*Ligature risk*

**Work tool: Use checklist to evaluate patient care areas for patient-harm risk**

Customize this checklist, developed by [Patton Healthcare Consulting](https://pattonhc.com/), for your facility.

Suicide Risk Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Suicide Risk Observation Checklist** | **Yes** | **No** | **Initial** |
| Did we clear the room of all unsafe items? (see list below) | ❑ | ❑ |  |
| Did we remove all clothing/jewelry/personal items? | ❑ | ❑ |  |
| Did we assign a competent 1:1 sitter? Do we have a plan for sitter breaks? | ❑ | ❑ |  |
| Is the 1:1 sitter at arm’s length or if there is a reason for keeping the sitter at a safer distance, did we document that? | ❑ | ❑ |  |
| Did we inform family members of the policies when visiting? | ❑ | ❑ |  |
| Did we lock all cupboards in room and close garage door? | ❑ | ❑ |  |
| Did we lock all common rooms with identified risks when not occupied by staff? | ❑ | ❑ |  |
| Did we plan to continue the 1:1 when the patient is toileting or at a test or procedure? | ❑ | ❑ |  |
|  |  |  |  |
| **Items to Remove From Room (if not clinically necessary):** | **Yes** | **No** | **Initial** |
| Trash cans (regular and biohazard) | ❑ | ❑ |  |
| Gloves | ❑ | ❑ |  |
| Otoscope/ophthalmoscope | ❑ | ❑ |  |
| Otoscope attachments | ❑ | ❑ |  |
| Thermometer | ❑ | ❑ |  |
| Emesis bags | ❑ | ❑ |  |
| Respiratory basket | ❑ | ❑ |  |
| Ambu bags | ❑ | ❑ |  |
| Suction wall mount, tubing | ❑ | ❑ |  |
| Oxygen/air flow meters | ❑ | ❑ |  |
| Call light cord | ❑ | ❑ |  |
| Tongue depressor/cotton swab holder | ❑ | ❑ |  |
| Cleaning wipes | ❑ | ❑ |  |
| Kidney basins | ❑ | ❑ |  |
| Check for oxygen tank on cart and remove if present | ❑ | ❑ |  |
| Linen hamper | ❑ | ❑ |  |
| Chairs/stools | ❑ | ❑ |  |
| IV pump and pole (IV pole on bed if removable) | ❑ | ❑ |  |
| Monitor modules and cords | ❑ | ❑ |  |
| Manual blood pressure cuff and holder | ❑ | ❑ |  |
| Over bed table | ❑ | ❑ |  |