**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:** | | | | |