

Suicide: Documentation and Risk Management Guidelines

Developed by David J. Knesper MD, Department of Psychiatry
University of Michigan; last revised 3/03

1. When should a note be written? At any time there is a decision to raise or lower the level of suicide precautions and at each major shift in the treatment plan.

2. How long should the note be? Greater uncertainty requires a longer note. Generally, there is a comprehensive note at admission and at discharge; interval notes are more focused.

3. Example Discharge Note About Suicide Risk:

Date. Today, at JJ's team meeting, discharge was considered once more. JJ was present for a five-minute portion of this 20-minute meeting^{1,2}. This is JJ's third admission in 14 months for a near-lethal overdose. JJ thinks of suicide several times a week and she has done so for the past twenty years while struggling with depression³. Death is always a risk, and JJ has several proximal as well as immediate risk factors⁴. JJ's risk is reduced by her relationship with two adult children and four grandchildren⁵.

Joyce Adams, RN and I gave a report about the pre-discharge suicide assessment⁶ completed just before the team meeting. The assessment took 15 minutes², and we employed many of the strategies and considered issues described in our standard protocol. JJ is very believable and persuasive when asked to "convince us that this time will be different." Unlike JJ's two previous admissions, JJ asserts that suicide is a selfish act. Moreover, JJ says that she has reestablished a more loving relationship with her family and that she better understands what permanent scars her suicide will leave her family⁶.

Dr. Smith provided consultative advice⁷. In this regard, JJ immediately acted on Smith's recommendation to have a bracelet made with charms of family names. (JJ has cut her wrists about 5 times.)

JJ has written a safety plan and a no-suicide contract. JJ's first follow-up appointment is scheduled four days hence⁸. Today's discharge was discussed with JJ as a calculated risk⁹. The treatment team and JJ share in the belief that the potential for real growth at this time outweighs the risk of more suicidal behavior¹⁰. JJ will leave in the company of her oldest son with whom she will be staying for the near-term¹¹. The family has been involved in this discharge plan, is fearful, but is in agreement¹². Signature.

4. The Annotated Contents of the Discharge Note:

¹ *Sources of information.* Here and/or in the remainder of the note specific individuals are referenced or named. One unnamed source is the medical record; information found in the medical record may be referenced but does not need repeating.

² *Seriousness.* The amount of time spent and the presence or absence of the patient suggests the seriousness of the decision.

³ *Relevant history.* Mention the history that most affects the decision made. The patient is competent unless there is a statement to the contrary.

⁴ *Risk-enhancing factors.* List the crucial factors that describe the risk of suicide.

⁵ *Risk-reducing factors.* List the crucial factors that tend to reduce the risk of suicide.

⁶ *The suicide assessment.* Summarize the key questions asked and the answers given.

⁷ *Consultation.* Difficult decision may benefit from consultation.

⁸ *Continuing care.* Describe the plan for subsequent treatment.

⁹ *Clinical decision-making.* Explain the decision(s) (i.e., discharge) made and the action(s) (i.e., calculated risk) taken and rejected (i.e., continued hospitalization).

¹⁰ *Justification and risk-benefit analysis.* Explain the evaluative judgments that justify the discharge plan. Here, the justification for a calculated risk is the clinical judgment that subsequent gains can be accomplished best with outpatient care. "Informed Consent" is used here.

¹¹ *Safe departure.* Specify the safety features of the departure.

¹² *Risk management.* Involvement of the patient's family is good practice and good risk management. It is a mistake to alter or add to the clinical record "after-the-fact." A comprehensive discharge note about suicide risk is the best means to manage risk.

5. Example Admission Note About Suicide Risk:

Date. JD arrives from Psychiatric Emergency Services after superficially cutting his right wrist and with an incongruent Beck Scale score of 3/38: "weak wish to die" and "suicide to escape problems." During my 10 minute suicide assessment, I used five interview strategies. JD's "no" is said unconvincingly, and he is slow to list reasons to stay alive, making no initial mention of his children. He has eight risk factors. His symptoms of major depression include severe anxiety, agitation and insomnia. It's my judgment that JD is at high risk and requires 1:1 observation at this time. Signature.

6. References:

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