

Provincial Emergency Department Licensed Practical Nurse Competencies

Territory Acknowledgement

We respectfully acknowledge that this document was developed through a collaboration of key partners from health authorities across BC who reside on the unceded, traditional and ancestral territories of BC First Nations, who have cared for and nurtured these lands for all time. We give thanks for the opportunity to live, work and support care here.

For our team at Emergency Care BC, acknowledging that we are on the traditional territories of First Nations communities across our province is an expression of cultural humility and an understanding that we are privileged to use and share this land in addition to our duty and desire to provide culturally safe care.

We would like to extend our sincere thanks to Fraser Health, Interior Health, and the Royal College of Nursing for their content, stylization and formatting, which have been adapted for use in this publication.

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Version 1.1

Competency Frameworks

Licensed Practical Nurses (LPNs) in British Columbia (BC) undertake a comprehensive two-year diploma program designed to meet the entry-level standards and competencies set by the BC College of Nurses and Midwives (BCCNM). There are, however, additional BCCNM requirements for LPNs working in an Emergency Department (ED) setting. The **BC Provincial Emergency Department LPN Competency Framework** (Figure 1) illustrates the structured approach used to outline nursing competencies in the context of LPN practice in the Emergency Department.

Note: There may be competencies outlined in this framework that are restricted by health authority (HA) or employer organizational policies (See [BCCNM Controls on Practice](#)). LPNs are required to follow employer limits on practice (See [Local HA/ED Restrictions, Resources & Learning](#)).

Note: The competencies outlined in this document reflect an optimized scope of LPN practice in the ED. They are part of the BC Provincial **Emergency Care LPN Integrated Program (ECLIP)** and can only be used by LPNs who have successfully completed the **ECLIP** education and training requirements (**ED LPN Curriculum**) or have demonstrated equivalent orientation and competencies through an HA-approved process.

Professional Nursing Practice (PNP)

The foundation of this framework is **Indigenous Cultural Safety, Cultural Humility and Anti-Racism (CSHAR)**, interwoven into all aspects of ED care. **Professional Nursing Practice (PNP)** is at the centre and represents the heart of the framework, emphasizing evidence-based care, holistic patient focus, and ethical decision-making.

The domains of CSHAR and PNP competencies form the basis of all nursing care, and the knowledge, skills and behaviours outlined in these sections should be applied when approaching all other competencies within the framework:

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Figure 1:
BC Provincial Emergency Department LPN Competency Framework



Cross-Cutting Themes (CCT)

Within the middle circle of the framework is **Cross-Cutting Themes (CCT)**, which represents foundational practices and principles that permeate all aspects of emergency nursing care. These competencies are applicable to any patient in an emergency care setting, irrespective of their presenting complaint or age.

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Emergency Care Domains (ECD)

The outer circle of the framework represents the **Emergency Care Domains (ECD)**. These domains outline competencies applicable to ED LPN roles and responsibilities in caring for emergency patients across the lifespan. There are five **Emergency Care Domains (ECD)**:

ECD1 Caring for Acute Presentations

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The HIRAID® Emergency Nursing Framework

The **HIRAID® Emergency Nursing Framework** is a structured, evidence-based approach designed to improve the assessment and management of patients in the Emergency Department (ED).

Although it provides nurses with a clear pathway for delivering high-quality, systematic care, we also recognize with humility it is a framework based on western-medical ideologies and may not have considered Indigenous ideologies. In recognition of this, when applying the **HIRAID®** framework to assess and manage a person's care, determine whether they identify as an Indigenous person. If so, consider how to uphold their rights in accordance with the [Declaration on the Rights of Indigenous Peoples Act](#) (DRIPA), particularly Article 24. Additionally, incorporate the [4 Rs of Cross-Cultural Dialogue](#) (Respect, Relevance, Reciprocity, and Responsibility) throughout the assessment and care process.

HIRAID® language and methodology has been incorporated into the competencies outlined in this document and is also embedded in the **ECLIP ED LPN Curriculum**.

The acronym **HIRAID®** stands for: History (including Infection Risk), Red Flags, Assessment, Interventions, and Diagnostics. The framework also includes ongoing Reassessment and Communication. Here's a breakdown of the framework (See also Figure 2):

History: Using open-ended and focused questions to elicit relevant information, gather a detailed patient history, including presenting complaint, history of the presenting illness, past medical, surgical, social and medication history and allergies. Also consider **Infection Risk**, considering if additional precautions are required.

Red Flags: Screen for immediate or potential threats to life or limb based on history and observations and escalate care if concerns identified. Look for high-risk signs and symptoms that may indicate worsening or severe disease processes and **unstable or unpredictable patients**.

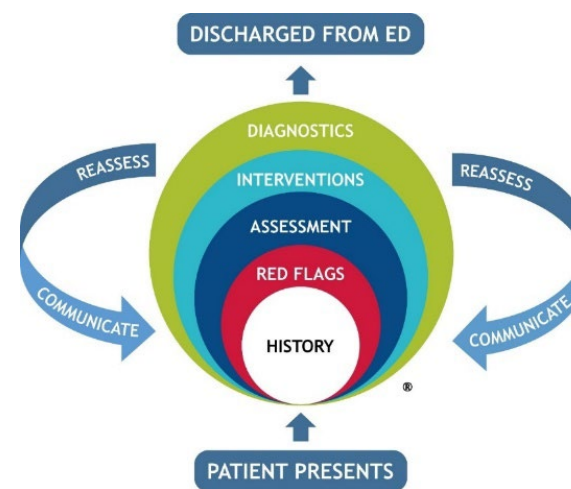
Assessment: Perform a **primary assessment** following the **ABCDE** approach: Airway, Breathing, Circulation, Disability (neurological status), Exposure/Environment. Conduct a **secondary assessment** for a system-specific presentation (**Focused**) or a more comprehensive evaluation (**Head-to-toe**) when concerned about unidentified complexity or changes in stability or predictability. Continue screening for **Red Flags**.

Interventions: In a team nursing approach, implement evidence-based nursing interventions to address abnormalities identified in the assessment. Collaborate with the interdisciplinary team to prioritize ordered interventions.

Diagnostics: Anticipate diagnostic tests based on the clinical presentation (e.g., blood tests, imaging, ECG). Collaborate with the interdisciplinary team to prioritize ordered testing.

Reassessment & Communication: Continuously evaluate the patient's response to interventions, communicate changes in status or results to care team and update care plan in a team nursing approach.

