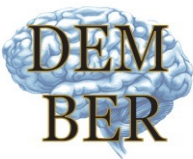


The emergency department and suicide prevention

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Department of Emergency Medicine

Behavioral Emergencies Research

Facts about the ED

- Emergency medicine is a team
 - Often work closely with out-of-hospital providers like EMS or law enforcement
 - Short patient encounters
 - Little or no follow-up

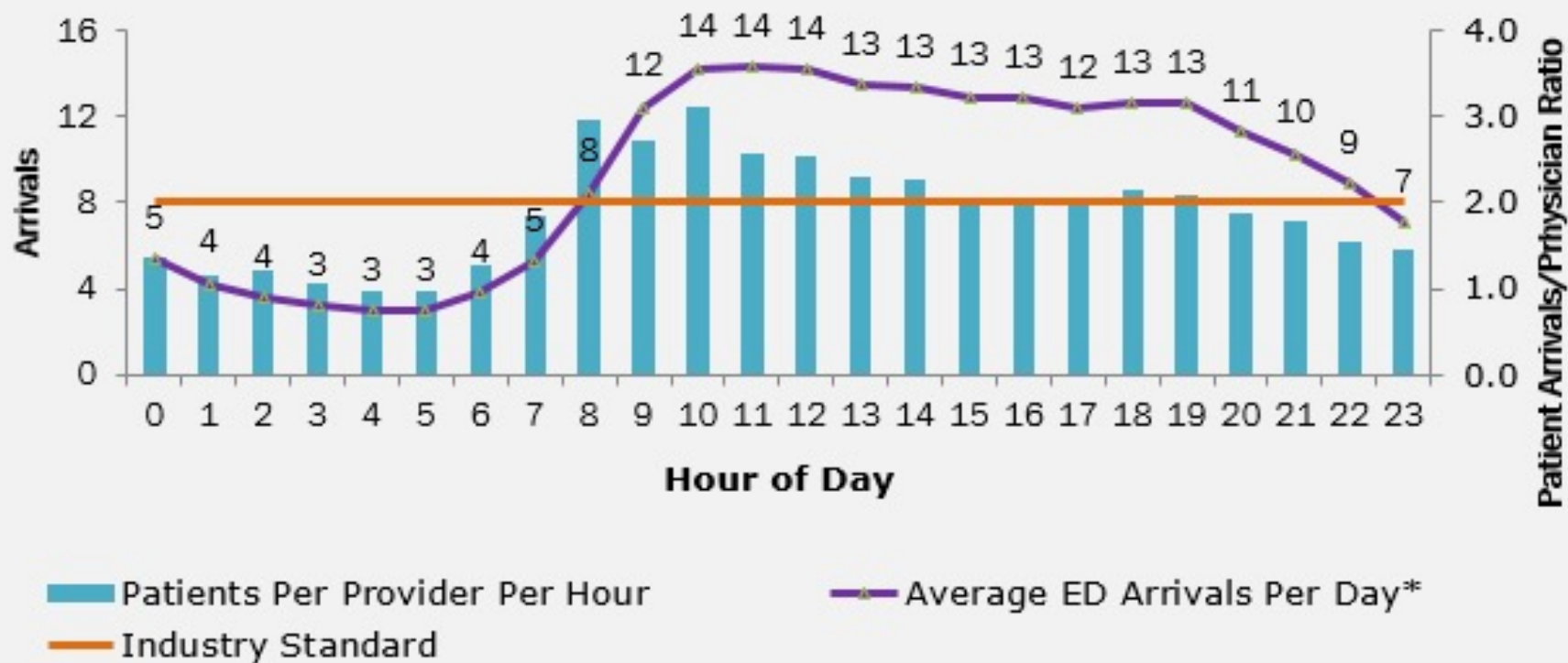
ED is not a (faster) primary care clinic

- Studies in other areas (pediatrics, cardiology, neurology) have shown that population of patients is different in an ED
 - folks who can wait to go to their primary MD are different
 - True of patients with SI?

ED is not a (faster) primary care clinic

- EDs don't triage by time of arrival
 - Patients triaged according to need for resources during ED visit
- ED physicians are taught to consider more serious diagnoses first
 - Even if less common
- EDs don't take appointments
 - Thus often under-resourced (even in well-run EDs)

Patient/Provider Ratio by Hour of Day



Part of complete coverage on
Empowered Patient

THE
EMPOWERED PATIENT
ELIZABETH COHEN

Don't die waiting in the ER

By **Sabriya Rice**, CNN Medical producer

January 13, 2011 4:45 p.m. EST

[Recommend](#)



Ryan and Leah Jeffers lean over their daughter Malyia in the hospital.

STORY HIGHLIGHTS

- Emergency department wait times continue to increase
- On average, patients admitted to the hospital waited about six hours in 2009
- Doctor says overcrowding is also a hospital inpatient problem

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(CNN) -- When 2-year-old Malyia Jeffers developed a fever one Sunday afternoon in November, her parents gave her a children's Motrin and kept a cautious eye on her throughout the night.

