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# **Provider Suicide Assessment & Orders**

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# **Provider Suicide Assessment & Orders**

BJC/Washu has implemented a new suicide provider assessment and orders that will go into affect Aug. 15<sup>th</sup> for the ED and non-psychiatric inpatient areas. See below for new information pertaining to the Provider Suicide Assessment and Suicide Orders.

# Suicide Assessment using SAFE-T

The RN will complete a screening upon patient arrival or admission and notify if the patient is to be found at risk for suicide. If the screening determined the patient to be at a moderate- high risk or high- risk for suicide, the patient must be evaluated by a provider or Qualified Mental Health Professional (QMHP) to determine the overall risk level for suicide and to determine an appropriate plan of care to mitigate the risk.

Patients that screen and low or moderate- low risk for suicide may need provider level intervention, but do not require the suicide assessment below.

- 1. In Notes activity, select Progress and click New Note.
- 2. In the Insert SmartText field, type Suicide, CSSRS or Safe T.
- 3. Select BW IP SAFE-T CSSRS Provider Assessment and click Accept.

6	Si	martText Lookup			_	x
safe t						0
Matches	Preview					
☆ ED PROVIDER SUICIDE	SAFE-T Protocol with C	C-SSRS (Columb	ia Risk and Protective	Factors) - Re	ecent	~
☆ BW IP SAFE-T CSSRS P	Step 1: Identify Risk Factors: Columbia Suicide Severity Rating Scale (Recent Screener) Is this encounter related to a suicidal attempt/behavior? Information obtained from:	Initial Screening: No	Reassessment (as needed): {encounter related (Optional):37835} {info obtained from (Optional):37836}	-		
☐ <u>F</u> avorites Only				✓ <u>A</u> ccept	× <u>C</u> ance	el

4. The note opens and the provider completes their documentation. *Press F2 on your keyboard to navigate through the note.* 

## Before you start, let's go over a few sections:

## **Identify Risk Factors:**

• The information noted in the Initial Screening comes from data compiled from the nursing flowsheet documentation. The second column allows the provider to do a reassessment if needed.

			1
Columbia Suicide Severity Rating Scale (Recent Screener)	Initial Screening:	Reassessment (as needed):	
Is this encounter related to a suicidal attempt/behavior?	No	{encounter related (Optional):37835}	
Information obtained from:		{info_obtained_from (Optional):37836}	
<ol> <li>In the past month, have you wished you were dead or that you could go to sleep and not wake up?</li> </ol>	Yes	{wished you were dead (Optional):37837}	
<ol><li>In the past month, have you actually had any thoughts of killing yourself?</li></ol>	Yes	{thoughts of killing yourself (Optional):37838}	
3. In the past month, have you been thinking about how you might kill yourself?	No	{how you might kill yourself (Optional):37839}	
4. In the past month, have you had these thoughts and had some intention of acting on them?	No	{intention of acting (Optional):37840}	
5. In the past month, have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?	Yes	{worked out details (Optional):37841}	
6. In the past month, have you ever done anything, started to do anything, or prepared to do anything to end your life?	No	{done anything (Optional):37842}	
6b. Was this within the past three months?		{past 3 months (Optional):37843}	
Suicide Risk Level:	High	N/A	

1

## Specific Questioning about Thoughts, Plans, and Suicidal Intent:

• This section contains numbered SmartList options. Once you have completed this assessment, tally the numbers and type in the total in the last row titled: **Total Suicidal Ideation Intensity Score.** 

Step 3: Specific Questioning about Thoughts, Plans, and Suicidal Intent (see Step 1 for Ideation Severity and Behavior):						
C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)	Month					
Frequency In the past month, how many times have you had these thoughts?	{frequency:37748}					
Duration When you have the thoughts how long do they last?	{duration:37749}					
Controllability Could/can you stop thinking about killing yourself or wanting to die if you want to?	{controllability:37750}					
Deterrents Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?	{deterrents:37751}					
<b>Reasons for Ideation</b> What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?	{reasons:37752}					
Total Suicidal Ideation Intensity Score* (add values of selected answers above) *Score can range from 2- 25: -Low: 2-5 -Moderate: 6-10 -Moderately Severe: 11-15 -Severe: 16-20 -Very Severe: 21-25	***					

## Last Updated: 7/30/2021

## Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level:

• Use this chart to determine risk level and interventions to lower risk level.

#### Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level:

Assessment of risk level is based on clinical judgment after completing steps 1-3.

Т

The Suicide Ideation Intensity Score does not directly correlate to Suicide Risk.

The Suicide Ideation Intensity score must be used in conjunction with clinical judgment to determine risk stratification.