Figure 2: HIRAID® Emergency Nursing Framework



Hiraid® Nursing Framework.
Retrieved from <https://www.sydney.edu.au/medicine-health/our-research/research-centres/project-hiraid.html>

Competency Framework Structure

Competency Categories:

Each table is divided into categories of Knowledge, Skills, or Behaviour. These categories help to organize different types of competencies according to their aspects and applications.

Descriptors:

Each row in the table describes a specific competency, detailing what the nurse is expected to know, do, or demonstrate behaviorally.

BCCNM Limit Descriptors:

If a BCCNM specific limit or condition applies to a competency, it is outlined below the competency description (See [BCCNM LPN Scope of Practice](#)).

Note: As LPNs in an Emergency Setting must work in a “[Team Nursing Approach](#)”, this limit applies to **all competencies laid out in this document**.

“Additional Education” Column:

A check mark in this column indicates that there are requirements from BCCNM that LPNs complete structured education before performing the activity. See BCCNM [Additional Education](#) for more information.

“With Order” Column:

A check mark in this column indicates that there are specific limits from BCCNM that require an order from a provider prior to an LPN performing an activity. (**Note:** LPNs must check with local employer for any HA specific requirements for orders.)

Self-Assessment:

Competencies are self-assessed using Benner’s stages of clinical competence (See Figure 3). This widely recognized taxonomy provides clear definitions that are easy to apply, helping to accurately gauge progress and skill level.

Figure 3: Benner’s Stages of Clinical Competence

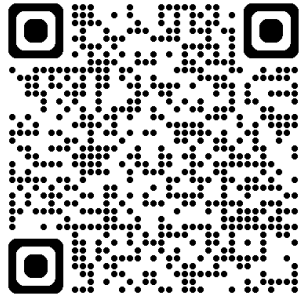
Code	Novice to Expert Continuum	Description
N	Novice or beginner	Has foundational Knowledge to achieve the learning outcome (e.g., education/training, orientation). No experience with performing the learning outcome, task, or skill expected to be performed; Unable to use discretionary judgment. Lacks the confidence to demonstrate safe practice; requires support (verbal and physical cues) in clinical practice from someone at least at the “Competent” level.
AB	Advanced Beginner	Demonstrates acceptable performance because the nurse has had prior experience in actual situations. Often needs help setting priorities and cannot reliably sort out what is most important in complex situations and will require help to prioritize.
C	Competent	Demonstrates efficiency, is coordinated, and has confidence in their actions. Able to plan and determine which aspects of a situation are important and which can be ignored or delayed. This practitioner lacks the speed and flexibility of a proficient practitioner, but they show an ability to cope with and manage contingencies of practice.
P	Proficient	Someone who perceives the situation as a whole rather than in parts. They have a holistic understanding of clinical situations which makes for quick and more accurate decision making. They consider fewer options and quickly hone in on accurate issues of the problem.
E	Expert	No longer relies on rules, guidelines, etc. to rapidly understand the problem. With an extensive background of experience demonstrates an intuitive grasp of complex situations.

Benner P (1984) From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley.

Using the Competency Tables:

Prior to using these competency tables watch the video below:

ED LPN Competencies Introduction Video



Controls on Practice

Some activities listed in this competency framework are within the BCCNM scope for LPN practice but may be restricted by the local HA or worksite policies and procedures. (See [BCCNM Controls on Practice](#))



If in doubt about any activity, consult your local HA professional practice office.

1. Self-Assessment:

- Nurses begin by self-assessing their current level of competence in each area, considering if BCCNM specific conditions for **Additional Education** and orientation have been met.

	Knowledge	Additional Education	With Order
CCT 5.1.6	Aware that LPNs can change IV bags containing potassium chloride (KCL) infusing via peripheral access. BCCNM Limit: LPNs do not access central venous lines or devices (including intraosseous) BCCNM Limit: LPNs only administer IV bags containing potassium that have been compounded commercially or by a pharmacy.		<input checked="" type="checkbox"/>

- Nurses mark their initial self-assessment by selecting the corresponding level on the table.

Self-assessment (circle choice)				
N	AB	C	P	E

2. Local HA/ED Restrictions, Resources & Learning:

This section of the table lists **Health Authority (HA) (employer) specific restrictions on practice**. Sometimes, employer policies are more restrictive than legislation or BCCNM standards ([BCCNM Controls on Practice](#)).

It also contains suggested learning resources that can help nurses develop specific competencies.

3. Developmental Goals

- This document has been integrated into the **ED LPN Curriculum** as part of the **ECLIP** program and can serve as a record to facilitate the LPN's career progression in the emergency department. It provides a structured basis for performance reviews and the development of plans for ongoing professional growth.
- Based on the self-assessment and feedback received, LPNs and their mentors set realistic, achievable goals for further professional growth. This iterative process ensures that LPNs are continually working towards enhancing their proficiency and adapting to evolving health-care needs.

BC Provincial Emergency Department LPN Competencies

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism

Indigenous Cultural Safety, Cultural Humility and Anti-Racism practices are foundational and fundamental to all domains of nursing practice. [In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care](#), identified Emergency Departments (EDs) as the most problematic location for Indigenous-specific racism. Indigenous people reported rampant negative stereotypes in ED, including being seen as drug seeking, frequent flyers, irresponsible and 'non-compliant'. These dismissive attitudes and demeaning stereotypes frequently result in negative outcomes for Indigenous peoples, such as receiving delayed care and/or misdiagnosis, and Indigenous people refusing to access ED care entirely. These pervasive stereotypes stem from intentionally cultivated inferiority of Indigenous peoples from colonial biases embedded in the health-care system and beyond. In order to address endemic systemic racism, increase equity and improve health outcomes for Indigenous peoples, the principles of Indigenous cultural safety, cultural humility and anti-racism must be understood and actioned in all aspects of emergency nursing professional practice and patient care. See also [BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Guide](#), [In Plain Sight Summary Report](#), and [FNHA Anti-Racism, Cultural Safety & Humility Framework](#).

