbox"/> Mild; feels "slightly down" (1)	<input type="checkbox"/> Moderate; moody, sad (2)	<input type="checkbox"/> Overwhelmed; hopeless (4)
C. Psychosis		<input type="checkbox"/> None (0)	<input type="checkbox"/> Some delusions but intact reality testing	<input type="checkbox"/> Command AVH; severe delusions and/or impulsive and agitated (2)
D. Chemical Dependency		<input type="checkbox"/> No co-morbidity (0)	<input type="checkbox"/> Past only (1)	<input type="checkbox"/> Ongoing problem (2)
E. Anxiety		<input type="checkbox"/> Little or none (0)	<input type="checkbox"/> Low to moderate (1)	<input type="checkbox"/> High to panic level (4)
F. Energy level		<input type="checkbox"/> Low energy (0)	<input type="checkbox"/> Low to moderate (1)	<input type="checkbox"/> Rising; higher than usual (3)
History of Suicide Attempts				
A. Patient has history of attempts or thoughts B. Family history of a first-degree relative committing suicide		<input type="checkbox"/> No previous history (0)	<input type="checkbox"/> None in past year or > 2 low lethality attempts (1) Family history of suicide attempts-first degree relative (1)	<input type="checkbox"/> Recent and/or several low lethality and/or 1+ high lethal attempts (2) Family history of suicide by first degree relative (2)
Medical Status (certain medical diagnosis and conditions are associated with higher risks of suicide)				
Identify for the following: A. Malignant neoplasms, problems (0) HIV/AIDS, Peptic ulcer disease, Kidney failure, dialysis, pain syndromes: organic brain injuries, MS: Temporal Lobe Epilepsy. B. Other		<input type="checkbox"/> No significant problems (0)	<input type="checkbox"/> Acute but short term(1)	<input type="checkbox"/> Chronic and/or debilitating (3)
Resources or Support				
A. Family members B. ICM, Case Worker		<input type="checkbox"/> Available/willing (0)	<input type="checkbox"/> Unable/unwilling (2)	<input type="checkbox"/> Not available, exhausted/hostile (3)
Low Risk -7-15 Moderate Risk 16-25 High Risk-26+ or any two indicators with (*)				
Patient Score and assigned risk _____				
Observation Level: <input type="checkbox"/> 15 Minute Checks <input type="checkbox"/> Hourly <input type="checkbox"/> Discharge <input type="checkbox"/> 1:1 <input type="checkbox"/> PRN's ordered				
Score moderate or high contact physic				
Staff Signature:		Date:	Time:	
Physician Signature:		Date:	Time:	

Hahnemann University Hospital



PSY0006-09

SUICIDE/SELF INJURIOUS BEHAVIOR ASSESSMENT

PSY0006-09 (7/09)

PATIENT ID