

CHEO Medical Directive

1. **Name of the Medical Directive:** *Nursing consultation of BNCL Service/Psychiatry on-call for a positive ASQ score*

Approval Status (Dates)

Version/Revision	MDC Submission	MDC Approval
NEW	July 2019	July 2019

Effective Date: *(Assigned by MDC)*

Directive Number: 2112

Renewal Frequency: 3 years Other (may not exceed 3 years):

Expiry Date: *(Assigned by MDC)*

2. **Contact Information**

Area of Practice: *All admitted inpatients (excluding NICU, PICU and Mental Health inpatients)*

Medical Director: *Kathleen Pajer, Chief, Division of Psychiatry*

Developed By: *Emily Smith, BNCL RN (3759)*****

3. **Purpose Statement**

To facilitate appropriate and timely follow up with BNCL/Psychiatry on-call for admitted eligible inpatients who screen positively on the ASK suicide screening questions (ASQ), by have the patient’s nurse initiate the consult request with mental health prior to the patient’s most responsible physician (MRP) being asked to do so.

4. **Personnel Authorized to Implement the Medical Directive**

- RN/RPN must have completed the “Suicide Risk Assessment” training and quiz.
- RN/RPN must demonstrate knowledge, skills and judgement related to the procedure prior to applying the medical directive

5. **Patient Population and Indications**

- Patients 12 years of age or older who meet eligibility criteria and score positive on the suicide screening questions (ASQ) screener

6. **Contraindications**

- Patient responds positive to questions 1-4 but refuses assessment by BNCL Service/Psychiatry.
- Received a negative score on the ASK suicide screening questions (ASQ) screener

7. **Description of the Procedure**

Nurses will assess all admitted inpatients 12 years of age and older that meet the eligibility criteria. Non eligible patients for the ASK suicide screening assessment include those with:

1. Cognitive impairment, including extreme drowsiness, brain injury, delirium, confusion
2. Sedation. The nurse will be responsible for asking once the sedative medication wears off
3. Communication barrier
4. Developmental delay, in which the patient cannot appreciate the nature of the questions
5. Admission for a suicide attempt where an appropriate mental health assessment has already been done
6. Admission off service from psychiatry
7. Active end of life care. Active end of life care consists of patients only admitted for end of life care. This does not include those patients who are receiving palliative care treatment.

Nurses will follow the procedure for screening patients as outlined in ‘Suicide Screening on Inpatient Units

(4E/5E/4W/4N).

If the patient responds positively to any of the questions 1-5, the nurse will:

- Enter a consult for BNCL into Epic, entering themselves as the ordering provider, the MRP as the authorizing provider, using a Medical Directive ordering mode, and entering the medical directive number in the comment field.
- Page the BNCL service (from Monday to Friday, 8-4) or psychiatry on-call (at all other times) to request that they perform a further risk assessment on the patient.
- Inform MRP that the patient has screened positive for suicide screen and a consult order and notification to BNCL Service/Psychiatry has been done.

If there is no response from BNCL Service/Psychiatry to the page after 30 minutes, the nurse will page again. If the BNCL team or Psychiatry (off hours) do not arrive in the recommended time per the 'Suicide Screening on Inpatient Units (4E/5E/4W/4N)' policy, the nurse will contact the MRP for additional follow up with BNCL/ Psychiatry.

8. Consent and Documentation

- Nurse will notify the patient and the caregiver(s) (with the patient's consent except when the patient has responded positively to question 5, in which the caregiver will be notified irrespective of the patient's consent), that a mental health nurse/psychologist/psychiatrist will be involved in their care to provide follow up.
- Nurse will notify the mental health nurse, psychiatrist or psychologist that consent has been obtained from patient and caregiver(s) for their inclusion in the care team
- Implementation of this medical directive must be documented "as per medical directive" and (number of directive)
- Document screening, results and follow up in the appropriate patient's health record

9. Quality Management Process

- Training module and medical directive to be a part of new hire nursing unit orientation.
- Incidents surrounding use of the medical directive will be reported using the on-line Safety Reporting System (SRS) and communicated to the appropriate Director and Clinical Manager and Chair of the Medical Directive Committee
- Unit leadership teams will address issues related to the use of the medical directive
- The leadership team involved in the implementation of the ASK Suicide Screening Questions (ASQ) will review training as well as any incidents that surround the use of the medical directive
- Prior to the renewal of this medical directive, an audit will be conducted to verify that the directive is being applied correctly

10. References and Resources

CHEO:

- Consent Policy (2010)
- Incident Reporting Policy (2008)
- Medical Directives Policy (2014)
- Patient Identification Policy (2017)
- Suicide Screening on Inpatient Units (4E/5E/4W/4N) (*in progress*).


Other:

- College of Nurses of Ontario (CNO):
 - Practice Guidelines
 - Authorizing Mechanisms (Revised 2018)
 - Consent (Updated 2017)
 - Directives (Updated 2018)
 - Practice Standards
 - Decisions About Procedures and Authority (Updated 2018)
 - Documentation, Revised 2008 (Updated 2019)
- College of Physicians and Surgeons of Ontario: Delegation of Controlled Acts, 2012
- Federation of Health Regulatory Colleges of Ontario (2007). An Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario

Appendix


One-Pager for Physicians

Due to an increase in the number of children and youth who experience suicidal thoughts coming to CHEO in recent years, CHEO has begun to screen all patients 12 years of age and older for suicide risk. All admitted patients 12 and older will be asked the Ask Suicide-Screening Questions (ASQ) listed below. There are exceptions to patients being asked including, if they have a cognitive impairment or developmental delay (in which they cannot appreciate the nature of the questions), if they are non-verbal, are admitted for active end of life care or admitted for a mental health reason (post suicide attempt/mental health off service – this does not include eating disorder admissions). Nurses are responsible for completing this within 4 hours of admission. If there is a positive response to **ANY** of the questions, nurses are to contact the MRP and ensure they have been informed.



Ask Suicide-Screening Questions
Suicide Risk Screening Questions for Medical Settings

1. In the past few weeks, have you wished you were dead?	Yes	No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?	Yes	No
3. In the past week, have you been having thoughts about killing yourself?	Yes	No
4. Have you ever tried to kill yourself?	Yes	No
If yes, how? _____ When? _____		
If the patient answers yes to any of the above, ask the following question:		
5. Are you having thoughts of killing yourself right now?	Yes	No



What does this mean for physicians?

When a patient 12 or older answers yes to any of the questions on a weekday from 8AM -4PM, the nurse will initiate the medical directive “Nursing consultation of BNCL Service/Psychiatry on-call for a positive ASQ score” in which they will make a consult to the BNCL or Psychiatry on-call team on the MRP/designates behalf. The nurse will page the BNCL team via paging BNCL Pager # 613-719-2886, who will return the page by calling within 30 minutes. A BNCL team member will arrive within 24 hours if the positive answers are to Questions 1-4 and within 4 hours if Question 5 is positive. On the evenings, weekends, and stat holidays, the nurse on the physician’s behalf should contact the Psychiatrist on-call to come see the patient within the prescribed time frames based on the score. Once the consult has been put in, the nurse is required to inform the MRP/designate of the positive score and that the consult has been placed and received.

It is important to note that even if a patient has a history of mental illness, we still need to be screening and following through on the procedure laid out.

Please refer to the policy “Suicide screening on inpatient units (4E/5E/4W/4N) and the medical directive “Nursing consultation of BNCL Service/Psychiatry on-call for a positive ASQ score” for further details (both currently in progress)