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism									
	Knowledge		Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning	
CSHAR 1.1.1	Recognizes and understands the historical and ongoing impacts of settler colonialism, violence, racism, systemic racism, and discrimination against Indigenous peoples.		N	AB	C	P	E	San'yas Anti-Racism Indigenous Cultural Safety Training	
CSHAR 1.1.2	Understands the health inequities and the social determinants of Indigenous people's health and the importance of access to health care that positively affirms Indigenous culture, rights, and identities.		N	AB	C	P	E	In Plain Sight Summary Report Health inequalities and the social determinants of Aboriginal peoples	
CSHAR 1.1.3	Recognizes Indigenous perspectives regarding gender fluid identity including Two-Spirit and Indigiqueer.		N	AB	C	P	E	Intersections: Indigenous and 2SLGBTQQIA+ Identities	
CSHAR 1.1.4	Recognizes that Indigenous women, girls, two-spirit, queer and trans Indigenous people are disproportionately impacted by Indigenous-specific racism in the health-care system.		N	AB	C	P	E	National Inquiry into Missing and Murdered Indigenous Women and Girls	
CSHAR 1.1.5	Recognizes responsibility to uphold Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIPA) that Indigenous peoples have the right to their traditional medicines and to maintain their wholistic perspective of health and health practices, including the right to integrate traditional healers and medicines, methods, spaces (e.g. smudging room), and perspectives on health and wellness practices.		N	AB	C	P	E	First Nations Perspective on Health and Wellness (FHNA) Declaration on the Rights of Indigenous Peoples Act (DRIPA)	

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism (Continued)

	Knowledge	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CSHAR 1.1.6	Understands the rights of Indigenous people to have Indigenous Patient Navigators, Liaisons, and/or Elders to support their care, including community and family involvement.	N AB C P E	Declaration on the Rights of Indigenous Peoples Act (DRIPA)
CSHAR 1.1.7	Understands the principles, concepts and importance of cultural safety and cultural humility in ED nursing care, including the differences between the two concepts.	N AB C P E	BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Guide
CSHAR 1.1.8	Understands the principles, concepts, and standards of anti-racism.	N AB C P E	BCCNM From Awareness to Action: Module 3 – Anti-racist practice
CSHAR 1.1.9	Recognizes instances of Indigenous-specific racism and discrimination.	N AB C P E	
CSHAR 1.1.10	Understands that cultural safety is determined from the perspective of the patient and their community.	N AB C P E	BCCNM From Awareness to Action: Module 4 – Creating safe health-care experience
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CSHAR 1.2.1	Uses trauma and violence-informed and culturally humble communication methods that honour and respect the patient's background and lived experience to support person-led care. (See also PNP9 – Trauma-Informed Practice)	N AB C P E	BCCNM From Awareness to Action: Module 6 – Strengths-based & trauma-informed practice
CSHAR 1.2.2	Demonstrates the ability to learn about and adapt care practices to meet the diverse cultural needs of patients, considering their lived experiences and personal strengths, to support their health and wellness goals.	N AB C P E	BCCNM From Awareness to Action: Module 2 – Self-reflective practice
CSHAR 1.2.3	Demonstrates the ability to take appropriate action and interrupt when observing others acting in a racist or discriminatory manner towards Indigenous people.	N AB C P E	BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Guide
CSHAR 1.2.4	Cares for Indigenous patient holistically, considering their physical, mental/emotional, spiritual, and cultural needs.	N AB C P E	BCCNM From Awareness to Action: Module 4 – Creating safe health-care experience

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism (Continued)

	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CSHAR 1.2.5	Respectfully engages with Indigenous patients, prioritizing their dignity and right to self-determination.	N AB C P E	Declaration on the Rights of Indigenous Peoples Act (DRIPA)
CSHAR 1.2.6	Facilitates connection of Indigenous patients with Indigenous-specific supports including, but not limited to, Indigenous Patient Navigators (IPNs), Elders and Knowledge Keepers.	N AB C P E	
	Behaviour	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CSHAR 1.3.1	Treats Indigenous people with respect and acknowledges cultural identity and lived experiences.	N AB C P E	BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Guide
CSHAR 1.3.2	Reflects on, identifies, and does not act on any stereotypes or assumptions they may hold about Indigenous peoples, recognizing how these reflections can impact the therapeutic relationship with Indigenous people.	N AB C P E	BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Guide
CSHAR 1.3.3	Undertakes ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and Indigenous anti-racism.	N AB C P E	San'yas Indigenous Cultural Safety Online Training BCCNM: From Awareness to Action: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism learning series
CSHAR 1.3.4	Actively engages with colleagues, sharing what is learned, to collectively continue to understand historical and current impacts of colonialism on Indigenous people and how this may impact their health-care experiences.	N AB C P E	Declaration on the Rights of Indigenous Peoples Act (DRIPA)

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Professional Nursing Practice (PNP)

PNP1		Communication		
	Knowledge	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning	
PNP 1.1.1	Understands that effective communication depends on using language and terms appropriate to the individual, while also recognizing and addressing common barriers that may impact understanding.	N AB C P E	sfsdf	
PNP 1.1.2	Understands strategies available to aid communication for individuals who have sensory impairment.	N AB C P E	PHSA Language Services	
PNP 1.1.3	Understands strategies available to aid communication with individuals who speak languages other than English and understands where to access such supports.	N AB C P E	PHSA Interpreting	
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning	
PNP 1.2.1	Demonstrates effective communication with colleagues both internal and external to the emergency care setting.	N AB C P E		
PNP 1.2.2	Communicates in a collaborative and reciprocal way with patients of all ages, their families, carers, and those important to the patient, including engaging with patients and families to ensure an understanding of any updates to care plans.	N AB C P E		
PNP 1.2.3	Facilitates use of interpreting services in line with health authority policy and resources.	N AB C P E	PHSA Interpreting	
PNP 1.2.4	Communicates effectively with individuals with audio and/or visual impairment.	N AB C P E	PHSA Language Services	

PNP2		Education		
	Knowledge	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning	
PNP 2.1.1	Discusses and applies effective patient education strategies respectful and inclusive of the patient's cultural, personal, and individual health and wellness goals and needs.	N AB C P E		
PNP 2.1.2	Identifies educational resources and tools that support learning and professional development in emergency care.	N AB C P E		
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning	
PNP 2.2.1	Selects and implements various strategies to facilitate effective patient education and understanding.	N AB C P E		
PNP 2.2.2	Demonstrates skill at teaching others, ensuring knowledge is translated effectively, and modifies approaches in response to individual learning styles and preferences.	N AB C P E		

