

IMMEDIATE ACTION PROTOCOL (IAP)



Use this action plan if any of the following:

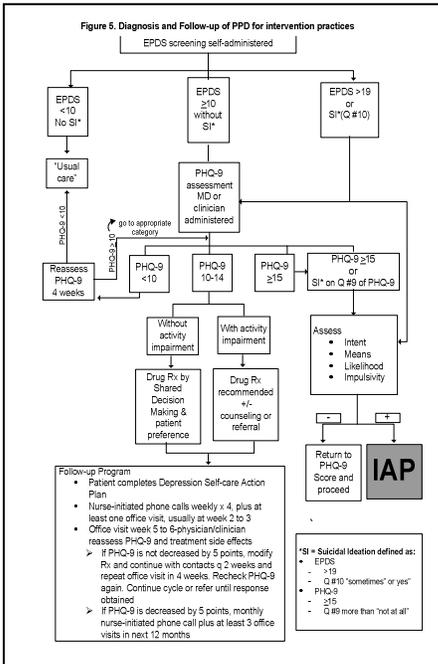
- The EPDS score >19.
- The answer to EPDS Q #10 (The thought of harming myself has occurred to me) is "sometimes" or "yes, quite often."
- The PHQ-9 score is ≥ 15 .
- The answer to PHQ-9 Q #9 (Thoughts that you would be better off dead or of hurting yourself in some way) is greater than "not at all."
- Clinical judgment suggests concern about suicide.

First step: Assess suicidal risk:

-This can be done by the primary care physician using the Suicide Risk Assessment Questions below.

Or

-By immediate (same day) referral to a mental health professional who has access to an inpatient psychiatric facility or referral to an emergency department. Establish a verbal "No Suicide Contract" for at least 24 hours. (See reverse side for Immediate Referral Resources.)



Suicide Risk Assessment: Examples of questions.

- Intent – *You have said that you think about killing or harming yourself. Have you made any plans?* (Use the answers on the EPDS or PHQ-9 to lead into the first question.)
- Means – *Can you describe your plans? Or How have you thought about killing yourself (your infant)?* (You will want to assess access to weapons, drugs or other methods she has concerned).
- Likelihood – *Do you think you would actually harm or kill yourself?* (May be especially useful in those who state they think about but would never do it because it would leave their children without a mother or such reasons, or those who report no social support.)
- Impulsivity – *Have you tried before?* Factors such as alcoholism, drug use, or a history of previous attempts that suggest impulsive behavior or episodes of reduced control.

If the response to any of these is positive, then referral to inpatient management is strongly recommended. Also establish a verbal "No Suicide Contract" for at least 24 hours. (See reverse side for Next Step Referral Resources.)

Patient not in the office:

If the clinician has a concern about active suicidal thought but the patient is not in the office:

- Ask to speak with another adult in the house to alert them to the situation.
- If no other person is available in the house and there is an immediate concern, keep the person on the phone and notify another staff member to dial 9-1-1.
- Do not disconnect the phone.
- Dispatch an ambulance/police and stay on the phone until someone arrives.
- Establish a verbal "No Suicide Contract" for at least 24 hours.

Names, addresses and telephone numbers for referral and support are on the reverse side.

Immediate Referral Resources:

Referral for immediate (same day) assessment for suicidal risk:

Outpatient _____
Name of Clinic Telephone # Address

Inpatient _____
Name of Clinic Telephone # Address

Mental Health Center _____
Name of Center Telephone # Address

Crisis Facility _____
Facility Name Telephone # Address

Emergency Department _____
Name of ED Telephone # Address

Other _____
Name Telephone # Address

Next Step Referral Resources:

When the primary care physician has determined the woman is at risk for suicide (see Suicide Risk Assessment):

Local Psychiatrist/Mental Health Professional _____
Name Telephone # Address

Local Hospital _____
Hospital Name Telephone # Address

Local ED for Admission _____
Name of ED Telephone # Address

Suicide Helpline _____
Name Telephone # Address

Distant Psychiatrist Consultation _____
Name Telephone # Address

Other _____
Name Telephone # Address

Transportation Resources:

If the woman/patient is resistant to inpatient management, transportation may better be accomplished by using non-family transportation.

Police _____
Telephone #

Ambulance _____
Telephone #

Other _____
Name Telephone #

In most states, physicians have the legal right and obligation to ensure the suicidal patient is protected from self-harm. This usually includes the legal right to initiate a 24- to 72- hour involuntary "hold" for inpatient mental health assessment.

Research Response:

Immediately notify central site of admission: 1-888-292-7164

Date Adverse Event Registry form completed: (Date) ___ / ___ / ___

Date Adverse Event Form sent to central site: (Date) ___ / ___ / ___