

WORKSHEET for Suicide Hotline — Triage Assessment

Date/time of Call: _____

Unit/Clinic: _____

GENERAL REMINDERS — 1ST priority: **ASSURE LIFE SAFETY**

Goal: Get enough info to decide what action to take. Be flexible — can get info in any order.

LISTEN. Be patient & compassionate. Do NOT give specific advice or judgments. Keep patient on phone. Reflect their emotions	"You did the right thing by calling. We can help you through this." "You sound very... [upset/sad/anxious]." "It sounds like you've been having a difficult time lately."
During the call, try to (gently) get caller's name, last four, location, & phone number. If OK with patient, use their first name.	"I need to get some information in case we get disconnected. Let me get your name...your last 4... and the phone number where you're at. "Where are you right now?"

Sample Questions:

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Are you feeling like harming yourself... today?...now? ▪ What's been happening to make you feel that way? ▪ Have you ever tried to hurt yourself before? ▪ How serious are you about that today? ▪ How would you hurt yourself today? ▪ Have you thought of any ways you might do that? | <ul style="list-style-type: none"> ▪ Any guns (knives, pills, razors) nearby? Where are you? ▪ Have you already done something to harm yourself? ▪ Is someone with you now? Do they know what's happening with you right now? ▪ Have you been drinking (or using other drug)? ▪ Hearing/Seeing things? (command hallucinations?) |
|--|---|

1. ASSESS SUICIDE RISK: Get enough info to decide on action/s to take, but be flexible— get info in any order.

A. Patient's Suicide Plan: "I will... _____."

When? _____ **How?** _____

B. "SLAP" Checkmark & describe any Risk Factors found:

r **Specific?** — Detailed, well thought out plan. _____

r **Lethal means?** — Handgun, hanging, jumping from tall building, etc. _____

r **Access to means?** — E.g., has a gun & bullet/s. _____

r **Privacy?** — Caller is alone. In range of help? People nearby? _____

C. Additional Risk Factors: if found:

r Intent to die r Intox. r Turmoil r Insomnia r Hx Attempts r Hopeless r Won't/Can't come in

Comment: _____

D. RISK ESTIMATE: r *Imminent* r *Uncertain* r *Other:* _____

2. ACTION / PLAN: one or more:

r **VA Police** — (for Welfare Check, Transport?) _____

r **CSTAT** — (8-4 M-F only) _____

r **LSU** — (Eves, weekends, & holidays) _____

r **Duty to warn** (if homicidal ideation present) _____

r **Other** — (e.g., weapon removal; non-urgent referral to CSTAT, etc.) _____

Instructions given to patient: _____

3. PATIENT INFORMATION:

Name: _____ **Last 4:** _____ **Gender:** r M r F

Current location & Phone #: _____

Name & Title of Evaluator: _____

F/U (if any): _____