PNP3		Evidence-Based Practice		
	Knowledge	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning	
PNP 3.1.1	Understands the principles and application of evidence-based practice in nursing care within the ED setting.	N AB C P E		
PNP 3.1.2	Identifies and accesses evidence-based information from reliable sources to support clinical decision-making.	N AB C P E		
PNP 3.1.3	Understands the local ED/Health Authority process for updating practices based on best and current evidence.	N AB C P E		
PNP 3.1.4	Recognizes Indigenous knowledge and evidence as valid and essential in nursing care, ensuring its integration into evidence-based practice to support the health and well-being of Indigenous people.	N AB C P E	Declaration on the Rights of Indigenous Peoples Act (DRIPA)	
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning	
PNP 3.2.1	Contributes to developing evidence-based patient protocols and guidelines.	N AB C P E		
PNP 3.2.2	Contributes to the audit process within the clinical setting.	N AB C P E		
PNP 3.2.3	Advocates for meaningful involvement and inclusion of Indigenous people when informing protocols and guidelines.	N AB C P E	Declaration on the Rights of Indigenous Peoples Act (DRIPA)	

PNP4		Leadership					
	Knowledge	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
PNP 4.1.1	Understands the attributes of effective leadership, including self-awareness, commitment to personal and professional growth, ethical values, presence, reflection, humbleness and humility, and foresight.	N	AB	C	P	E	BCCNM Professional Standards for LPNs
PNP 4.1.2	Understands the principles and importance of mentoring and motivating others to achieve their potential.	N	AB	C	P	E	
PNP 4.1.3	Recognizes that leadership is not limited to formal positions but can be demonstrated by any nurse through actions and attitudes.	N	AB	C	P	E	
PNP 4.1.4	Understands how informal leadership can positively influence team dynamics and patient care outcomes.	N	AB	C	P	E	
PNP 4.1.5	Recognizes that effective leaders lead relationally and in the spirit of reciprocity, respect, relevance, and responsibility (the 4 Rs).	N	AB	C	P	E	PSBC Cultural Safety Poster.pdf Our Values: The Four R's - Office of Professional Learning
PNP 4.1.6	Recognizes that within leadership positions comes the ability to use power and privilege to advocate for Indigenous peoples' rights in health care.	N	AB	C	P	E	BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Guide
PNP 4.1.7	Understands the principles of equity, diversity, and inclusion and how they can positively affect patient care and staff experiences.	N	AB	C	P	E	Diversity Equity and Inclusion Elevating the Voices of All in BC HQBC
	Skills	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
PNP 4.2.1	Provides mentorship and support to colleagues, helping them develop their skills and confidence.	N	AB	C	P	E	BCCNM Professional Standards for LPNs
PNP 4.2.2	Exhibits self-awareness by regularly reflecting on personal strengths, areas for improvement and opportunities for growth.	N	AB	C	P	E	
PNP 4.2.3	Demonstrates equitable and inclusive leadership through actions and attitudes, regardless of formal titles or positions.	N	AB	C	P	E	
PNP 4.2.4	Influences team dynamics positively by promoting collaboration, respect, and a shared commitment to patient care.	N	AB	C	P	E	
PNP 4.2.5	Prioritizes Indigenous-led decision-making, contributes to the eradication of Indigenous-specific racism and discrimination and role models cultural humility within their organizations.	N	AB	C	P	E	BCCNM Indigenous cultural safety, cultural humility, and anti-racism Practice Standard

PNP5 Legal and Ethical Practice			
	Knowledge	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 5.1.1	Understands health authority policy on sharing medical information securely and appropriately, ensuring it is only disclosed to those directly involved in the patient's care and in compliance with privacy regulations.	N AB C P E	
PNP 5.1.2	Understands legislation and policy on accessing patient medical records as only required for care and ensures that all information is handled according to legal and organizational privacy standards.	N AB C P E	Freedom of Information and Protection of Privacy Act
PNP 5.1.3	Identifies local health authority processes for reporting breaches of confidentiality.	N AB C P E	
PNP 5.1.4	Understands informed consent policies for treatment for all ages in the emergency care setting.	N AB C P E	Health Care Providers' Guide to Consent to Health Care Health Care (Consent) and Care Facility (Admission) Act The Infants Act, mature minor consent and immunization HealthLink BC
PNP 5.1.5	Understands the legislation, HA/ED policies and requirements for disclosing information to authorities. (See also CCT10 Vulnerability and Advocacy)		Gunshot and Stab Wound Disclosure Act The B.C. Handbook for Action on Child Abuse and Neglect: For Service Providers
PNP 5.1.6	Understands and applies local HA/ED policies for RCMP requesting and obtaining blood-alcohol and other samples in the ED.	N AB C P E	BCCNM: Privacy and Confidentiality
PNP 5.1.7	Understands ethical, moral, historical and legal dilemmas within clinical practice.	N AB C P E	BCCNM: Legislation Relevant to Nurses Practice
PNP 5.1.8	Understands local HA/ED policy and processes for persons leaving against medical advice (AMA) or Patient Initiated Discharge (PID).	N AB C P E	
PNP 5.1.9	Understands local HA/ED policy and processes for persons leaving without being seen by the Most Responsible Provider (LWBS).	N AB C P E	

PNP5 Legal and Ethical Practice (Continued)			
	Knowledge	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 5.1.10	Understands that LWBS and AMA/PID may be a response to unmet cultural, emotional, and psychological safety needs, rather than a refusal of care.	N AB C P E	In Plain Sight Summary Report
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 5.2.1	Applies the legal and ethical frameworks related to confidentiality for all age groups.	N AB C P E	
PNP 5.2.2	Applies the ethical and legal framework for informed consent within clinical practice.	N AB C P E	BCCNM: Consent Health Care Providers' Guide to Consent to Health Care
PNP 5.2.3	Meets BCCNM LPN entry level competencies related to ethical/legal practice.	N AB C P E	
PNP 5.2.4	Recognizes and reports any breaches of confidentiality and privacy.	N AB C P E	
PNP 5.2.5	Demonstrates ethical, culturally safe, and patient-centred care by recognizing and addressing the systemic and interpersonal factors, particularly Indigenous-specific racism, discrimination, and lack of cultural safety that contribute to Indigenous peoples leaving the ED without being seen (LWBS), Against Medical Advice (AMA) and Patient Initiated Discharge (PID).	N AB C P E	In Plain Sight Summary Report

