Vermont State Board of Nursing

Role of the Licensed Practical Nurse in Patient Assessment and Triage Position Statement

Question:
What is the role of the Licensed Practical Nurse (LPN) in patient assessment and triage?

Definitions:

Assessment: A systematic, dynamic process by which the registered nurse, through interaction with the patient, family, groups, communities, populations, and healthcare providers, collects and analyzes data. Assessment may include the following dimensions: physical, psychological, socio-cultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle (American Nurses Association, 2015)

Licensed Practical Nursing: as defined in 26 V.S.A. §1572:

"Licensed practical nursing" means a directed scope of nursing practice that includes:

(A) contributing to the assessment of the health status of individuals and groups;
(B) participating in the development and modification of the strategy of care;
(C) implementing the appropriate aspects of the strategy of care as defined by the Board;
(D) maintaining safe and effective nursing care rendered directly or indirectly;
(E) participating in the evaluation of responses to interventions;
(F) delegating nursing interventions that may be performed by others and that do not conflict with this chapter; and
(G) functioning at the direction of a registered nurse, advanced practice registered nurse, licensed physician or licensed dentist in the performance of activities delegated by that health care professional.

Telephone Triage: a nursing intervention defined as determining the nature and urgency of problems and providing directions for the level of care required, over the telephone. (Mosby's Medical Dictionary 8th Ed.)

Triage: a process in which a group of patients is sorted according to their need for care. The kind of illness or injury, the severity of the problem, and the facilities available govern the process, as in a hospital emergency department. (Mosby's Medical Dictionary, 8th Ed.)

Background:

The Vermont Nurse Practice Act states that it is within the scope of practice of the Registered Nurse (RN) to assess the health status of individuals and groups and to establish a nursing diagnosis. The LPN may contribute to the assessment. LPN activities must be delegated by and performed at the direction of a licensed RN, APRN, physician, or dentist.

Position Statement which Reflects the Nurse's Roles and Responsibilities:

LPNs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN, APRN, or other authorized health care practitioner.

LPNs may contribute to patient assessment by collecting data through the use of structured forms, guidelines, policies or procedures, and protocols, which may be computerized. LPNs may collect data through physical examination techniques, interview, and observation. LPNs may delegate the collection of data (such as vital signs) to LNAs and unlicensed personnel.

LPNs may take action based on their findings, if authorized to do so by the patient plan of care, authorized provider orders, or facility protocols.

LPNs may not establish or modify a patient plan of care or modify a protocol, based on assessment data. If the data collected by or under the direction of the LPN are not clearly consistent with a protocol, provider order, or patient plan of care, the LPN must consult with the supervising professional or authorized provider before taking action or making a recommendation to a patient.

In a triage role, the LPN may collect data using a structured process or format. The LPN may follow a facility protocol or authorized provider orders to provide care, education, or directives to a patient. If the LPN does not have clear orders or a facility protocol that provides direction regarding the specific patient situation, the LPN must consult with a supervising professional or authorized provider before taking action.

References/Citations:

American Nurses Association, (2015), Nursing: Scope and Standards of Practice, 3rd Edition, Silver Spring, MD: Nursesbooks.org, pg. 85.

Mosby's Medical Dictionary, 8th edition. Retrieved May 30 2018 from https://medical-dictionary.thefreedictionary.com/triage%3a+telephone

This opinion is subject to change as changes in nursing practice occur.

Approved: February 2000
Revised: December 10, 2012; July 9, 2018
Reviewed: September 14, 2015