



GREATER LANSING

ENVIRONMENT CHECKLIST/SUICIDE PRECAUTIONS

CHECKLIST MUST BE COMPLETED AT THE BEGINNING OF EVERY SHIFT FOR ALL PATIENTS AT RISK

ITEMS TO BE CHECKED	INITIALS	
	AM	PM
Room inspections completed at beginning of each shift.		
Communicate initiation of Suicide Precautions and level of observation to other Care Team Members.		
Place the patient in a treatment area or room close to nurses' station, when possible, which provides the best observation and protection. Never leave patient behind a closed curtain or door, even bathroom. Curtain always stays open.		
Remove all detachable/removable hanging risk items; unless medically necessary: <ul style="list-style-type: none"> • suction tubing • Excess IV tubing • Electric cords/telephone cords/bed cords/window cords • Oxygen tubing/flowmeter (unless required continuous) • Monitoring equipment (B/P/EKG cables) unless required • Call light should be secured or removed as appropriate 		
Remove garbage and linen containers and all plastic bags (provide paper trash bags)		
Remove extra linen (sheets, towels, pillowcases, gowns)		
Visually inspect room and bathroom. Remove/reduce risk of potentially harmful objects as best as possible: <ul style="list-style-type: none"> • Shower curtain • Hanging curtain • Secure windows • Note shower heads for hanging risks and observe while using the shower closely • Lock all cabinets • Remove any items that are dangerous if ingested 		
Remove all patient belongings and secure in locker or security. Explain to patient that items are being secured for their safety. Allowable items: Cordless electric razor (only under direct supervision), eyeglasses, and non-breakable alcohol-free toiletries.		
Provide patient safety gown		
Provide suicide precautions meal trays. Enter diet modifier for disposable tray to include disposable plate, plastic-ware, and plastic cups. Check contents of meal tray on arrival and removal for contraband.		
RN verifies medication administration to ensure patient has taken medications.		
Ask patient if there is a family member or friend to be involved in care. Inform family/visitors the level of observation/suicide precautions, associated restrictions, and rationale. Provide the Patient and Family Active Suicide Precaution Education sheet.		
Monitor any item(s) brought in by visitors. Remove any item considered unsafe and return it to the visitor when they leave. Visitors/family cannot be a substitute for continuous observation of patient.		
Report given at each shift to identify precautions and all pertinent information.		

SHIFT	INITIALS	PRINT NAME	SIGNATURE	DATE	TIME
AM RN					
AM NA					
PM RN					
PM NA					



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