

Patient Sticker

Date: _____

Time: _____

RN Initials: _____

THE ED-SAFE SECONDARY SCREENER (ESS-6)

This tool should be administered by the provider after a patient endorses active suicidal ideation in the past two weeks (PSS Item 2= Yes) OR suicide attempt within the past 6 months (PSS Item 3 = within past 6 months).

A. Assess the following six indicators using all data available to you, including patient self-report, collateral information, medical record review, and current observations.

	Yes	No	Unable to complete
1. Positive on both safety screener (PSS-3) items: active ideation with a past attempt	1	0	
2. Recent or current suicide plan *	1	0	
3. Recent or current intent to act on ideation*	1	0	
4. Lifetime psychiatric hospitalization	1	0	
5. Pattern of excessive substance use	1	0	
6. Current irritability, agitation, or aggression	1	0	
Sum score (1 for each "Yes")	Total		

Anyone presenting with a current suicide attempt is an automatic Yes on Items 1, 2 and 3.

*Items 2.Plan and 3.Intent are critical items for interpretation.

B. *Critical item review:

- Item 2: Suicide plan present? Y N
- Item 3: Intent present? Y N
- Current attempt? Y N

Check one box in each row for score (Section A) and critical item review (Section B):

	Mild risk	Moderate risk	High risk
A. Score	<input type="checkbox"/> 0 – 2	<input type="checkbox"/> 3 – 4	<input type="checkbox"/> 5 – 6
B. Critical items	<input type="checkbox"/> No current attempt	<input type="checkbox"/> No current attempt	<input type="checkbox"/> Current attempt
	<input type="checkbox"/> No suicide plan or intent	<input type="checkbox"/> Suicide plan <u>or</u> intent (not both)	<input type="checkbox"/> Suicide plan <u>and</u> intent

Risk level based on **highest** level category: Mild Moderate High

Notes: _____