PNP6		Professional Practice					
	Knowledge	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
PNP 6.1.1	Understands the BCCNM Professional Standards and Practice Standards for LPNs.	N	AB	C	P	E	BCCNM Licensed Practical Nurses
PNP 6.1.2	Understands the BCCNM LPN Scope of Practice including limits and conditions applicable to the ED setting. BCCNM Limit: Emergency Setting Specific Limit – LPNs working in emergency rooms require a unit orientation that is consistent with LPN entry-level competencies. BCCNM Limit: Emergency Setting Specific Limit – LPNs <i>do not</i> triage clients in emergency rooms (ERs). BCCNM Limit: Emergency Setting Specific Limit – LPNs work in a team nursing approach to provide care for clients with stable or predictable states of health.	N	AB	C	P	E	LPN Scope of Practice BCCNM LPN Practice Standards - Acting with Client-Specific Orders: Specific Practice Settings – Emergency Room (#3)
PNP 6.1.3	Understands the BCCNM Practice Standard for Indigenous Cultural Safety, Cultural Humility and Anti-Racism .	N	AB	C	P	E	BCCNM: cultural safety and humility
PNP 6.1.4	Understands the concept of Controls on Practice where government legislation, BCCNM standards, employer policies and individual competence all play a role in narrowing an LPN’s scope of practice.	N	AB	C	P	E	BCCNM: Controls on Practice
PNP 6.1.5	Identifies local HA/ED policies, procedures, and employer-specific limits to LPN practice.	N	AB	C	P	E	
	Skills	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
PNP 6.2.1	Meets BCCNM LPN entry-level competencies for professional practice.	N	AB	C	P	E	BCCNM: LPN Professional Standards
PNP 6.2.2	Practices and meets the expectations described in the BCCNM Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standard.	N	AB	C	P	E	BCCNM: cultural safety and humility
PNP 6.2.3	Practices within the BCCNM LPN Professional Standards, Practice Standards, and Scope of Practice.	N	AB	C	P	E	BCCNM: Licensed Practical Nurses
PNP 6.2.4	Locates, interprets, and applies local HA/ED policies, procedures, and employer-specific limits to LPN practice.	N	AB	C	P	E	BCCNM: Controls on Practice

PNP6 Professional Practice (Continued)			
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 6.2.5	Engages in self-assessment, reflective practice, and continuing education to maintain competencies.	N AB C P E	BCCNM: Professional responsibility resources
PNP 6.2.6	Demonstrates proficiency and familiarity with site-specific equipment and products before using them in practice.	N AB C P E	
	Behaviour	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 6.3.1	Builds professional relationships with students and other professionals.	N AB C P E	
PNP 6.3.2	Acts as a role model to others and provides mentorship as appropriate.	N AB C P E	BCCNM: Professional Standards
PNP 6.3.3	Demonstrates humbleness and humility and a positive attitude towards learning and the development of self and others.	N AB C P E	

PNP7 Quality Improvement			
	Knowledge	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 7.1.1	Demonstrates an understanding of quality improvement processes for local HA/ED.	N AB C P E	
PNP 7.1.2	Understands the numerous ways quality is measured in the health-care setting, recognizing that quality data is both qualitative (i.e. patient feedback) and quantitative.	N AB C P E	Health Quality BC
PNP 7.1.3	Understands the local HA/ED site-specific processes for evaluating and improving care in the Emergency Department.	N AB C P E	
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 7.2.1	Engages with patients/care givers to inform emergency care quality improvement ideas and development.	N AB C P E	
PNP 7.2.2	Communicates suggestions for care improvement in ED.	N AB C P E	
PNP 7.2.3	Participates in quality improvement initiatives by using tools and resources provided by local HA/ED.	N AB C P E	

PNP8 Team Nursing Approach			
	Knowledge	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 8.1.1	Understands how human factors, positionality, relationality, and team science principles influence teamwork and resource management in health-care settings.	N AB C P E	
PNP 8.1.2	Understands the roles, responsibilities, and scope of practice of team members.	N AB C P E	BCCNM: Team Nursing Approach BCCNM: Nursing in a Team Approach – Stable or Predictable
PNP 8.1.3	Understands LPN scope of practice as it relates to team nursing in the Emergency Department setting. BCCNM Limit: Emergency Setting Specific Limit – LPNs must work in a team nursing approach to provide care for clients with stable or predictable states of health.	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: Specific Practice Settings – Emergency Room (#3)
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 8.2.1	Works with RN/RPN to jointly review the client’s care needs and determine how the care will be met between them.	N AB C P E	BCCNM: Team Nursing Approach BCCNM: Nursing in a Team Approach – Stable or Predictable
PNP 8.2.2	Demonstrates co-operation and contributes to a positive and cohesive team dynamic, offering support and encouragement to team members.	N AB C P E	
PNP 8.2.3	Immediately communicates Red Flags , changes in patient status or critical observations to RN/RPN and prescriber team members.	N AB C P E	BCCNM Team Nursing Approach BCCNM: Nursing in a Team Approach – Stable or Predictable

PNP9 Trauma-Informed Practice			
	Knowledge	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 9.1.1	Understands the prevalence and diverse forms of trauma, including interpersonal violence, historical trauma, and systemic oppression. (See also Indigenous Cultural Safety, Cultural Humility and Anti-Racism)	N AB C P E	Trauma-Informed Practice BC Mental Health and Substance Use Services Healing Families, Helping Systems: A TIP Guide for Working with Children, Youth and Families
PNP 9.1.2	Recognizes how stigma, discrimination, stereotyping, racism, and marginalization can compound the effects of trauma and hinder access to care.	N AB C P E	
PNP 9.1.3	Recognizes the wide-ranging impacts of trauma on physical, emotional, and mental health.	N AB C P E	
PNP 9.1.4	Understands historical trauma and violence may impact the person, family, and community.	N AB C P E	
PNP 9.1.5	Understands trauma-informed principles and practices, including awareness, safety, trustworthiness, choice, collaboration, and strengths-based care.	N AB C P E	Trauma-Informed Practice BC Mental Health and Substance Use Services
PNP 9.1.6	Identifies common trauma responses, such as (but not limited to) avoidance, hyperarousal, dissociation, fear, and emotional numbing.	N AB C P E	
PNP 9.1.7	Understands that trauma responses are adaptive coping mechanisms.	N AB C P E	
PNP 9.1.8	Recognizes, as outlined in DRIPA, Indigenous peoples have the right to practice their culture and traditions, and this right should be protected and recognized should Indigenous peoples wish to exercise this right when experiencing trauma.	N AB C P E	Declaration on the Rights of Indigenous Peoples Act (DRIPA)
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 9.2.1	Applies principles of trauma-informed practice across all domains of emergency nursing.	N AB C P E	Trauma-Informed Practice BC Mental Health and Substance Use Services Healing Families, Helping Systems: A TIP Guide for Working with Children, Youth and Families
PNP 9.2.2	Establishes a physical and emotional environment that promotes a sense of safety for patients and uses calming and grounding techniques to help patients manage distress.	N AB C P E	

