ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) **must be initialed** by the ordering MD for the order to be valid.

PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

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 _____

IVF and MEDICATION ORDERS ONLY

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY (describe allergic reaction):