NURSING CARE PLAN (SUICIDAL BEHAVIOR DISORDER)

Medical Diagnosis: Suicidal Behavior Disorder

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
• Excessive sadness • Sudden calmness following a deep sadness • Feelings of hopelessness • Changes in personality • Sleep difficulty • Moodiness • The verbal or written threat of suicide • Family history of suicide • History of substance abuse	Perform neurological assessment	Determine baseline and if there are other neurological conditions present that may cause symptoms
	Initiate one-on-one monitoring at arm's length per facility protocol. Avoid leaving client unattended for any reason (including and especially bathroom or shower time)	Ensure client safety and remove the opportunity to harm the self. Follow your facility's specific protocol regarding supervision, restraint, and documentation.
	Create a safe environment by removing potential weapons or objects that may inflict harm (weapons, utensils, sharp objects, belts, ties, etc.)	Provide safety and remove items that may be used impulsively during the actively suicidal phase. When possible, remove monitor cables and electrical cables that are not being actively used.
Objective Data: • Withdrawal from society • Self-harmful behavior • Recent trauma or crisis • Giving away personal possessions • Purchase of firearm or poisonous substance • The recent release from prison or psychiatric institution • Changes in personal appearance (lack of hygiene) • High-risk factors	Encourage the client to discuss feelings, emotions, fears and anxieties and alternative ways to cope with those feelings	To determine the cause, if any, of client's actions or thought processes. Helps the client gain a sense of control over actions and life in general
	Emphasize resiliency with the client to understand that: The crisis is temporary, but their actions are permanent Help is available Pain can be overcome	Help clients see that there are other ways of dealing with circumstances and give them perspective and hope
	Assess for signs that the client has a plan to commit suicide: Ask if they have a specific plan Suddenly calm or appears happy or relieved Giving away personal possessions	Ask specifically "do you have a plan?". The client may even state "yes, I'm going to take that cable and hang myself with it" – this allows you to remove these objects from their reach. Clients who have decided follow-through with a planned suicide attempt may suddenly feel calm or relieved. This can be hard for caregivers or family members – they may perceive it as the client getting better.

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	Obtain history from client and family members	Determine if a client has a personal or family history of suicide that would increase their risk, or any recent catastrophic events that may have prompted such behaviors (death of a loved one, loss of a job, divorce, etc.)
	Assist client in creating and sign a no-suicide contract	Demonstrates an alternative plan for coping when they feel suicidal instead of acting on impulses. Allows the client to feel more in control of actions and promotes accountability
	Discuss and identify things that are important to or have meaning for the client (religious beliefs, family, goals, and dreams)	Helps refocus the client's thinking and priorities, and renews potential for attaining goals. Provides support and encouragement. Gives the client something to hope for.
	Identify situations or triggers and ineffective coping behaviors that may result in suicidal thoughts or actions	To determine most appropriate interventions and develop more positive coping techniques Carefully and compassionately make a client aware of unrealistic or destructive thinking and offer alternative or more realistic ideas and explanations Constructive interaction helps the client become more open to realistic and satisfying opportunities for the future
	Teach positive problem-solving techniques	Helps client identify and learn more creative and positive avenues for coping with stress Enlist client's family members or friends to be available for the client to call on in cases of crisis Gives a sense of value to the client and reminds them that they are not alone. Provides a support system for the client. It Helps family and friends understand the struggles that the client is facing.
	Provide resource information for support groups, hotlines and counselors that are available 24/7	Gives client support and more resources to help cope with emotions and underlying conditions such as substance abuse