The LPN role in Triage – Specific Settings

**POSITION STATEMENT 1**
Approved by Council - December 11, 2009. Revised March 4, 2010

**Background**
Licensed Practical Nurses (LPNs) have been working in Alberta for over sixty years. Mandatory education, changes to basic programs, advancements in scope of practice, and acceptance of LPNs as professional nurses, have all impacted how the LPN profession is utilized and valued in the health system today.

As the competencies within LPN scope of practice have changed, so has the LPN role in areas such as rural emergency departments, physician clinics, and primary care networks. With the move to focusing more care within communities, these roles come with many opportunities and challenges to ensure quality practice environments and excellence in nursing care for Albertans.

In the Implementation Guidelines for the Canadian ED Triage & Acuity Scale (2009), the Canadian Association of Emergency Physicians (CAEP) defines Triage as “the sorting or prioritizing of items (clients, patients, tasks...).” CAEP also discusses “Rapid access to assessment by a health care provider increases patient satisfaction and enhances public relations. An efficient triage system should reduce client anxiety and increase satisfaction by reducing length of stay and waiting times in the emergency department.”

For more than ten years emergency departments across Canada have utilized the Canadian Triage and Acuity Scale (CTAS) as an instrument to define patient need for timely care. CTAS has also provided a measurement tool to assess and determine acuity levels to provide the essential resources for emergency care.

**The Canadian Triage and Acuity Scale (CTAS)**
CTAS categorizes patients with a 5 point rating scale. Below is an explanation of this scale.

**Resuscitation - CTAS I:** requires resuscitation and includes conditions that are threats to life or imminent risk of deterioration, requiring immediate aggressive interventions (for example, cardiac arrest, major trauma, or shock states).
Emergency - CTAS II: requires emergent care and includes conditions that are a potential threat to life or limb function requiring rapid medical intervention or delegated acts (for example, head injury, chest pain, gastrointestinal bleeding, abdominal pain with visceral symptoms, or neonates with hyperbilirubinemia).

Urgent - CTAS III: requires urgent care and includes conditions that could potentially progress to a serious problem requiring emergency intervention, such as mild moderate asthma or dyspnea, moderate trauma, or vomiting and diarrhea in patients younger than 2 years.

Less-Urgent - CTAS IV: requires less-urgent care and includes conditions related to patient age, distress, or potential for deterioration or complications that would benefit from intervention or reassurance within one to two hours, such as urinary symptoms, mild abdominal pain, or earache.

Non-Urgent - CTAS V: requires non-urgent care and includes conditions in which investigations or interventions could be delayed or referred to other areas of the hospital or health care system, such as a sore throat, menses, conditions related to chronic problems, or psychiatric complaints with no suicidal ideation or attempts.

According to the Canadian Institute of Health Information (CIHI) over 92% of the emergency department visits in 2003-2004 were rated with a CTAS of III (Urgent), IV (Less-urgent), and V (Non-urgent).

LPN Competencies
As the regulatory college for Licensed Practical Nurses in Alberta, the CLPNA defines the competencies that are within the LPN scope of practice. These competencies are documented in the 2nd Edition Competency Profile for LPNs (2005), which was developed in collaboration with Alberta Health and Wellness. The Competency Profile defines triage under section N-Emergency Nursing, N-2 Identify Priority Needs.

LPNs today are competent in comprehensive health assessment, critical thinking, clinical judgment, and collaborative practice. Currently, in many settings, LPNs perform initial rapid assessments, provide a wide variety of nursing interventions and treatments, and work as part of the health care team in critical emergencies.

In rural emergency departments and physician clinics, LPNs are often the first point of contact for a patient. It is expected that LPNs practicing in these settings have the required assessment skills necessary to immediately implement the degree of care necessary for a specific client. New graduates and LPNs not accustomed to practicing in acute care or an emergency department setting need time, mentoring, and additional education to acquire the appropriate experience and competence to practice safely in triage roles.

Collaborative Practice
As professional nurses, LPNs are expected to identify when aspects of the care they are providing go beyond their competence level as stated in the Collaborative Nursing Practice in Alberta (2003) joint document:

“Nurses practice within their own individual level of competence. They seek additional information and/or guidance when aspects of the care required are beyond their current skill level or competence.
Nurses recognize that within the nursing team there are areas of overlap in competencies and roles and that scopes of practice evolve over time in response to changing health care needs. In some care situations, all members of the nursing team may possess the necessary knowledge, skills and judgement to provide that care, in other situations the knowledge, skills and judgement required may be unique to one provider.”

**Triage of Clients by LPNs in Specific Settings**

Once LPNs have achieved the appropriate competencies, CTAS training, and a period of mentorship in the triage role, they may be assigned to work independently within a triage role, with consultation available on site from an appropriate professional.

**CTAS Level V, IV, III**

LPNs may autonomously complete an initial primary assessment and assign the CTAS score for patients presenting as Level III (Urgent), IV (Less-Urgent), or V (Non-Urgent). The LPN then continues to provide care and interventions as appropriate. For patients with Level III status, ongoing monitoring and team collaboration may be necessary.

**CTAS Level V – Protocols / Medical Directives**

In some settings Protocols / Medical Directives are in place to guide nurses in referring suitable Level V (Non-Urgent) patients to a more appropriate time or place to be seen by a Physician. LPNs involved in the triage of these clients must consult with a Registered Nurse to facilitate the process of directing patients appropriately. The Registered Nurse is responsible for determining the appropriateness of the referral as defined by the criteria identified in the *CAEP and SRPC Position Statement – Rural Implementation of CTAS*.

**CTAS Level II**

When an LPN assesses a patient and assigns a CTAS, Level II (Emergency), he/she immediately involves the appropriate professional to continue the assessment and oversee the interventions.

**CTAS Level I**

When a patient presents to the ER as a CTAS, Level I (Resuscitation), the appropriate professional is immediately involved in patient care. Most often these patients arrive via Emergency Medical Services transport and the facility has been notified of the patient condition to ensure a team of professionals is readily available.

In situations when a patient is assigned a CTAS Level I or II rating, the LPN continues to participate in the care and interventions as an integral part of the health care team.
Conclusion

Many environments where triage occurs, specifically rural hospitals, suffer from human resource issues that impact the practice of staffing emergency departments with highly skilled nurses. It is vital that those responsible for triage and assigning CTAS scores have the competence to do so safely.

Collaborative practice in Triage, as in other settings, must be based on the competencies of the nurse and the team of nurses, the needs and complexities of the individual client and the overall client population served, and the supports available within the specific environment. By utilizing all providers to the full extent of their competencies teams can further affect access, quality, and sustainability of the health system.

REFERENCES:


