**Suicide Prevention Status Orders – Removal**

**Inmate Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Inmate Name:** |  |  **ACOMS#:** |  |

**Suicide Prevention Status**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  |  Constant Observation | [ ]  |  Close Observation | [ ]  |  Modified Observation |

**Documentation Reviewed**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  |  Suicide Prevention Status Initiation | [ ]  |  Incident Report (s) |
| [ ]  |  Cumulative Observations | [ ]  |  Medical Records/Electronic Health Record |
| [ ]  |  Other:  |

 **Justification for Discontinuation**

|  |  |
| --- | --- |
| [ ]  |  No longer presenting a risk of self-injury. No identified suicide risk observed or reported. |

**Mental Health Recommendations**

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| --- |
|  |

**Staff Initiating Suicide Prevention Discontinuation**

|  |  |
| --- | --- |
| **Name:** |  **Title:** |
|  **Signature:** |  **Date:** |

**Superintendent or Designee Review**

|  |  |
| --- | --- |
|  **Signature:** |  Date: |
| [ ]  |  **Approved** | [ ]  |  **Denied** |
| **Comments:** |