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CASE REPORT

Inpatient Suicide Attempt by Broken Cell Phone Screen

Abolfazl Ghoreishi MD[1], Leila Dashtaki MD[2]
[1]Associate Professor of Psychiatry, Social Determinant of Health Research Center, Department of Psychiatry, School of Medicine, Zanjan University of Medical Sciences, Zanjan, I.R. Iran
[2]Resident of Psychiatry, Zanjan University of Medical Sciences, Zanjan, I.R. Iran
• Corresponding author: Abolfazl Ghoreishi MD, Associate Professor, Department of Psychiatry, School of Medicine, Zanjan University of Medical Sciences, Zanjan, Iran. Address: Shahid Beheshti Hospital, Zanjan, Iran
Tel: +98 9123199519
Fax:+98 2433534500
Email: sabgo@zums.ac.ir

ABSTRACT
Background: Suicide is an important public health problem and one of the top 10 causes of death. There are approximately 30,000 suicides per year in the United States and 5% to 6% of them occurred in hospitals. Common methods for inpatient suicide reported were hanging (75%), patients jumping from a roof or window (20%), self-strangulation, patients setting themselves on fire and patients cutting themselves. Aim: Although all inpatient suicide is not preventable, Hospitals and clinicians could work together to develop clear protocols to prevent suicide attempt in hospitals. Method: Here we prevent a suicide attempt by inpatient young woman with a 4 year history of major depressive disorder that used her broken cell phone screen as a cutting device to deep cut her left wrist aim to commit suicide. We closed the Wound with stitches, tape and bandaged. Result: Recommendations for hospital policies to prevent inpatient suicide should include; modifying staff training, Remodel psychiatric wards with enhanced safety features; Remove items that can be used as hanging device and cutting device such as cell phone. Conclusion: As broken cell phone screen could be used as a cutting device for self-injury, cell phone should be forbidden in psychiatric wards too.
Keywords; *Inpatients, Suicide, Major depressive disorder, Cell phone*

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INTRODUCTION

Suicide is an important public health problem and one of the top 10 causes of death for individuals of all ages.[1] Suicidal behaviour commonly considered to result from an interaction of genetic,neurobiological, and psychosocial factors.[2] Major depressive disorders (MDD) appeared to have greater risk for suicide, the risk for suicide in patients with major depression and bipolar disorders is 15%,and in the early stages of the illness, the risk is at highest.[3] There are approximately 30,000 suicides per year in the United States and 5% to 6% of them occurred in hospitals.[4] In order to prevent suicide attempt in hospital, a clear protocol for risk assessment of suicide and safety precautions should be used by clinicians and staff of psychiatric.[5,6] Common diagnoses for inpatient suicide attempt are; depression, schizophrenia and personality disorders. Usually inpatient suicide done by a young, single male that admitted because of suicidal ideation.[7-9] most of the patient has a history of previous suicide attempts, history of inpatient treatment, poor relationships with family members, unemployment, and family history of psychiatric problems or first-degree relative committed suicide.[10,11] The common factors related to inpatient suicide included; problems with patient assessment, staff training and environmental safety failures. Patient assessment includes; complete patient suicide risk assessment at admission time and reassessment it. Acute risk factors for inpatient suicide include; severe anxiety, agitation, severe anhedonia and Psychosis. Studies suggest that 79% of inpatients suicide were committed by patients with

severe anxiety or agitation. Chronic risk factors for inpatient suicide include; suicidal ideation, prior suicide attempts, hopelessness, history of drug or alcohol abuse.[4,12] Environmental safety includes; install breakaway hardware, security features such as locks and alarms. Staff training factors include; sufficient staff training, good staff communication, complete patient observations and available patient information.[4,13] In order to preventing inpatient suicide we should also identify tools that could be used for self-harm and remove them. Common methods for inpatient suicide reported was included; hanging (75%) patients jumping from a roof or window (20%), patients setting themselves on fire or cutting themselves and drug overdose.[4,5,13,14] We report here a case of suicide attempt by an inpatient young woman who use broken cell phone screen as a device for self-injury (self-mutilate) aim to commit suicide.

CASE REPORT

A 16 year old student girl with a history of major depressive disorder, and suicidal ideation was admitted to a Psychiatric hospital in Iran, in august 2014.She had been undergoing treatment for the last 4 years for major depressive disorder in the psychiatry outpatient department with a selective serotonin uptake inhibitor (SSRI); capsule Fluoxetine 20 mg twice a day, tricyclic antidepressants (TCAs); tablet Nortriptyline 10 mg each night and a benzodiazepine; tablet Lorazepam 1mg each night. The patient admitted had suicidal thoughts occupied her mind in the past 2 years. The patient's clinical history disclosed a previous suicide attempt 2 years ago when she had ingested about 100mL of 28% sodium chlorite solution at home, then She vomited and was immediately transported to the hospital's emergency department and went under appropriate treatment.

On mental status examination, she was conscious, oriented to person, time and place, but had poor attention and concentration span. Her memory was intact; psychomotor activity was retard and her speech was coherent and goal-directed.

The Beck Depression Inventory (BDI-II) questionnaire was used to assess her depression level and indicates moderate depression. The Social Anxiety Scale (SAS) questionnaire was used to assess her anxiety level and indicates moderate anxiety. Laboratory investigations such as complete blood count, serum urea and creatinine, liver function tests, random blood glucose and electrocardiogram were all within normal limits

After admission appropriate medication to treat her administrated and her suicide idea monitored daily. Although a comprehensive suicide risk reduction plan has taken in order to decreasing the potential for inpatient suicide attempt and she was assessed every day for the severity of depression and suicide ideation, unfortunately 2 days after admission she found injured at lady's room using her broken cell-phone screen to self-mutilate her left wrist aim to commit suicide. She broke her cell phone screen and used it as a cutting device to deep cut her wrist to die. The wound appears to be deep, gaping, and don't stop bleeding, affecting deeper tissues of the wrist, such as tendons, ligaments, nerves and blood vessels. Immediately, medical treatment was done. Wound closed with stitches, tape and bandaged, followed instructions carefully to prevent infection and minimize scarring. After appropriate medication to treat her completed and her suicide idea diminished, she discharged without any adverse events. Above all another suicide risk assessment conducted before she discharged.

DISCUSSION

Inpatient suicide is a traumatic event for everyone who involved it and especially for psychiatrists if their patient commits suicide. Although it is difficult to predict and prevent Inpatient suicide but we should refine our efforts to decrease all the potential risks for inpatient suicide attempt. Recommendations for hospital policies include; staff training about the process of patient assessment, care and communication. Ask visitors not to bring in restricted items without staff review. High risk patients admitted to closest room to nursing stations.[15]

For environmental safety; Remove items that can be used as hanging or strangulation device such as; belts, shoe laces, handkerchiefs, bathrobe and also tools which could be used as a hanging object, like; clothing hooks and sprinkler heads. Install windows that do not open from the inside, or have locks. Use non-breakable glass or plastic mirrors and windows. Use security strategies such as a door-locking mechanisms, patient monitors, and alarms.[15,16] and as shown in our study that broken cell phone screen could be used as a cutting device to commit suicide, cell phone should be forbidden too.

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