

C-SSRS: Suicide Screening and Environment Checklist for Nurses and Paramedics

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The Columbia Suicide Severity Rating Scale (C-SSRS)

The Columbia Suicide Severity Rating Scale (C-SSRS) is a questionnaire used to assess risk for self-harm. The Suicide Risk level obtained from the C-SSRS determines safety precautions for implementation.

Documentation of the C-SSRS

The C-SSRS Suicide Screening can be accessed from the ED Triage/UC Intake form, AdHoc or from a task.

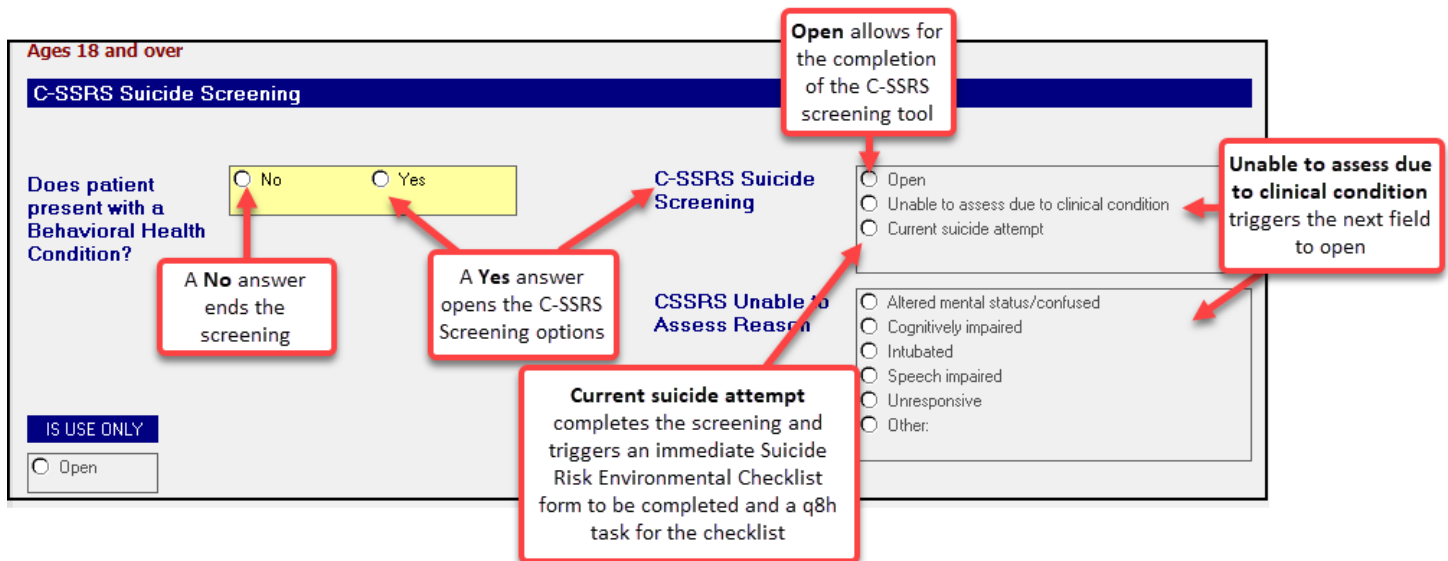
Screening Tasks generate:

- Upon arrival to the ED (via the Triage form).
- If the screening is not documented from Triage/Intake or when the patient is a direct admit to an inpatient unit.
- After the selection of **Unable to assess due to clinical condition**.
- Every 12 hours following a C-SSRS Screening risk of Moderate during the current visit.

C-SSRS suicide screening is tasked for patients aged 12 years or greater that present with a **Behavioral Health Condition**. Patients that are less than 12 years of age automatically pre-fill with **Not age appropriate**.

The C-SSRS form is available via **AdHoc** folder to use per the nurse’s discretion for any patient at any point of stay.

1. The C-SSRS Screening Status form:



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2. The C-SSRS Screening tool:

Ask questions 1 and 2. Additional questions will become required based on documented answers.

Suicide Risk is determined based on documented answers to the required screening questions

A High or Moderate Suicide Risk Interpretation opens the Suicide Risk Environment Checklist.

If a patient is interpreted as Moderate or High Risk, the Provider Notification field opens.

Columbia - Suicide Severity Rating Scale - Screen Version Recent

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up? Yes No

2. In the past month, have you actually had any thoughts of killing yourself? Yes No

If YES to 2, ask questions 3,4,5, and 6. If NO to 2, go directly to question 6.

3. In the past month, have you been thinking about how you might do this? Yes No

4. In the past month, have you had these thoughts and had some intention of acting on them? Yes No

5. In the past month have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? Yes No

6. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life? Yes No

If YES, ask:

Were any of these in the past 3 months? Yes No

Suicide Risk Interpretation

No indication of suicidal ideation or behavior at this time

Low risk

Moderate risk

High risk

Provider Notified of Moderate/High Risk of Suicide

3. Suicide Risk Environment Checklist:

Suicide Risk Environment Checklist

Patient located in ED/UC Waiting area? No Yes

Selecting **Yes** opens the Precautions area. Make a precautions selection i.e., behavior health 1:1 monitoring or suicide precautions

The top section of the checklist will show for Emergency Departments and Urgent Cares only.

A **No** selection opens the checklist area for charting

Precautions

<input type="checkbox"/> None	<input type="checkbox"/> behavioral health close observation	<input type="checkbox"/> limb alert LLE	<input type="checkbox"/> radium implant
<input type="checkbox"/> Guard at bedside	<input type="checkbox"/> behavioral health general	<input type="checkbox"/> limb alert RLE	<input type="checkbox"/> restraint
<input type="checkbox"/> latex sensitive	<input type="checkbox"/> Elongment	<input type="checkbox"/> limb alert RUE	<input type="checkbox"/> security risk
<input type="checkbox"/> odor sensitive	<input type="checkbox"/> fall risk	<input type="checkbox"/> neutropenic precautions	<input type="checkbox"/> seizure precautions
<input type="checkbox"/> aspiration precautions	<input type="checkbox"/> insulin pump	<input type="checkbox"/> no heparin/heparin products	<input type="checkbox"/> suicide precautions
<input type="checkbox"/> behavioral health 1:1 monitoring	<input type="checkbox"/> limb alert LLE	<input type="checkbox"/> Pain pump	<input type="checkbox"/> swallowing precautions

This list is not inclusive. If you are in doubt about an item, please discuss with PCC/Manager

Unsafe Items Removed	Strategy Applied
<p>Room cleared of all unsafe items (unless clinically necessary) that can be USED AS A STRANGULATION DEVICE</p> <p>e.g. phone cords, call light cord, respiratory supplies/tubing, IV tubing, monitoring cords (telemetry, pulse oximeter, BP cuff, etc.), suction tubing, unnecessary linens, strings in clothes or bags, extra linen, hand held shower head</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If No, explain/mitigation strategy</p> <p><input style="width: 100%;" type="text"/></p>

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LaunchPoint, Care Compass, Tracking Board, and Grease Board Alerts

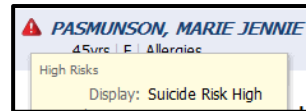
LaunchPoint

1. The first column of the organizer displays a red alert indicating high suicide risk.
2. In the second column the head icon indicates a moderate suicide risk.




Care Compass

1. Hover over the red alert triangle to read the alert type.



ED/UC Tracking Board C-SSRS column icons: Grease Board, Ancillary Department tracking boards i.e., radiology, lab etc.

1. Patients identified as a moderate risk for self-harm 
2. Patients identified as a high risk for self-harm 