

Suicide Risk Assessment

This must be performed whenever a patient has attempted suicide to assess whether they will be at risk if allowed to leave the hospital. Also remember that whenever you are performing a mental health history, even if the patient has not attempted suicide yet, you should always ask if they have any thoughts of self harm (perform shortened version of assessment, i.e. focusing on past history, current intent & future plans)

Suicide risk assessment	<ul style="list-style-type: none">- ask about time line of events (past, present & future):<ol style="list-style-type: none">1. past self harm2. mental illness3. drug/alcohol use4. seriousness of attempt (advanced planning, severity of attempt, suicide note left, etc.)5. regrets about the attempt6. current intent7. why patient will not do it again8. support network (family & friends)9. what has changed since attempt10. future plans (holidays, something to look forward to, etc.)- a question the patient always asks at the end of the consultation in OSCE exams is "can I go home?", the answer is NO if you believe they are at risk + say "I need a second opinion from a senior colleague"
Overdose	<ul style="list-style-type: none">- it is important to get a good history (find out exactly what was taken & the quantity as your treatment will depend on this)- look up the symptoms, investigations, treatment & monitoring of the specific overdose in the hospital policies &/or via online systems like 'toxbase'- monitoring: bloods (look for organ damage + some substances can be measured e.g. paracetamol), ABGs (look for acidosis & hypoxia), ECG (for arrhythmias)- general treatment: ABCs, fluids + if substance was taken recently use activated charcoal (mops up toxic substances within the stomach stopping them entering the blood stream) or gastric lavage (large tube into stomach to washout any tablets) can be performed to reduce further damage to body- paracetamol overdose: ↑ intake ⇒ ↑ paracetamol metabolites which deplete the substance within the liver (glutathione) that normally breaks down paracetamol, these free metabolites then start damaging liver cells, treat with N-acetylcysteine (replenishes glutathione helping body break down the paracetamol, should be used within 8 hours of ingestion), in severe cases can ⇒ liver failure then patient may need a liver transplant- aspirin overdose: broken down into salicylate in the blood (the level of this can be measured), nil specific treatment, patients need to be monitored & symptoms treated accordingly- if intentional attempt patient should be referred to the psychiatric team + you should assess patient's future suicide risk (<i>see above</i>)