PNP9 Trauma-Informed Practice (Continued)			
	Skills	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 9.2.3	Demonstrates trustworthiness and transparency by engaging in respectful, open and honest communication with patients, clearly explaining emergency processes, and supporting informed understanding of treatments and procedures.	N AB C P E	
PNP 9.2.4	Promotes collaboration and empowerment through engaging patients in shared decision-making processes regarding their care, encouraging them to express their needs and preferences, and validating their lived experiences.	N AB C P E	
PNP 9.2.5	Applies a strengths-based approach to care by helping patients identify and reinforce coping strategies, as well as support the development of new skills to enhance resilience.	N AB C P E	Trauma-Informed Practice BC Mental Health and Substance Use Services Healing Families, Helping Systems: A TIP Guide for Working with Children, Youth and Families
PNP 9.2.6	Adapts care approaches to include seeking permission before engaging in assessments or treatments.	N AB C P E	
PNP 9.2.7	Communicates with patients about necessary relocations and, when appropriate, guides or transfers them to the relevant areas, care teams, or services.	N AB C P E	
	Behaviour	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
PNP 9.3.1	Respects and acknowledges the cultural, historical and gender contexts of each patient, adapting care to align with the patients' values and beliefs.	N AB C P E	
PNP 9.3.2	Reflects on personal biases and how they may affect patient interactions.	N AB C P E	
PNP 9.3.3	Engages in ongoing education and stays informed about current best practices in trauma-informed care, seeking out continuous learning and feedback.	N AB C P E	

Cross-Cutting Themes (CCT)

CCT1		Assessment							
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
CCT 1.1.1	Recognizes the HIRAID® Emergency Nursing Framework as a systematic approach to gather History (including infectious risk), Identify Red Flags , complete Assessments , identify and apply Interventions , anticipate Diagnostics , and continuously Reassess and Communicate findings to care team.			N	AB	C	P	E	HIRAID® Framework - Faculty of Medicine and Health
CCT 1.1.2	Understands how the social determinants of health, such as colonization, can negatively impact access to care and continuity of care for Indigenous people.			N	AB	C	P	E	In Plain Sight Summary Report
CCT 1.1.3	Understands the importance of History and pre-hospital care information.			N	AB	C	P	E	
CCT 1.1.4	Identifies Red Flags . (See also Emergency Care Domains (ECD))			N	AB	C	P	E	
CCT 1.1.5	Understands when the LPN should increase collaboration with RN/RPN team members (i.e. patient is identified as becoming less stable or predictable). BCCNM Limit: Emergency Setting Specific Limit - LPNs must work in a team nursing approach to provide care for clients with stable or predictable states of health.			N	AB	C	P	E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: Specific Practice Settings – Emergency Room (#3)
CCT 1.1.6	Understands the unique health-care needs and challenges faced by transgendered, two-spirit and non-binary (TTNB) individuals.			N	AB	C	P	E	Trans Care BC
CCT 1.1.7	Identifies and understands the use of clinical assessment tools.			N	AB	C	P	E	
CCT 1.1.8	Understands the levels of the Canadian Triage and Acuity Scale (CTAS) and the application for LPN practice in the emergency setting. BCCNM Limit: Emergency Setting Specific Limit – LPNs do not triage clients in emergency rooms (ERs).			N	AB	C	P	E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: Specific Practice Settings – Emergency Room (#3)

CCT1		Assessment (Continued)			
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 1.2.1	Effectively receives handover/report on a patient.			N AB C P E	
CCT 1.2.2	Integrates the HIRAID® Emergency Nursing Framework into practice.			N AB C P E	HIRAID® Framework - Faculty of Medicine and Health
CCT 1.2.3	Applies a systematic approach to gathering patient History .			N AB C P E	
CCT 1.2.4	Identifies Red Flags in common ED presentations and recognizes signs that a person's condition is becoming unstable or unpredictable.			N AB C P E	
CCT 1.2.5	Escalates care and Communicates concerns relating to Red Flags and changes in patient stability promptly to the care team.			N AB C P E	
CCT 1.2.6	Performs structured emergency-focused Assessments , including primary and secondary assessments on stable or predictable patients.			N AB C P E	
CCT 1.2.7	Obtains and records clinical observations including (but not limited to): <ul style="list-style-type: none"> • Respirations • Oxygen Saturations • Heart Rate (manual and automatic) • Blood Pressure (manual and automatic) • Temperature 			N AB C P E	
CCT 1.2.8	Anticipates the patient's trajectory through the care setting, including Interventions and Diagnostics .			N AB C P E	
CCT 1.2.9	Reassesses patients at appropriate intervals using a structured approach guided by CTAS and HA standards.			N AB C P E	

CCT 1.1 Pediatric Assessment & Care Considerations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT1 1.1.1	Understands the age-specific anatomical, physiological, cognitive, and emotional developmental milestones of infants, children and youth and how these differences impact Assessment , communication, and care interventions.			N AB C P E	Resources for Interdisciplinary Pediatric Practice and Learning (RIPPL) Pediatric Foundations CHBC
CCT1 1.1.2	Identifies and understands the fundamental pathophysiology of common pediatric presentations, including (but not limited to): <ul style="list-style-type: none"> • Respiratory Illness (e.g. cough, congestion, croup, bronchiolitis, asthma, pneumonia) • ENT concerns (infection, foreign bodies, etc.) • Foreign body aspiration/ingestion • Post-operative complications (i.e. bleeding, infection) • Fever • Febrile seizures • Dehydration and gastrointestinal Issues • Abdominal pain • Diabetes and diabetic ketoacidosis • Falls and head injuries • Burns • Poisoning/ingestion • Extremity injuries • Head injuries (i.e. concussions) • Allergic reactions and anaphylaxis • Mental health and substance use related issues 			N AB C P E	Resources for Interdisciplinary Pediatric Practice and Learning (RIPPL) Pediatric Foundations CHBC
CCT1 1.1.3	Understands developmental and age-specific principles, approaches, tools and equipment used for the Assessment of infants, children and youth including the Pediatric Assessment Triangle (PAT) .			N AB C P E	Resources for Interdisciplinary Pediatric Practice and Learning (RIPPL) Pediatric Foundations CHBC
CCT1 1.1.4	Recognizes age-specific normal ranges for heart rate, respiratory rate, blood pressure, and weight in pediatric populations.			N AB C P E	BC PEWS Vital Signs Reference Card
CCT1 1.1.5	Understands the BC Pediatric Early Warning System (PEWS) ED documentation and scoring tool and how to use it to detect Red Flags and early signs of deterioration.			N AB C P E	Pediatric Early Warning System (PEWS) CHBC

