**SUICIDE PRECAUTIONS ORDER**

**Date:** ___________  **Time:** ___________

**Patient Risk Suicide Level Diagnosis**
- □ Level 1 (Minimal Suicide Precautions): Has active thoughts, no plan, assessed as having significant risk for suicidal attempt of self-harm.
- □ Level 2 (Strict Suicide Precautions): Has active thoughts, with plans, has presented with an existing suicidal attempt or attempted self-harm.

**Patient Condition**
- □ Critical  □ Stable

**Observe Patient/Initiate ongoing suicide assessment**
- □ (Level 1) Observe every 15 minutes; assess patient’s behavior every shift, or as necessary
- □ (Level 2) 1:1 observation with clinical staff; Observe every 30 minutes; Assess patient’s behavior every 2 hours, or as necessary

**Patient Transfers (staff must remain in constant attendance of the patient during transfers)**
- □ 1:1 escorts on transfers (Level 1)
- □ 2:1 escort on transfers – RN must escort (Level 2)
- □ Psychiatric/Behavioral Health Consultation
- □ Social Services Referral for Suicide Precautions discharge planning
- □ Pastoral Care Services for spiritual guidance
- □ Diet: Isolation Tray
  - Diet Type:
  - □ Restraint Use for Behavioral Management Reasons (use Behavioral Management Restraint Use Order Sheet, verify that preprinted order is signed)
  - □ Restraint Use for Medical Surgical Reasons (use Medical Surgical Restraint Order Sheet, verify that preprinted order is signed)
- □ Provide patient/family education on suicide precautions

**TORB (Nurse Signature):** ______________

**MD Signature:** ______________

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**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY (describe allergic reaction):**

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<th>IVF and MEDICATION ORDERS ONLY</th>
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**SUICIDE PRECAUTIONS ORDER**

GMHA FORM#49045  Revised: Revised: 9/2017

APPROVED DATE NM 10/2017, MEC 10/2017 EOC 10/2017 HIMC 3/2018

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**DO NOT USE:**
- U  MS
- IU  MSO₄
- Q.D  MgSO₄
- Q.O.D  Trailing zero
- Lack of leading zero

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**Summary/Blanket orders are unacceptable.**

**Medication orders must be complete.**

**PRN medication orders must include an indication.**

**Write legibly.**

**Rewrite orders upon transfer and/or post-operatively.**

**Date, time, and sign verbal & telephone orders within 48 hours.**