By the following morning, Malyia's fever had jumped to 101 degrees, and other concerning symptoms also started to appear.

"I noticed bruising on her right cheek. She was really weak and could hardly walk," says her father, Ryan. He and his wife, Leah, drove Malyia to the emergency room at Methodist Hospital, five miles from their Sacramento, California, home.

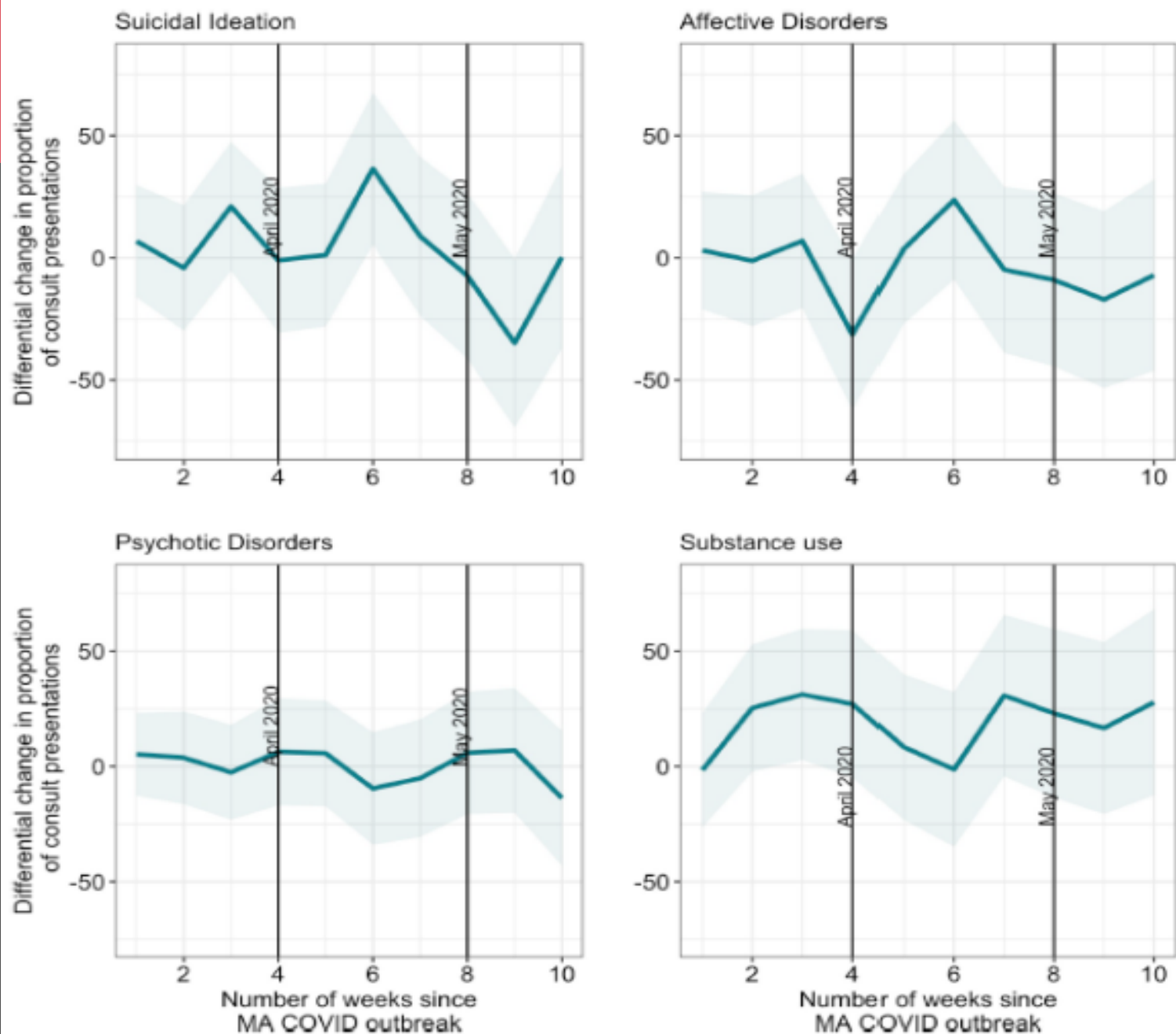


Fig 3. Differential changes in ED psychiatry consult presentations in the COVID versus non-COVID post periods.