CCT 1.1 Pediatric Assessment and Care (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT1 1.1.6	<p>Identifies pediatric specific and BC PEWS ED Situational Awareness concerns and Red Flags including (but not limited to):</p> <ul style="list-style-type: none"> • PEWS ED score of two or higher • Patient/Family/Caregiver Concern (e.g. concerns of worsening condition, unusual behaviour or unsafe situation) • “Watcher” Patient (Identified as requiring increased observations) • Communication Breakdown • Unusual Therapy 			N AB C P E	Pediatric Early Warning System (PEWS) CHBC BC PEWS Situational Awareness Poster Resources for Interdisciplinary Pediatric Practice and Learning (RIPPL)
CCT1 1.1.7	<p>Identifies General pediatric specific concerns and Red Flags including (but not limited to):</p> <ul style="list-style-type: none"> • Altered level of consciousness or inconsolable crying in infant • Any presentation of an infant less than 28 days of age • Any presentation of an infant born premature (less than 37 weeks gestation) who is younger than three months of age. • Infant less than three months of age or any immunocompromised child with temperature less than 36°C or greater than or equal to 38°C • Infant three to 18 months of age who appears unwell with temperature less than 36°C or greater than or equal to 38.5°C • Severe or moderate dehydration • Head, neck or throat surgery post-operative complications • Appears lethargic or unwell with ‘normal’ vital signs <p>(See also system-specific Red Flags in the Emergency Care Domains)</p>			N AB C P E	Pediatric Early Warning System (PEWS) CHBC Resources for Interdisciplinary Pediatric Practice and Learning (RIPPL) Pediatric Foundations CHBC

CCT 1.1 Pediatric Assessment and Care (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT1 1.1.8	Identifies processes to escalate care and Communicate pediatric specific and BC PEWS ED Situational Awareness concerns and Red Flags .			N AB C P E	BC PEWS Situational Awareness Poster
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT1 1.2.1	Obtains History by engaging with the child or youth to gather pertinent information and recognizes when supplementary or primary information is required from a parent or caregiver.			N AB C P E	Resources for Interdisciplinary Pediatric Practice and Learning (RIPPL) Pediatric Foundations CHBC
CCT1 1.2.2	Approaches Assessments and interventions in an age-appropriate manner that recognizes the unique vulnerability of children, youth, and families.			N AB C P E	Resources for Interdisciplinary Pediatric Practice and Learning (RIPPL) Pediatric Foundations CHBC
CCT1 1.2.3	Completes Assessments and documents assessment findings using the BC PEWS ED Pediatric Emergency Nursing Assessment Record , Treatment Record or equivalent electronic health record.			N AB C P E	Pediatric Early Warning System (PEWS) CHBC
CCT1 1.2.4	Uses developmental and age-appropriate equipment to obtain the following physiological observations in children: <ul style="list-style-type: none"> • Respiratory Rate • Oxygen Saturations • Heart Rate • Blood Pressure • Temperature • Weight in Kilograms 			N AB C P E	BC PEWS Vital Signs Reference Card Elsevier: Pulse Oximetry (Pediatric) Elsevier: Blood Pressure Measurement (Pediatric) BCCH Intermittent Temperature Measurement Elsevier: Assessment: Weight, Linear Growth and Head Circumference Measurement (Pediatric)
CCT1 1.2.5	Calculates and documents a PEWS ED score on all pediatric patients using the age-specific BC PEWS ED Vital Sign Record .			N AB C P E	Pediatric Early Warning System (PEWS) CHBC
CCT1 1.2.6	Escalates care based on the BC PEWS Escalation Aid and Communicates pediatric concerns and Red Flags to the care team.			N AB C P E	BC Pews Escalation Aid for Inpatient and Emergency Settings

CCT2 Documentation					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 2.1.1	Understands the BCCNM standards and local HA/ED policies and procedures for documentation and record keeping.			N AB C P E	BCCNM: Practice Standard: Documentation
CCT 2.1.2	Understands patient confidentiality and the safekeeping of patient information in the ED.			N AB C P E	BCCNM: Privacy and Confidentiality
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 2.2.1	Completes all documentation accurately and legibly in accordance with BCCNM standards, provincial and local health authority guidelines.			N AB C P E	BCCNM Practice Standard: Documentation
CCT 2.2.2	Ensures documentation of transitions in care in the ED including report/handover, transfers, and discharge instructions provided to patient. (See also CCT9 - Transitions in Care)			N AB C P E	
CCT 2.2.3	Ensures that patient records remain secure.			N AB C P E	

CCT3		End-of-Life Care			
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 3.1.1	Understands the principles of decision making in end-of-life care.			N AB C P E	
CCT 3.1.2	<p>Understands the legal and ethical considerations relating to end of life under BC laws, including:</p> <ul style="list-style-type: none"> • Advance Directives (BC Representation Agreement Act) • Scope of Treatment Orders (e.g. Do Not Resuscitate, MOST) • Medical Assistance in Dying (MAiD) (Adult Only) • Organ Donation 			N AB C P E	Health Care Providers' Guide to Consent to Health Care Representation Agreement Act MAiD - Information for HCP BC Transplant
CCT 3.1.3	Understands the legal considerations and criteria for coroner's cases, including specific post-mortem requirements for preservation of evidence and when to initiate contact.			N AB C P E	BC Coroners Act
CCT 3.1.4	Recognizes the challenges of providing both anticipated and unexpected/traumatic end-of-life care in the emergency setting.			N AB C P E	
CCT 3.1.5	Recognizes the physical, emotional, and spiritual needs of patients and significant others at end-of-life, including an understanding of the diverse cultural and religious beliefs about death and dying.			N AB C P E	Cultural Relevance in End-of-Life Care (EthnoMed)
CCT 3.1.6	Understands that Indigenous people have the right to incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to death, where able.			N AB C P E	Declaration on the Rights of Indigenous Peoples Act (DRIPA)
CCT 3.1.7	Understands palliative care principles and symptom management strategies.			N AB C P E	Resources for HCP – BC Centre for Palliative Care
CCT 3.1.8	Identifies resources and supports for grief and bereavement.			N AB C P E	BC Bereavement Helpline Pediatric Serious Illness and Palliative Care BC Children's Hospital
CCT 3.1.9	Understands referral pathways for palliative and hospice care.			N AB C P E	

