Educating Pediatric Registered Nurses to Address Suicide Screening in the School Age Child and Early Adolescent Nina Allen, MSN, RN; Judith Ascenzi, DNP, RN

Background

- Suicide is the second most common cause of death among young people between 10-24 years of age Successful intervention requires early identification Gap in bedside pediatric nurse education, comfort and confidence when assessing for suicide Ask Suicide Screening Questions (ASQ) Hospital policy requires RNs to administer ASQ screen within first 24 hours of
- admission for all pediatric
- patients >10 years of age
- Poor unit hospital compliance

Purpose

- To develop, implement, and evaluate a registered nurse educational intervention to increase nurse confidence, comfort, and adherence to hospitalbased policy when assessing for suicide in the school age child and early adolescent.
 - **Project Aims:**

AIM 1	AIM 2	2. A
 Identify barriers to administering the ASQ screen 	 Improve nurse comfort, confident when screening 	



IM 3

rove unit rence to tal policy

Methods

Design:	A convenient sample
design c	onducted over 12-weel
Sample	: All nurses ($n = 45$)
Setting:	20-bed inpatient pedia
unit with	nin a large academic m
Interver	ntion: 6-minute pre-re-
session a	available for 3 weeks
Measur	es:
ASQ	•4 questions asked on admiss
	 Open ended interview que
AIM 1	 Prompt: What hinders your ASQ?
	Pre/Post Zero Suicide Work
AIM 2	27 pre survey responses, 17
AIM 3	 Compliance chart audits

Results

- Aim 1 interview extracts:
- "I feel like we say welcome to the unit, have you thought about killing yourself?
- Not feeling comfortable asking [ASQ questions]"
- "Fear that a patient will say yes and I don't know how to respond."