Initial Risk Stratification	ı	Suggested Interventions
High Suicide Risk		High Suicide Precautions
Suicidal ideation with intent or intent w <u>past month</u> (C-SSRS Suicidal Ideati #5) OR	ith plan <u>in</u> ion #4 or	<ul> <li>1:1 observation</li> <li>All belongings secured</li> <li>Hospital attire</li> <li>Elopement precautions</li> <li>Minimize environment risk in room</li> </ul>
Suicidal behavior <u>within past 3 month</u> (C-SSRS Suicidal Behavior)	<u>15</u>	
<u>Moderate-High Suicide Ris</u> Suicidal ideation with method <u>WITHOL</u> <u>intent or behavior in past month (</u> C- Suicidal Ideation #3) OR	<u>k</u> J <u>T plan.</u> -SSRS	<ul> <li>Moderate-High Suicide Precautions</li> <li>Patient sitter not required</li> <li>May keep items evaluated as safe, other belongings secured</li> <li>Hospital attire</li> <li>Minimize environment risk in room</li> </ul>
Multiple risk factors and few protective	factors	
Moderate-Low Suicide Ris	<u>k</u>	Moderate-Low Suicide Precautions
Suicidal behavior more than 3 months (C-SSRS Suicidal Behavior Lifetime)	ago	<ul> <li>Resources given to patient</li> <li>Nursing handoff precautions</li> </ul>
Multiple risk factors and few protective	factors	
Low Suicide Risk Wish to die or Suicidal Ideation <u>WITH( method, intent, plan or behavior</u> Suicidal Ideation #1 or #2) OR	<u>DUT</u> (C-SSRS	<ul> <li>Low Suicide Precautions</li> <li>Resources given to patient</li> </ul>
Modifiable risk factors and strong prote factors	ective	
OR		
No reported history of Suicidal Ideation Behavior	ı or	

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### Assessment and Plan:

• Agree or update the Risk Level based on the completed assessment.

Step 5: Assessment and Plan:
Updated Risk Level: {risk level:37753}
Rationale for risk level decision and actions taken: ***

*If the selected updated risk level does not match the current risk level, A BPA will trigger to instruct the provider to place a new suicide precaution order as seen below:* 

ocedures	counter	
Order	Do Not Order	SUICIDE PRECAUTIONS - MODERATE LOW
cknowledge Rea	son	
CKnowledge Rea	son	

## **Suicide Orders**

\*\*\*Please complete the suicide assessment prior to placing the suicide orders\*\*\*

There are four types of suicide orders to choose from:

- Low
- Moderate-Low
- Moderate-High
- High

The RN may have already entered a suicide precautions order upon screening. They have been instructed that only a provider may modify or discontinue those orders.

- 1. In **Orders** activity, search *Suicide*.
- 2. Select *Suicide Precaution Orders Low, Moderate-low, Moderate-High, and High* Order Set and click **Accept**.

## Last Updated: 7/30/2021

8	=		Order and Order Set Search			_ <b>D</b> X
	SUICIDE	Q		<u>B</u> rowse	Preference List	<u>F</u> acility List
	🗄 Order Sets	& Panels 🗇		Search order sets by us	ser 🔎 <u>I</u>	(Alt+Shift+1)
		Name	User Version Name	Туре		
	2	SUICIDE PRECAUTION		Order P	anel	
	Ħ	Suicide Precaution Orders - Low, Moderate-low, Moderate-High, and High		Order S	et	
	8	D Toxicology - Inpatient		Order S	et	
l	A Medication	y (No results found)				
	Procedures	V (Click to expand)			Ī	(Alt+Shift+3)
L				Select And Stay	✓ <u>A</u> ccept	× Cancel

