**DISCHARGE INSTRUCTIONS FOR A SUICIDE RISK PATIENT**

As you are discharged from the Guam Memorial Hospital, it is important to learn about how to keep safe from harming yourself.

### RECOGNIZE THE WARNING SIGNS
- Abrupt changes in personality
- Giving away possessions
- Use of drugs and/or alcohol
- Change in eating patterns – major weight changes
- Change in sleeping patterns – all the time/unable to
- Unwillingness/inability to communicate
- Depression
- Unusual sadness, discouragement/loneliness
- Talk of wanting to die
- Neglect of personal appearance
- Rebelliousness – reckless behavior
- Withdrawal from people/activities they love
- Confusion – inability to concentrate

### IF YOU OR A LOVED ONE OBSERVES ANY OF THESE BEHAVIORS OR HAS CONCERNS ABOUT SELF-HARM, HERE'S WHAT YOU CAN DO
- Talk about your feelings
- Talk about reasons for harming yourself
- Remove any means of hurting yourself (e.g., Pills, Rope, Extension Cords, Firearm)
- Seek professional help by the Guam Behavioral Health and Wellness Center, Psychological Counseling, etc.
- Do not be alone, call your “safe contact”. Someone whom you trust and who will be there for you
- Call your local CRISIS HOTLINE: 647-8833 or call the toll free National Suicide Prevention Hotlines:
  - National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
  - National Hope Line Network: 1-800-SUICIDE (784-2433)

<table>
<thead>
<tr>
<th>Educational/Teachings Materials provided to the Patient.</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Educational/Teachings Materials provided to the Patient</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### FOLLOWING THIS DISCHARGE, YOU HAVE AN APPOINTMENT WITH (INDICATE PHYSICIAN NAME, CLINIC NAME, AND CONTACT NUMBER)

<table>
<thead>
<tr>
<th>Physician Name</th>
<th>Clinic Name</th>
<th>Contact No.</th>
</tr>
</thead>
</table>

### UNDERSTANDING OF DISCHARGE INSTRUCTIONS

<table>
<thead>
<tr>
<th>I and/or my family member understand the warning signs of suicide</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I and/or my family member understands what to do when thoughts of suicide are present</td>
<td>Yes</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>I and/or my family member have been given contact numbers to the Crisis Hotline and other toll-free suicide hotlines</td>
<td>Yes ☐ No ☐ Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I and/or my family member understand the discharge instructions that were provided to me/the patient</td>
<td>Yes ☐ No ☐ Not Applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE(S)**

| Signature of Patient/Family Member |

**NAME AND SIGNATURE**

| Licensed Practical Nurse’s Name and Signature |

| Registered Nurse’s Name and Signature |

| User’s Name and Signature |

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**SUICIDE DISCHARGE INSTRUCTIONS**

Guam Memorial Hospital Authority

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