

# Dealing with Unexpected Suicidal Ideation

## Situation

After screening, a patient was considered at no risk for suicide. Later, the patient unexpectedly admitted suicidal thoughts to a provider. Upon the provider leaving the room to trigger the appropriate response for suicidal patients, the patient made an attempt at self-harm.

## Background

Suicidal risk screening is done on all appropriate patients. While screening for suicidal thoughts hopes to alert staff to suicidal risk, a patient's condition may change or they may not initially disclose the suicidal thoughts.

## Assessment

Patients may disclose suicidal thoughts at any time. Staff and providers should be alert to patients' disclosure of suicidal thoughts. This is most likely to occur during the discussion of social stressors, psychiatric history, or during behavioral health interviews.

## A PATIENT SAFETY MOMENT

### Recommendations

- If a patient unexpectedly discloses suicidal thoughts, make every effort to NOT leave the patient unattended.
  - Consider using the call bell to get additional staff in the room.
  - Consider moving to the doorway while maintaining sight of the patient to call for help.
- Behavioral and psychiatric interviews are at the highest risk of unexpected disclosure of suicidal thoughts.
  - If you are about to enter a room for this purpose, consider letting others caring for the patient know why you are in the room. Ask them to listen for any call bell or request for assistance.

### Related Policies

- [3.203-Suicidal Risk Assessment and Prevention](#)
- [1.216-Adverse Clinical Events](#)
- [1.202- Event Reports](#)

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