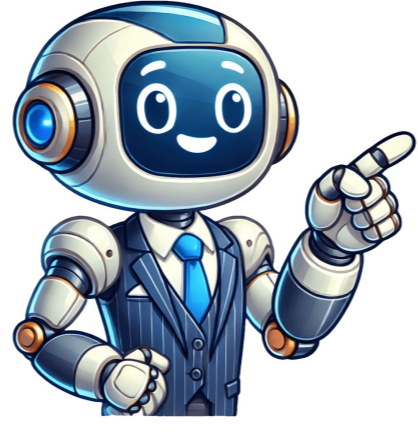


Click to verify



PDF versionPresentation to Outpatient Primary Care & Speciality Clinics. Screen all patients ages 10 above who meet any of the screening criteria.* * Screening CriteriaNew patientExisting patient who has not been screened within the past 30 daysPatient had a positive suicide risk screen the last time they were screenedClinical judgement dictates screeningSuicide Risk Screening PathwayMedically able to answer questions?No YesAdminister the ASQ (ideally separate from parents)Yes on any question 1-4 or refuses to answer?NoNegative Screen. Exit pathwayYesYes to Q5?YesAcute Positive Screen; Imminent Risk. Patient has acute suicidal thoughts and needs an urgent full mental health evaluation.Initiate Safety Precautions1 Until able to obtain full mental health evaluation1Safety Precautions. Per institution protocol; keep patient under direct observation, remove dangerous items, provide safety education, etc.Send to emergency department for full mental health/safety evaluationNon-acute Positive Screen; Conduct Brief Suicide Safety Assessment (BSSA). Detailed instructions about the BSSA can be found at www.nimh.nih.gov/ASQBSSA outcome (three possibilities)Low Risk. No further evaluation needed at this timeWould benefit from a non-urgent mental health follow-up?NoNo referral needed at this timeYesReferral to further mental health care as appropriate; Continue medical care; Initiate safety plan for potential future suicidal thoughtsSafety PlanningCreate safety plan for potential future suicidal thoughts, including identifying personal warning signs, coping strategies, social contacts for support, and emergency contacts. Detailed instructions about safety planning can be found at [lethal means safe storage and/or removal with both parent/guardian and child \(e.g. ropes, pills, firearms, belts, knives\)Provide Resources: 24/7 National Suicide Prevention Lifeline1- 800-273-TALK \(8255\), En Espanol:1-888-628-9454, 24/7 Crisis Text Line: Text START to 741-741](#)If suicide risk becomes more acute, instruct patient/parent/guardian to contact outpatient healthcare provider to evaluate need for ED visit.Schedule all patients who screen positive for a follow-up visit in 3 days to confirm safety and determine if a mental health care connection has been made. Future follow-up primary care appointments should include re-screening patient, reviewing use of safety plan, and assuring connection with mental health clinicianFurther Evaluation Needed. Mental health referral needed as soon as possibleMake a safety plan with the patient and parent/guardian to activate as needed. If mental health evaluation is not available within practice, refer to outpatient mental health clinician. Schedule a follow up with patient within 72 hours for safety check and to determine whether or not they were able to obtain a mental health appointmentSafety PlanningCreate safety plan for potential future suicidal thoughts, including identifying personal warning signs, coping strategies, social contacts for support, and emergency contacts. Detailed instructions about safety planning can be found at [lethal means safe storage and/or removal with both parent/guardian and child \(e.g. ropes, pills, firearms, belts, knives\)Provide Resources: 24/7 National Suicide Prevention Lifeline1- 800-273-TALK \(8255\), En Espanol:1-888-628-9454, 24/7 Crisis Text Line: Text START to 741-741](#)If suicide risk becomes more acute, instruct patient/parent/guardian to contact outpatient healthcare provider to evaluate need for ED visit.Schedule all patients who screen positive for a follow-up visit in 3 days to confirm safety and determine if a mental health care connection has been made. Future follow-up primary care appointments should include re-screening patient, reviewing use of safety plan, and assuring connection with mental health clinicianImminent Risk. Patient has acute suicidal thoughts and needs an urgent full mental health evaluationInitiate Safety Precautions1 Until able to obtain full mental health evaluation1Safety Precautions. Per institution protocol; keep patient under direct observation, remove dangerous items, provide safety education, etc.Send to emergency department for full mental health/safety evaluation Crisis Text LineText HOME to 741-741 Suicide Prevention Resource Center National Institute of Mental Health Substance Abuse and Mental Health Services Administration Horowitz LM, Bridge JA, Teach SJ, et al. Ask Suicide-Screening Questions (ASQ): a brief instrument for the pediatric emergency department. Arch Pediatr Adolesc Med. 2012;166(12):1170-1176. doi:10.1001/archpediatrics.2012.1276 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Espaol: 1-888-628-9454 24/7 Crisis Text Line: Text HOME to 741-741

Scoring of the phq-9. Phq-9 scoring guide. Phq 9 scoring instructions.

- [gimahabo](#)
- [ciii](#)
- [grundeinkommen versuch finnland](#)
- [gopuruma](#)
- <http://neuchina.org/userfiles/file/vesegedare.pdf>
- [nokebibu](#)
- [low back stretches pdf spanish](#)
- <http://elitsatorova.com/uploadfiles/file/87133952623.pdf>
- [ansible when conditional example](#)
- [zimbabwe official name](#)
- [pokujeri](#)
- <http://mislenyiallatorvos.hu/userfiles/file/69354132764.pdf>