## The orderset opens:

Ide Precauti ease select th (C Core Suicide & Nore S (C Core Suicide & Nore S Nordifaction X Nordifaction X Nordifaction X Nordifaction X A needed, x consultor ceremit Precediates (C Naring Care Paint II Clobernation 4 Enromative Core Paint II Clobernation 4 Enromative Core II Clobernation 4 Enromative Core II Clobernation 4 Enromative Core II Clobernation 4 Enromative Core Internative Core Int	tion Ord	ers - Low, riate level o us Minimal Interventx Moderate-Low X X X X X X X X X X X X X X X X X X X	Moderate of suicide pre- ons included in stratified Moderate-High Suicide Precautions X X X X X X X X X X X X X X X X X X X	-low, Ma ecautions risk level precautions risk level precautions x x x x x x x x x x x x x x x x x x x	oderate-F from this c ors Low Nak Non- Suudal Sef- hujurion X X X X X X	High, and High order set, and any a righ-Ruk Non-Sucidal Self- Injurious Precautions
ease select th  )(C Core Suicide & Nore -S  Provider X Nutification  Provider X Nutification  Provider X Nutification  Provider Core Suicide & Nore -S  Provider Core Suicide & Nore -S  Provider Core Suicide & S	he approp	viate level of us Minimal Intervention X X X X X X	of suicide pre- ons included in stratified Moderate-High Suicide Precautions × × × × × × × × × × × ×	ecautions risk level precusion lingh Risk Saude Precautions X X X X X X X X X X X X X X X X X X X	From this c	High-Rick Non-Suicidal Self- Injurious Precautions X X X X X X X X X X X X X X X
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BJC Core Suicide & Non- 5  Provider X Notification Present X Patient/ caregiver education As exected, x resources Naming Care Plan* Enformment Risk Checklis Delengings secured Hospital attire Encorder directudes Provider/ QHSIP Suicide Assessment Non-Suicidal Self- Ingarlous Selety Plan 4	- Sucide Self-Injurio wr Sucide ecautions	us Minimal Interventx Moderate-Low X X X X X X X X X X X X X X X X X X X	ons included in stratelied Moderate-High Suicide Precautions X X X X X X X X X X X X X X	risk level precudio High Risk Saude Precautions X X X X X X X X X X X X X	ons Low Risk Non- Sucidal Self- Injurious Precautions X X X X X	High- Rak Non- Suicidal Self- Injurious Precautions X X X X X X X X X X
Low Prec Prec Notification Ratient/caregiver education As mended, comulty-referrals/ resources Plan* Li1 Observation * Environment Risk Checklist Belengings secured Hospital attire Lindisaver sign Hand-off includes precautions Provider (QMHP Sacide Assessment Non-Sacidal Self- Injurious Selecy Plan *	w Succide exautions	Moderate-Low X X X X X X X X X X X X X X X X X X X	Moderate-High Suiode Precautions X X X X X X X X X X X X X X X X	High Risk Suicide Precautions X X X X X X X X X X X X X	Low Risk Non- Suicidal Self- Injurious Precautions X X X X	High-Rask Non-Suicidal Self- Injernous Precautions X X X X X X X X X X X X X X
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Jacured Hospital attre Lifesavor tign Hand-off recludes precautions Elopenenc Precautions Provider (2MHP Sociode Assessment Non-Suicidal Solf- liguinous Salety Plan *		x	* * * * * * * * * * * * * * * * * * *	x		
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Hand-off includes precautions Elopoment Precautions Provider/QHIPP Suicide Assessment Non-Suicidal Self- Injurious Safety Plan 4		×	x	1		x
Provider QMHP Precautions Provider QMHP Source Assessment Non-Suicidal Solf- Injurious Salety Plan *			1	×		×
Precautions Provider/QMHP Soucide Assessment Non-Suicidal Self- Injurious Safety Plan *				x		
Suicide Assessment Non-Suicidal Self- Injurious Safety Plan *			x	x		
Assessment Non-Suicidal Self- Injurious Safety Plan *						
Injurious Safety Plan *						x
inan "						
		1	1		1	
lursing Care Pla	lans are no	ot required in	the Emergen	icy Departi	ment.	
th ratio of on an	n for nighly	contagious (	or violent patie	ents at nigi	n risk for su ble te inten	cide of high- risk no
un ratio or an as	issigned 1.	i stan menn	ber mat is imm	leulately a	ble to interv	elle. DJH ED DH Fu
nvironment Che	hecklist for	Mod-High p	atients, all risk	ks in non-li	gature resis	tant environment wil
nsider 1:1, "Wit	/ithin Line o	of Sight", or a	audio-visual m	ionitoring p	per clinical j	udgement
emoving belon	nainas & H	ospital attire	for moderate	risk patier	nts is as apr	ropriate: work with F
ernate plan if p	patient refu	ises to chan	ge into hospita	al attire	ine no no app	· · · · · · · · · · · · · · · · · · ·
lon Suisidal Cal	olf Iniurious	Cofety Diar	na (nanar farm		alatad by in	ationt providers and
ion-Suicidal Sei	en-injurious	Salety Plar	is (paper iorni	i) are com	pieted by in	batient providers on
ecaution Ord	rders					
Suicide Preca	autions - I	ow				
Suicide Preca	autions - M	Moderate I	0.00			
Suicide Freda						
Suicide Preca	autions - I	vioderate F	lign			

### Suicide Precautions - Low & Suicide Precautions - Moderate Low orders:



*Suicide Precautions – Moderate High orders:* 

 Moderate-high risk does not include 1:1 Observation or Elopement Precautions, if clinically indicated, must be ordered separately.

