Priority Topic: SUICIDE

Key Features:

1. In any patient with mental illness (i.e., not only in depressed patients), actively inquire about suicidal ideation (e.g., ideas, thoughts, a specific plan).

**What you should study:**

- Evaluation and Treatment of the Suicidal Patient AAFP 2012
- Screening for Suicide Risk USPSTF AAFP 2015

2. Given a suicidal patient, assess the degree of risk (e.g., thoughts, specific plans, access to means) in order to determine an appropriate intervention and follow-up plan (e.g., immediate hospitalization, including involuntary admission; outpatient follow-up; referral for counselling).

**What you should study:** see also Priority Topic Depression

- L’évaluation de risque de suicide chez l’ado MduQ 2017
- Informal Suicide risk Assessment Checklist
- Suicide Assessment BMJ Infographic
- Suicide High Risk Groups PHAC
3. Manage low-risk patients as outpatients, but provide **specific instructions for follow-up** if suicidal ideation progresses/worsens (e.g., return to the emergency department [ED], call a crisis hotline, re-book an appointment).

**What you should study:** remember that there are usually crisis centres also where patients can spend a few nights in a controlled environment without being admitted to hospital

✓ **Suicide Safety Plan Template** - this doesn’t replace giving instructions to patients but is a useful clinical tool

4. In suicidal patients presenting at the emergency department with a **suspected drug overdose**, always screen for **acetylsalicylic acid** and **acetaminophen** overdoses, as these are common, dangerous, and frequently overlooked.

✓ **Just do it!**

If you want to read about assessment and management of patient with overdose, this is a good article: (covered in **Priority Topic Poisoning**)  
✓ **Acute Medication Poisoning AAFP 2010**

5. In **trauma patients**, consider **attempted suicide** as the precipitating cause.

✓ **Just do it!**