

Suicide Observation Checklist

Code Explanations

Date: _____

Code and Initial Each Period

12MN-3:45	4:00-7:45 AM	8:00-11:45 AM	12N-3:45 PM	4:00-7:45 PM	8:00-11:45 PM
12:00	4:00	8:00	12:00	4:00	8:00
12:15	4:15	8:15	12:15	4:15	8:15
12:30	4:30	8:30	12:30	4:30	8:30
12:45	4:45	8:45	12:45	4:45	8:45
1:00	5:00	9:00	1:00	5:00	9:00
1:15	5:15	9:15	1:15	5:15	9:15
1:30	5:30	9:30	1:30	5:30	9:30
1:45	5:45	9:45	1:45	5:45	9:45
2:00	6:00	10:00	2:00	6:00	10:00
2:15	6:15	10:15	2:15	6:15	10:15
2:30	6:30	10:30	2:30	6:30	10:30
2:45	6:45	10:45	2:45	6:45	10:45
3:00	7:00	11:00	3:00	7:00	11:00
3:15	7:15	11:15	3:15	7:15	11:15
3:30	7:30	11:30	3:30	7:30	11:30
3:45	7:45	11:45	3:45	7:45	11:45

- Location
1. Sleeping Area/Bed
 2. Yard
 3. Dayroom/Dining Room
 4. Hallway
 5. Assigned Activity
 6. Bathroom/Shower
 7. Off Ward with DEO
 8. Missing- Start Investigation
 9. _____
 10. _____

- Behavior
11. Crying
 12. Angry
 13. Sleeping
 14. Walking
 15. Unable to sleep
 16. Initiates Communication
 17. Non-Communicative
 18. Hallucinating
 19. Asks for Harmful Object
 20. Self-Inflicted Injury/
Suicide Attempt\
 21. Not Eating
 22. Ate Meal/ Snack
 23. Uncooperative
 24. _____
 25. _____

- Status Change
26. S.O. Discontinued (per Unit Chief Order)
 27. Placed in Restraints (refer to q 15 Restraint Checklist)
 28. Placed on 1:1 S. O. (refer to q1h Progress Note)
 29. _____

NOTE: ** An R.N. Progress Note Required O-Shift **

<u>Initials</u>	<u>Signature/Title</u>	<u>Initials</u>	<u>Signature/Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:

1. Name:	(Last)	(First)
2. DOB:	3. A #	
4. Nationality:	5. Facility:	