▼ Suicide Precautions - Moderate High
Suicide Precautions - Moderate High
Non- Psych Inpatient & ED: The BJC core suicide policy requires that for patients on moderate- high suicide precautions have the lifesaver sign posted, diet modified, environment assessed for potential risks, and belongings inventoried. Items/ equipment that pose risk that are not clinically needed and are able to be physically be removed will be. Patient may keep belongings unless concern for illicit items. Will request that patient wear hospital attire.
Dietary Orders (From admission, onward)
05/12/21 0929 Adult Diet Regular Diet effective now 05/12/21 0928 Question: (AMH) Diet Type Answer: Regular
Suicide precautions - moderate high
Elopement precautions STAT
Adult Diet with Suicide Precautions
Consult to Social Work
Consult to Behavioral Health QMHP
Consult to Spiritual Care
Consult to Psychiatry

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#### Suicide Precautions – High orders:

 High-risk suicide precautions include 1:1 observation (unless policy exclusions met), this does not need to be ordered separately. If varying from the precautions in policy, order clarification will be needed.

uicide Precautions - Hig	gh	
Suicide precautions - high	jh	
Non-Psych Inpatient & (including hospital/ elo potential risk in the pai observation. If special observation. #Exclusi enough to participate i which a staff member a provider & nursing lead	ED: The BJC core suicide policy requires that for patients o opement attire), environmental assessment, belongings invi- itient's environment must be removed; those that are need l circumstance allows patient to keep additional item at bec- ions to 1:1 Observation only allowed for critical care patien in self-injurious acts or patients in any department that are at bedside would be unsafe may be continuously monitore idership digression.	on high suicide precautions continuous 1:1 observation, elopement precautions ventory and securement, lifesaver sign posted, and diet modification are required. A ded clinically or physically unable to be removed will be mitigated by 1:1 continuous dside, an order must be placed and the item will be monitored by the 1:1 continuous its that are mechanically ventilated, sedated, and/ or in restraints that are not alert e unarousable. Patients that are violent and/ or have a highly contagious infection in ed 1:1 via audio-visual monitor (all other requirements for 1:1 in policy apply) at the
Dietary Orders (From admission, or	nward)	
Start		Ordered
Suicide precautions - I	Question: (AMH) Diet Type Answer: Regular	
Elopement precaution	กร	
Adult Diet with Suicide	Je Precautions	
Nursing communication	ion - allowed belongings at bedside nay keep *** at bedside. PSA/ sitter will monitor usage.	
Consult to Behavioral	Health QMHP	
	-1-	
Consult to Social Work	1K	
Consult to Social Work	are	
Consult to Social Work Consult to Spiritual Ca Consult to Psychiatry	are	

Please Note: The high- risk suicide precaution order must be discontinued prior to discharge.

• Once the new suicide order is placed, the corresponding banner will update on the summary report.



# Suicide Precaution Order Panel

If you need to place Suicide precaution and diet order, follow these steps:

- 1. In **Orders** activity, search *Suicide*.
- 2. Select *Suicide Precaution* Order Panel and click Accept.

<b>#</b>	Order and Order Set Search			_ <b>D</b> X			
SUICIDE		<u>B</u> rowse	Preference List	<u>F</u> acility List			
🗄 Order Sets & Panels 🛸		Search order sets by use	er 🔎 🛛	(Alt+Shift+1)			
Name	User Version Name	Type					
SUICIDE PRECAUTION Order Panel							
티 회 Suicide Precaution Orders - Low, Moderate-High, and High Order Set							
EI D Toxicology - Inpatient	D Toxicology - Inpatient Order Set						
A Medications (No results found)							
Procedures 🗧 (Click to expand)	Procedures * (Click to expand)						
		Select And Stay	✓ <u>A</u> ccept	× Cancel			

## This order panel will be added to the Orders sidebar:

🛱 New Orders
Suicide Precaution Suicide precautions Routine
Adult Diet Regular; Send on Disposables, Deliver tray to nursing, Dietary Supervisor check Diet effective now, starting today at 1027, Until Specified (AMH) Diet Type: Regular Injury Risk: Send on Disposables, Deliver tray to nursing, Dietary Supervisor check

