

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Emergency Department Screen Version with Triage Points

SUICIDE IDEATION DEFINITIONS AND PROMPTS:	Past month	
	YES	NO
Ask questions that are highlighted in yellow.		
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan." <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it." <u>Have you been thinking about how you might do this?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as oppose to "I have the thoughts but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) Suicide Behavior Question <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Response Protocol to C-SSRS Screening (Linked to last item marked "YES")

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Same Day Behavioral Health Evaluation, Consider Suicide Precautions
- Item 4 Immediate Suicide Precautions
- Item 5 Immediate Suicide Precautions
- Item 6 Over 3 months ago: Same Day Behavioral Health Evaluation, Consider Suicide Precautions
- Item 6 3 months ago or less: Immediate Suicide Precautions

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SOME's Response Protocol to C-SSRS Screening

Item 1: Refer to BHC, if available.

- If BHC not available, ask patient if they already have a BH provider. If so, when is their next appointment? Encourage them to discuss their thoughts with their BH provider. If no BH provider, refer to SOME BH (psych or BHC)

Item 2: Refer to BHC, if available.

- If BHC not available, ask patient if they already have a BH provider. If so, when is their next appointment? Encourage them to discuss their thoughts with their BH provider. If no BH provider, refer to SOME BH (psych or BHC)

Item 3 Same Day Behavioral Health Consult. If BHC not available, find an available BH provider (see below)

Item 4 Immediate Behavioral Health Consult. If BHC not available, find an available BH provider (see below)

- If patient leaves without BH consult, it may be appropriate to call 911.

Item 5 Immediate Notification Behavioral Health Provider.

- If patient leaves without BH consult, **it is necessary to call 911.**

Item 6 Over 3 months ago: Same Day Behavioral Health Consult. If BHC not available, find an available BH provider (see reverse)

Item 6 3 months ago or less: Immediate Notification of Behavioral Health Provider. If patient leaves without BH consult, it may be appropriate to call 911.

Behavioral Health Referrals: Who to Call for Same-Day Suicide Intervention (in order)

Sarah/John/Julie	BHC	BHS 117	Ext 1119
		Exam 118	Ext 1176
Jen Grace	BHC Supervisor	BHS 116	Ext 1030
Koshes	Psychiatrist (Tues)	Exam 124	Ext 1061
Kasaci	Psychiatrist (W-Th)	Exam 124	Ext 1061
Theresa Owens	Therapist supervisor	BHS 115	Ext 1054
Tiffany Raley	Therapist	BHS 109	Ext 1028
Julian Harris	Therapist	BHS 148	Ext 1029
Jen Foster	BHS Supervisor	BHS 114	Ext 1101
Karie Ferguson	Addictions supervisor	BHS 104	Ext 1032
Melissa Diethorn	Addictions staff	BHS 110	Ext 1038