Adult Suicide Screening and Management

AT THE FOREFRONT UChicago Medicine

WISH TO DIE
"Over the past month, have you wished you were dead or could go to sleep and not wake up?"

SUICIDAL THOUGHTS
"Over the past month, have you actually had any thoughts of killing yourself?"

SUICIDAL BEHAVIOR
"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"

NO →
PCP management
AND/OR
Refer to Therapy/BMED or Psychiatry

YES (≥1) ↓

METHOD
"Have you been thinking about how you might do this?"

NO →
SCREEN FOR COMPLETION RISK FACTORS:
Agitation, drug/alcohol use, access to a gun
AND
ARRANGE URGENT BH CARE or PCP FOLLOW-UP
AND
PROVIDE SELF-MANAGEMENT RESOURCES
Crisis Support Resource Handout
Crisis Text Line: Text HOME to 741741
#988
.pcgbmedHELPLINES

YES ↓

PLAN
"Have you started to work out or worked out the details of how to kill yourself?"

INTENT
"Do you intend to act on these thoughts or carry out this plan?"

NO →
SCREEN FOR COMPLETION RISK FACTORS:
Agitation, drug/alcohol use, access to a gun
AND
ARRANGE URGENT BH CARE or PCP FOLLOW-UP
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YES (≥1) ↓

Follow protocol in your clinic for managing patients with active suicidality

Adapted from the Columbia-Suicide Severity Rating Scale by the UChicago Medicine Primary Care Group-Behavioral Health Integration Program

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