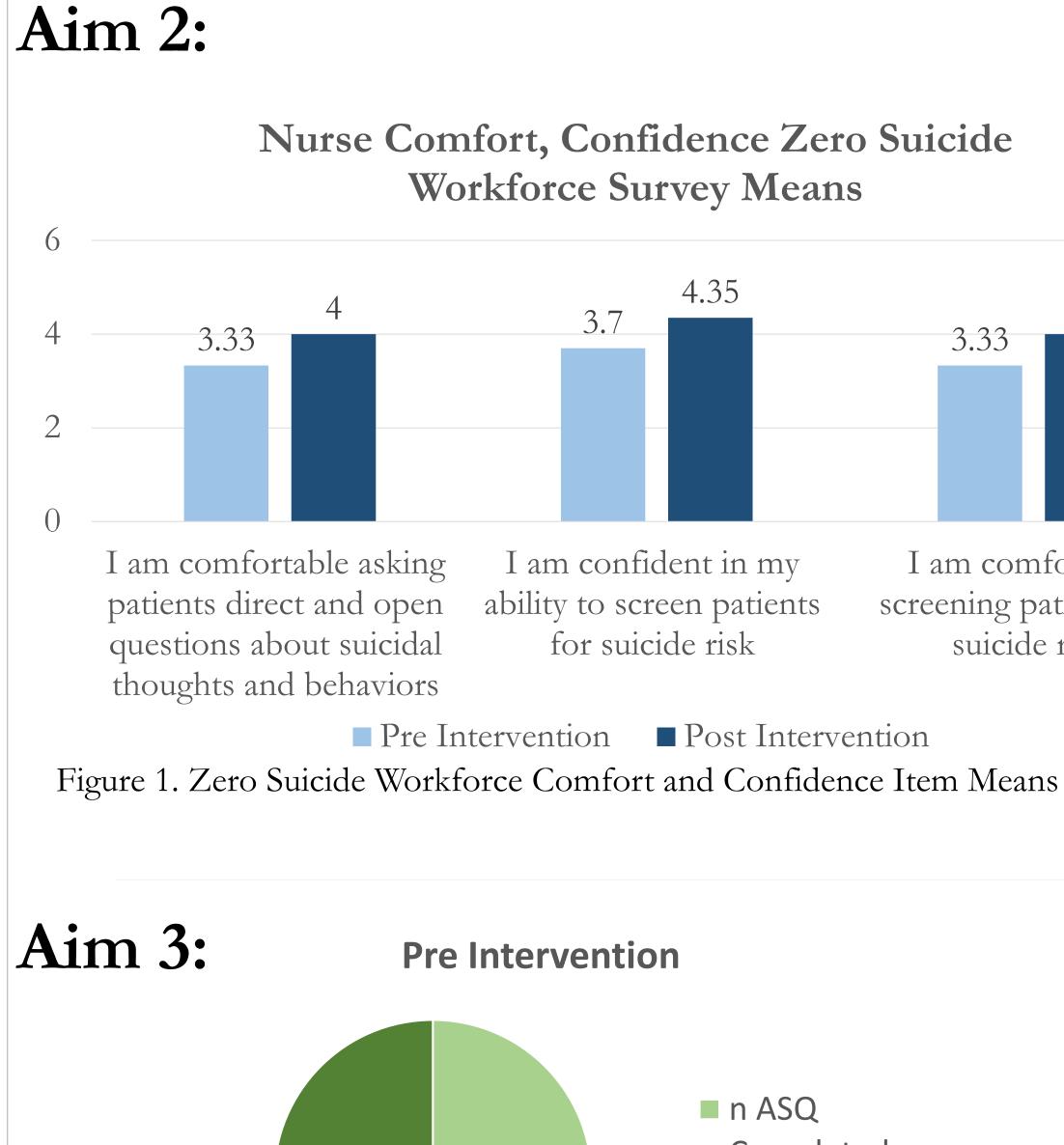
pre/post intervention KS

atric medical/surgical nedical center corded education

sion in EMR

estions (n = 5)r ability to administer the

force Initiative Survey post survey responses



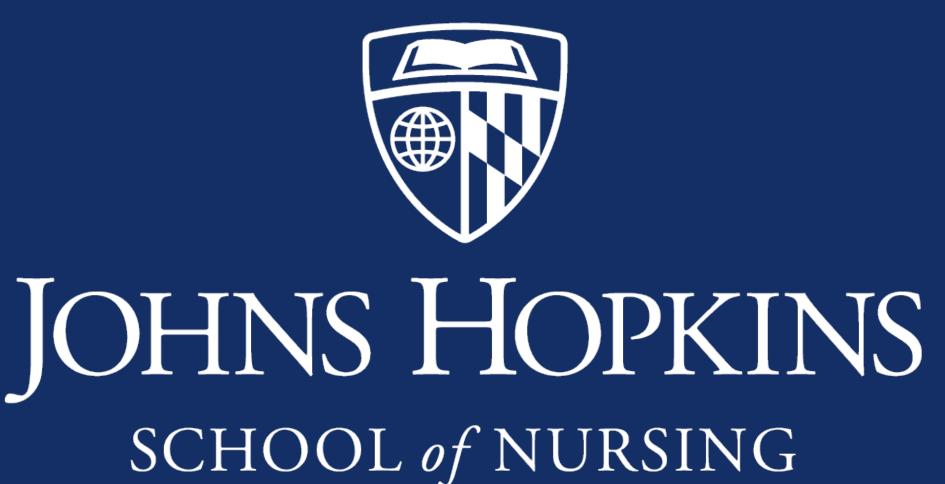
Discussion

63

- challenge.

Conclusion

pediatric suicide.



Nurse Comfort, Confidence Zero Suicide Nurse Comfort, Workforce Survey Means **Confidence Zero Suicide** Workforce Summary Score I am comfortable Pre Intervention Post Intervention screening patients for suicide risk for suicide risk Figure 2. Zero Suicide Workforce Pre Intervention Post Intervention Comfort and Confidence Summary Score, p = 0.001**Post Intervention** n ASQ n ASQ Completed Completed 81 61 n ASQ Not n ASQ Not Completed Completed Chi Square: (1, n = 293) = .14, p = .71, *phi* = .028)

Data revealed increase comfort, confidence when screening for suicide; No significant improvement in policy adherence Limitations: COVID-19, survey fatigue

Implications: Brief, 6-minute education session improved nurse comfort and confidence; timing of screening is still a

This project highlighted the importance of nurse education to increase comfort and confidence when screening for