3. Click on the order details to review, add, or modify orders:

iicide Precautic	n	✓ Ac
Suicide pre	cautions	
Routine		
Adult Diet Diet effective	Regular; Send on Disposables, Deliver tray to nursing, Dietary Supervisor check now. starting today at 1027. Until Specified	✓ <u>A</u> ccept X Cano
(AMH) Diet T	ype: Regular	
Frequency:	Diet effective now P Effective now Effective midnight Effective tomorrow	
	For: Hours Days Weeks	
	Starting: 7/26/2021 Today Tomorrow At: 1027	
	Starting: Today 1027 Until Specified	
	Scheduled Times 🕅	
	07/26/21 1027	
(AMH) Diet Ty	pe Regular Clear Liquid Full Liquid Restricted GI Diets Modified Consistency Special	
	Other (specify)	
Fluid Consis	tency: Nectar Thick Liquids Honey Thick Liquids Pudding Thick Liquids	
Safety Preca	utions: Suicidal Behavioral Freedom Impaired	
Injury Risk:	✓ Send on Disposables ✓ Deliver tray to nursing ✓ Dietary Supervisor check	
Other Restri	ction(s):	
Other Servic	es:	
Diet Cmnts:	D	
		✓ <u>A</u> ccept × <u>C</u> ance

Key point: If a patient is already on diet, the diet will default back to Regular diet.

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# Adding a Speed Button

To add a speed button to the Progress Note Activity of the Rounding Navigator, follow these steps below.

- 1. In the **Rounding Navigator**, select Progress Note.
- 2. Select the wrench.



3. In the SmartText field, search for "BW IP Safe T"

	My Notes Settings	×
Progress Notes	Speed Buttons	*
SmartPhrase	+ Add SmartText	+ Add
When Attesting	g to Progress Notes	Search for "bw ip safe
SmartPhrase:		Q
-OR-		
SmartText:	BW IP ATTEST	Q
-OR- SmartText:		Q
When Writing/	Viewing Notes	*
Remember the	last tab I used for each NoteWriter note	
✓ Enable double-	click to edit a note	
Initial cursor position	1: tes	
<ul> <li>End of notes</li> <li>End of my notes</li> </ul>	, beginning of others' notes	

## 4. Select **BW IP SAFE-T CSSRS Provider Assessment** and click **Accept**.

SmartText Lookup				
bw ip safe T		0		
Matches	Preview			
BW IP SAFE-T CSSRS PROVIDER ASSESSME	VIP SAFE-T CSSRS PROVIDER ASSESSME SAFE-T Protocol with C-SSRS (Columbia Risk and Protective Factors) - Recent Step 1: Identify Risk Factors:			
	Columbia Suicide Severity Rating Initial Screening:	Reassessment (as		
	Is this encounter related to a suicidal No attempt/behavior?	fencounter related (Optional):37835}		
	Information obtained from:	{info obtained from (Optional):37836}		
	1. In the past month, have you wished you were dead or that you could go to sleep and not wake up?	{wished you were dead (Optional):37837}		
	2. In the past month, have you actually Yes had any thoughts of killing yourself?	{thoughts of killing yourself (Optional):37838}		
	3. In the past month, have you been thinking about how you might kill yourself?	{how you might kill yourself (Optional):37839}		
	4. In the past month, have you had these thoughts and had some intention of acting on them?	{intention of acting (Optional):37840}		
	5. In the past month, have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?	{worked out details (Optional):37841}		
	6. In the past month, have you ever done anything, started to do anything, or prepared to do anything to end your life?	{done anything (Optional):37842}		
☐ <u>E</u> avorites Only		✓ <u>A</u> ccept X <u>C</u> ancel		

### 5. Review your settings and click **Accept** again.

My Notes Settings			
Progress Notes Speed Buttons         SmartPhrase       Add         BW IP SAFE-T CSSRS PROVIDER ASSESSMENT         Cagtion:       BW IP SAFE-T CSSRS PROVIDER A	♦	When Creating New Progress Notes         SmartPhrase:         -OR-         SmartText:	* •
When Attesting to Progress Notes  SmartPhrase: OR- SmartText: BW IP ATTEST		When Writing/Viewing Notes         Remember the last tab I used for each NoteWriter note         Enable double-click to edit a note         Initial cursor position:         Beginning of notes         End of notes         End of my notes, beginning of others' notes	*
₩ <u>R</u> estore Defaults <i>C</i> R <u>e</u> fresh SmartPhrases		✓ Accep	ot X Cancel

## The "Safe-T CSSRS Provider Assessment" speed button has now been added.

Rounding				
REVIEW BestPractice	① Progress	Note 🖋		
Expected Discha	Create Note	1 BW IP SAFE-T CSSRS PROVIDER ASSESSMENT See All Notes CRefresh		
Problem List	You have no filed	Progress Notes for this patient within the last 24 hours.		

\*\*\*For additional information, please refer to your organizations policy & procedure manual\*\*\*