

Identifying Adult Perianesthesia Patients at Risk for Suicide

Sarah Wente, PhD, RN, PMGT-BC, Crystal Rudell DNP, APRN, ANP-BC, WHNP-C, & Jill Goring, APRN, CNS, CENP

Background

- Mental health is a growing concern in the U.S. and throughout the world
- In 2022 over 49,000 people died by suicide
 - Over 18 million adults were seriously thinking about, making a plan or attempting suicide
- ASPAN preoperative assessment components include relevant emotional, safety, and psychological needs
- Assessing patients at risk for suicide preoperatively varies throughout organizations
- In 2024 our systems screening tool changed, the new tool and processes raised questions, creating an opportunity to examine suicide and psychosocial assessment aspects in the perioperative settings
- Feedback on process shared by leaders and frontline staff
 - Unclear process, created patient delays
 - Patient and staff concerns with new questions/tool and process
- Perianesthesia staff, leaders, practice and education recognized the importance of assessment & documentation of psychosocial aspects of perianesthesia patients

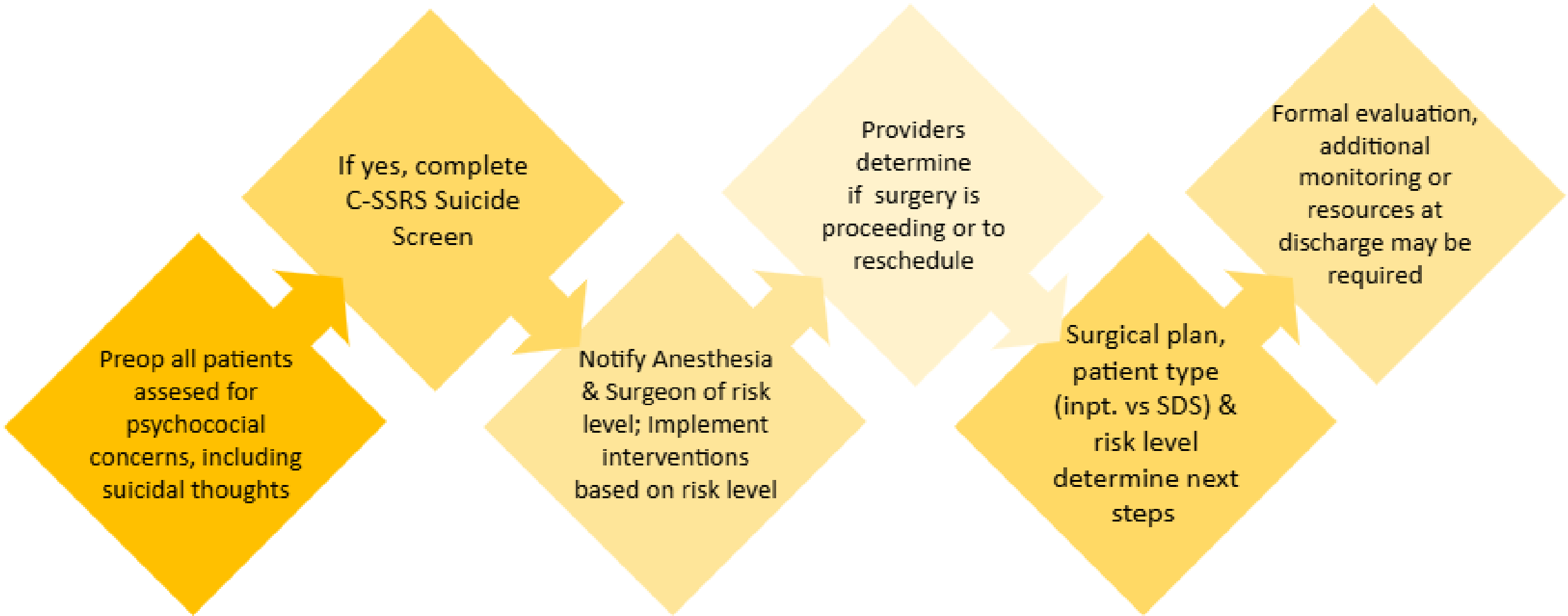
Objectives

- To develop a perianesthesia specific process to identify preoperative patients at risk for suicide
- Educate staff and provide perioperative specific resources
- Assess psychosocial aspects of perianesthesia patients, with focused use of a validated tool for only patients with psychosocial concerns

Process of Implementation

- Mental health experts, regulatory, perianesthesia, and nursing leaders across a large organization examined current process, opportunities, resources and gaps
- Regular meetings were held with a small work group to explore alternative options to current process, develop a system perioperative suicide policy and work on electronic health record (EHR) changes
- Changes and proposed solutions were discussed through the monthly system perianesthesia leadership group
- The new policy and EHR changes were approved by the system leadership group, perioperative domain, regulatory and mental health experts.