ICAR²E

- What's new?
 - ACEP + AFSP for ED providers
 - Considered only ED studies
 - Used IOM criteria to construct guidelines
 - Majority of panel members ED clinicians



Contents lists available at ScienceDirect

American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem

Original Contribution

ED recommendations for suicide prevention in adults: The ICAR²E mnemonic and a systematic review of the literature

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<https://www.acep.org/patient-care/iCar2e/>

Methodology

- Systematic review
- All articles graded by a methodologist
- Recommendations presented to 32 expert stakeholders
- Followed IOM recommendations for creating guidelines

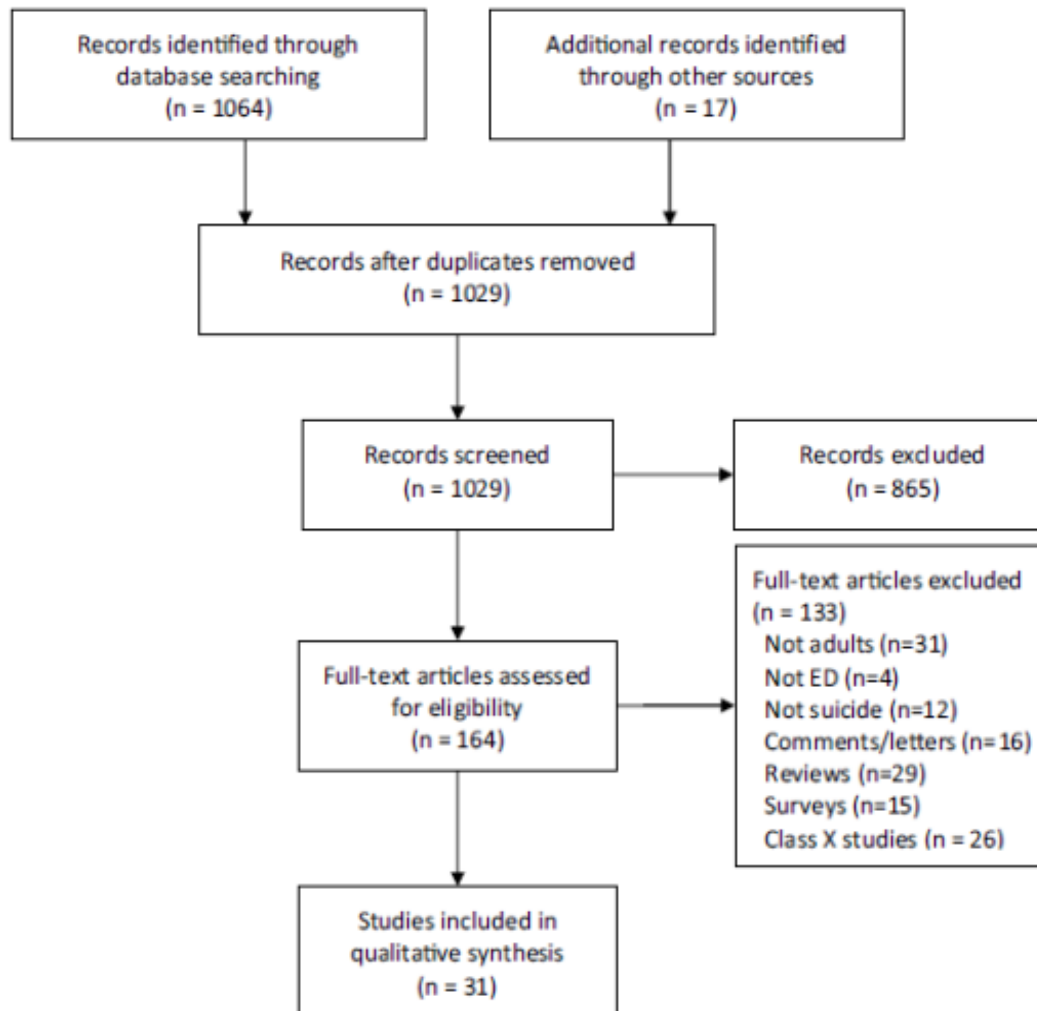
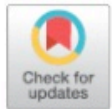


Fig. 1. PRISMA diagram of studies evaluated in this review.



Adherence to guideline creation recommendations for suicide prevention in the emergency department: A systematic review

Michael P. Wilson, MD PhD^{a,b,*}, Jaskiran Kaur, BS^{b,c}, Lindsay Blake, MLIS^d, Alison H. Oliveto, PhD^e, Ronald G. Thompson, PhD^e, Jeffrey M. Pyne, MD^e, Lisa Wolf, RN PhD^f, A. Paige Walker, BA^{b,c}, Angela D. Waliski, PhD LPC NCC^g, Kimberly Nordstrom, MD JD^{b,h}

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- Most ED suicide prevention guidelines scored poorly against IOM criteria
- ICAR²E nearly perfect adherence

ICAR²E

- *Identify* suicide risk
- *Communicate*
- *Assess* for life threats and ensure safety
- *Risk* assessment (of suicide)
- *Reduce* the risk (safety planning/lethal means)
- *Extend* care beyond the ED

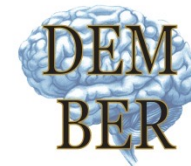
Takeaways

- ED physicians want to give excellent care
 - But many EDs are overwhelmed
 - There is lack of training on suicide prevention
 - There is lack of resources & follow-up

Questions?



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