

NONIDEATION SUICIDALITY (NIS) IS A SILENT KILLER

50 percent of youth admitted to the ED with suicidality are discharged without follow-up. 1 in 10 suicides are by youth seen in an ED within hours to days of dying. Up to 20 to 30 percent of acute youth suicidality is represented by NIS. Be particularly vigilant of acute NIS risk in youth 8- to 24- years old experiencing¹:

- ◆ Acute adjustment disorder (AD) reaction
- ◆ Selective Serotonin Reuptake Inhibitor (SSRI) exposure

SIGNS OF ACUTE NIS RISK

- | | | |
|-----------------------|-----------------|-----------------------|
| * Restlessness | * Panic | * Insomnia |
| * Confusion | * Dysphoria | * Inflexible thinking |
| * Nighttime worsening | * Psychic agony | |

TRIGGERING EVENTS

AD – Has the person experienced humiliation, shame, or despair? Examples include loss of relationship, bullying, legal, school status – real, imagined, threatened, or anticipated.

SSRI – Does the person currently take an SSRI antidepressant that was newly or continuously prescribed or recently discontinued? Examples include single or combination antidepressant medicines.

Other – Some other medicines or infections may mimic AD and SSRI presentations. Examples include acute streptococcal and mycoplasma infections, as well as antiemetic and antihistamine medications.

If You Suspect NIS – Regardless of Chief Complaint OR Absence of Ideation use “3EDs and C”:

Ensure patient’s safety and monitor risk

Establish symptom severity baseline using ACUTE™/VISTA™ assessment

Evaluate change in symptom severity with rapid eMed2Go™ test-retest

Do not use “contracts for safety”

Consult

WARNING: NIS is an acute motor and mental disorder characterized by high lethality and unobvious rapid transition. The stakes are HIGH.

¹Copelan R, et al. Adolescent violence screening in the ED. American Journal of Emergency Medicine (2006) 24, 582-594