Did the patient indicate feelings of hopelessness, depression or suicidal thoughts?



Statement of Successful Practice

- A consistent process was developed to identify patients at acute risk for suicide prior to surgery
- A system perioperative suicide policy was implemented
 - Procedure outlines psychosocial assessment, when to complete additional screen with validated tool (C-SSRS)
 - Interventions based on risk level of C-SSRS

- All staff were educated via the online learning management system, supported via rounding on the unit, and EHR tipsheet
 - 99% of staff reported having the knowledge and tools to implement the change (N=147)
- Continued organizational work to have timely mental health staff resources available for all sites in the preoperative area, ongoing audits of documentation

Risk Level	Interventions	Rescreen
Low Risk	Standard monitoring Notify surgeon and/or anesthesia care provider Initiate Low Risk Suicide Precautions <ul style="list-style-type: none">Provide Suicide Hotline information and connection line numbers at discharge.For perioperative team:<ul style="list-style-type: none">Consider social work consult to determine recommendations for follow upConsider PCP or Behavioral Health referral for follow-up at discharge	RN to rescreen using C-SSRS with any change in psychosocial condition or new statements of suicidal ideation
Moderate Risk (without active suicidal ideation*) *Patients answering yes to Q1 (3 months ago) but NO to Q2 and Q3	Standard Monitoring Notify surgeon and/or anesthesia care provider Initiate Suicide Precautions <ul style="list-style-type: none">Provide Suicide Hotline information and connection line numbers at discharge.Per perioperative team:<ul style="list-style-type: none">Consider social work consult to determine recommendations for follow upConsider PCP or Behavioral Health referral for follow-up at discharge	RN to rescreen using C-SSRS with any change in psychosocial condition or new statements of suicidal ideation
Moderate Risk (with active suicidal ideation)	Initiate Moderate Risk Suicide Precautions <ul style="list-style-type: none">1:1 continuous observationNotify surgeon and anesthesiologistConsider implementing environmental safety measures and remove all unnecessary items from room<ul style="list-style-type: none">If needed, complete the Environment of Care Roundsheet once each shiftConsider searching patient and belongings according to department policy for contraband or items that could be used for self-harmConsider asking patient to change into gown/scrubsConsider sending personal items home. If unable to send home, secure valuables according to Patient Belongings policy.Social work consult to determine recommendations for follow upProvide Suicide Hotline information and connection line numbers at discharge.Attempt Behavioral Health referral or follow-up at discharge.	RN reassessment using C-SSRS Shift Screener at a minimum BID while awake
High Risk	Initiate High Risk Suicide Precautions <ul style="list-style-type: none">1:1 continuous observationNotify surgeon and anesthesiologistImplement environmental safety measures and remove all unnecessary items from room<ul style="list-style-type: none">Complete the Environment of Care Roundsheet once each shiftSearch patient and belongings according to policy for contraband or items that could be used for self-harmSend personal items home. If unable to send home, secure valuables according to Patient Belongings policy.Visitors must secure belongingsTwo staff must accompany patient during transfers or procedures off the unitSocial work consult to determine recommendations for follow upProvide Suicide Hotline information and connection line numbers at discharge.Attempt Behavioral Health referral or follow-up at discharge.	RN reassessment using C-SSRS Shift Screener at a minimum BID while awake

Implications for Advancing Perianesthesia Nursing

- Psychosocial aspects, including suicide are an important part of assessing patients preoperatively, especially given the current state of mental health throughout the country
- Changing from a formal screening tool for all patients, to utilizing a psychosocial assessment supports the identification of those at acute risk for suicide who need screening and interventions,
- This process may help reduce delays, prevent unnecessary cancellation of procedures and provide resources for staff

References

- CDC. (2024, July). *Suicide Data and Statistics Suicide Prevention.*. <https://www.cdc.gov/suicide/facts/data.html>
- ASPAN. (2024). *2025-2026 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements.* (1st ed.) American Society of Perianesthesia.