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BACKGROUND AND PURPOSE

- Overall, the goal is to decrease the rate of suicide in PTSD patients across hospital settings.
- Suicide prevention in PTSD patients must be addressed across the board in hospital settings.
 - The problem occurs when hospitals are not adequately prepared to handle clients with this disorder.
- Ranger states that, "Every day, approximately 20 veterans die by suicide and up to 14% of veterans report current suicidal ideation."
- Screening for suicide in PTSD patients should be included in the protocol.
 - In PTSD patients, what is the effect of current protocol on suicide prevention?

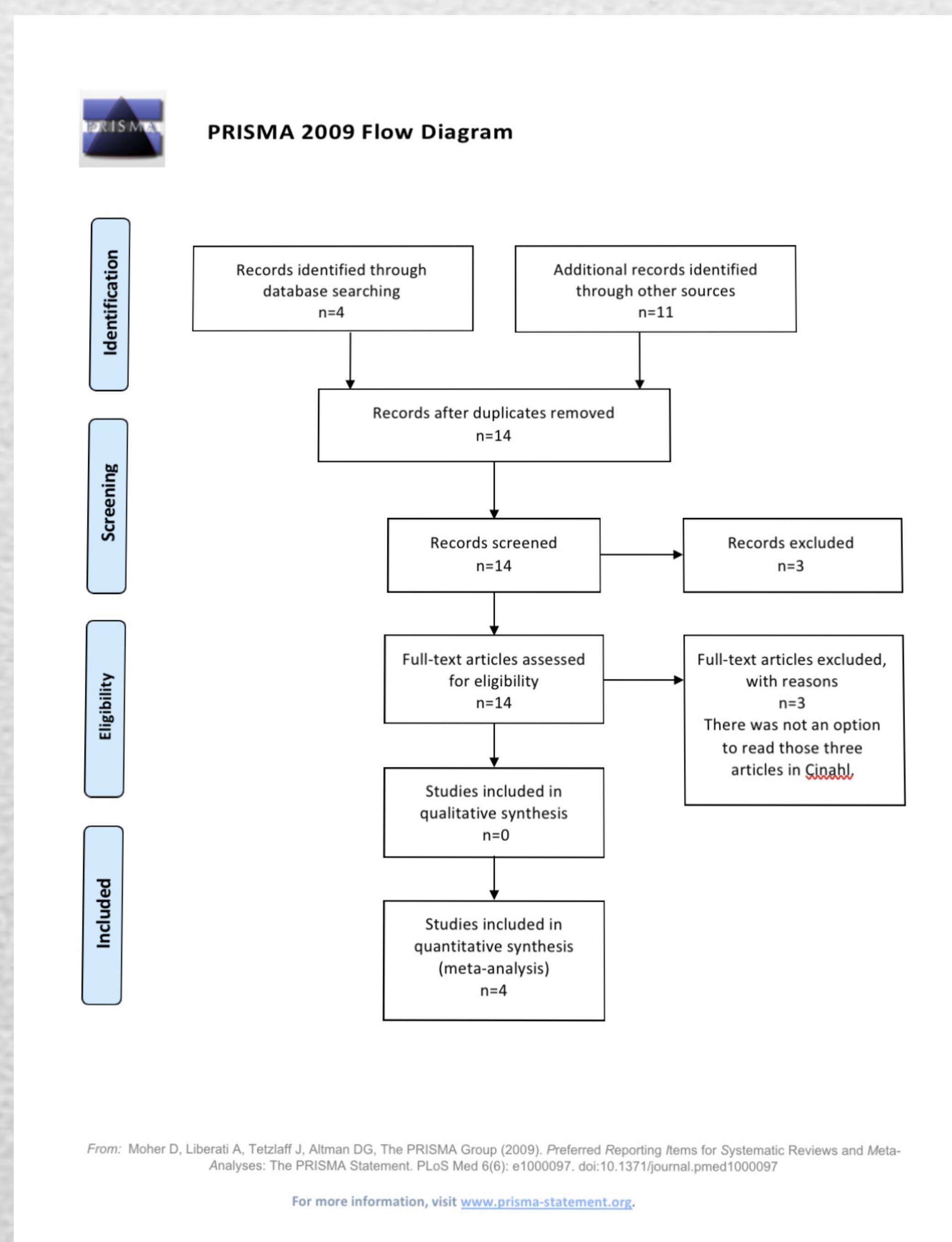
Results of Literature Review

- Back et al. explains how the PCL has shown to offer a reliable indication of PTSD severity (2016, p. 268).
- Bryan et al. explains how the suicide cognitions scale (SCS) has shown to be a good indicator of suicide risk (2019).
- Goldman explains that because a lack of insight is common with involuntarily admitted patients, a thorough explanation should be provided by the nurse (2015, p. 246).
- Clark et al. explains that people with PTSD, need to be screened for comorbidities that put them at a higher risk for potential suicide (2020, p. 178).
- The American Psychological Association (2017) strongly recommends Cognitive Behavioral Therapy (CBT). There is moderate strength of evidence that this type of therapy works for individuals.
- By using the PHQ-9 assessment, shows that there is and increased risk of death by suicide.
- Billera et al. (2019) explains that, "Finding suggest that the C-SSRS is a psychometrically sound measure that can be used to augment suicide risk assessment" (p. 1256).
- Rossom et al. (2017) stated that, "Suicidal ideation reported on the PHQ9 was a robust predictor of suicide attempts and deaths regardless of age" (p. 2).
- Falkenstein et. al. (2017) suggests that there are predictors of PTSD improvement with cognitive/exposure group interventions (p. 305).
- Lee et al. (2016) explains how therapies used as the first line of treatment for suicidal patients work better than using medications as the first line of treatment (p. 793).

PRACTICE GUIDELINES RECOMMENDATIONS

- The PCL, SCS, PHQ-9, and C-SSRS are all reliable screening tools that can be utilized.
- Goldman suggests that a thorough explanation by the nurse should be given to a patient being involuntarily admitted into a crisis center under suicide precautions (2015, p. 246).
- Clark et. al suggests that screening for comorbidities, such as PTSD, should be included in the suicide screening process (2020, p. 178).
- The American Psychological Association suggests that CBT should be utilized for suicidal patients (2017).
- Falkenstein et al. (2017) suggests that cognitive and exposure group interventions might reduce the risk of suicide if they don't have an underlying diagnosis of MDD (p. 305).
- Lee et al. (2016) suggests that we use therapies as the first line of treatment (p. 793).

PRISMA FLOW DIAGRAM



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