CCT3 End-of-Life Care (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 3.2.1	Respects the wishes of patients and their significant others regarding end-of-life care and applies principles of compassionate and culturally safe communication, including trauma-informed approaches.			N AB C P E	
CCT 3.2.2	Acknowledges, supports, and incorporates into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to death, where able. Consults with Indigenous Health teams/resources as needed.			N AB C P E	Declaration on the Rights of Indigenous Peoples Act (DRIPA)
CCT 3.2.3	Implements pharmacologic and non-pharmacologic comfort measures to support patients at end-of-life.			N AB C P E	B.C. Palliative Symptom Management Guidelines
CCT 3.2.4	Supports the physical, spiritual and psychological needs of the patient who is at end-of-life and their significant others.			N AB C P E	
CCT 3.2.5	Refers end-of-life patients and their significant others to community services such as palliative, hospice and bereavement care.			N AB C P E	Your Care Your Choices Planning in Advance for Medical Care (FHNA)
CCT 3.2.6	Provides an appropriate environment for the person at the end-of-life, maintaining privacy, dignity, meeting spiritual and cultural needs.			N AB C P E	
CCT 3.2.7	Works with the team and significant others to establish the patient's wishes regarding organ donation and initiates contact with organ donation organizations.			N AB C P E	BC Transplant
CCT 3.2.8	Assesses for signs and symptoms of imminent death for patients with anticipated end-of-life.			N AB C P E	
CCT 3.2.9	Pronounces expected death.			N AB C P E	
CCT 3.2.10	Performs post-mortem care and transfers deceased patient to morgue.			N AB C P E	Elsevier: Postmortem Care

CCT4		Infection Prevention and Control							
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
CCT 4.1.1	Understands the role of the infection prevention and control (IPAC) team in the ED.			N	AB	C	P	E	PICNet Provincial Infection Control Network of British Columbia
CCT 4.1.2	Identifies the local HA and IPAC policies and resources.			N	AB	C	P	E	
CCT 4.1.3	Understands the importance of the hand hygiene policy and the correct use of Personal Protective Equipment (PPE).			N	AB	C	P	E	Hand Hygiene PICNet Personal Protective Equipment (PPE) PICNet
CCT 4.1.4	Describes the ‘chain of infection’ and give examples of how it can be broken.			N	AB	C	P	E	
CCT 4.1.5	Understands antimicrobial resistance and the nurse’s role in antibiotic safeguarding.			N	AB	C	P	E	
CCT 4.1.6	Identifies common communicable diseases in the ED.			N	AB	C	P	E	
CCT 4.1.7	Identifies and locates local pandemic infection plan and major incident plan related to infection control.			N	AB	C	P	E	
CCT 4.1.8	Understands departmental isolation plans and associated implications.			N	AB	C	P	E	
CCT 4.1.9	Understands when and how to decontaminate equipment and department areas and management of waste, linen, and sharps.			N	AB	C	P	E	
CCT 4.1.10	Understands that isolation precautions (i.e. isolation room) and the use of personal protective equipment (PPE) by care providers (e.g., masks, gowns, gloves) may be trauma triggering for some patients, such as those with cognitive impairment, communication/language barriers, survivors and/or decedents of Indian residential schools, Indian hospitals, and those who have experienced segregation.			N	AB	C	P	E	

CCT4		Infection Prevention and Control (Continued)							
	Skills	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
CCT 4.2.1	Performs an infection control point-of-care risk assessment when planning care.			N	AB	C	P	E	Point Of Care Risk Assessment Tool (PCRA) - PICNet
CCT 4.2.2	Recognizes when there is a need to maintain infection control practices while caring for a patient who is infected by a communicable disease or pathogen, in order to reduce the risk of spread to others.			N	AB	C	P	E	PICNet Provincial Infection Control Network of British Columbia
CCT 4.2.3	Applies routine infection control precautions to all patients.			N	AB	C	P	E	
CCT 4.2.4	Applies the correct isolation measures when infection control risk has been identified.			N	AB	C	P	E	
CCT 4.2.5	Applies (dons) and removes (doffs) PPE safely.			N	AB	C	P	E	Personal Protective Equipment (PPE) PICNet Donning & Doffing Videos PICNet
CCT 4.2.6	Decontaminates hands effectively.			N	AB	C	P	E	Hand Hygiene PICNet Hand Hygiene Videos PICNet
CCT 4.2.7	Demonstrates the use of aseptic technique.			N	AB	C	P	E	
CCT 4.2.8	Effectively communicates, with other health-care providers about infection status.			N	AB	C	P	E	
CCT 4.2.9	Provides therapeutic and compassionate communication and education to patients and their family regarding the infection status of the patient.			N	AB	C	P	E	
CCT 4.2.10	Uses trauma-informed communication strategies to reduce patient distress during care in isolation.			N	AB	C	P	E	
CCT 4.2.11	Provides clear, compassionate explanations about the purpose of PPE and infection control measures in a developmentally and culturally appropriate manner.			N	AB	C	P	E	

CCT5 Medication Management					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 5.1.1	<p>Understands the BCCNM regulations related to medication administration for LPNs.</p> <p>BCCNM Limit: LPNs only compound, dispense or administer Schedule II drugs to treat a disease or disorder with a client-specific order from an authorized health professional.</p> <p>BCCNM Limit: LPNs only administer IV medications after completing Additional Education.</p> <p>BCCNM Limit: LPNs do not administer IV push medications, IV medications through central venous access, intrathecal medications, intraosseous medications, inhaled substances or medications for purpose of anesthesia or procedural sedation or medications into epidural or perineural spaces.</p>			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #13, 34 & 36
CCT 5.1.2	Understands and applies BCCNM standards and local HA/ED, policies, procedures, and guidelines relating to the storage, administration, disposal, dispensing, hazardous drugs, and documentation of medications.			N AB C P E	BCCNM: Medication Standard
CCT 5.1.3	Understands importance of obtaining a comprehensive medication history, including unprescribed medications and substances.			N AB C P E	BCCNM: Medication Standard (#12)
CCT 5.1.4	Understands that LPNs only administer medications they themselves, a pharmacist, or a pharmacy technician have prepared, except in an emergency situation.			N AB C P E	BCCNM: Medication Standard (#13 & 16)
CCT 5.1.5	Understands that LPNs can only prepare medications that they can administer within their scope of practice, even in an emergency situation.			N AB C P E	BCCNM: Medication Standard (#1 & 2) BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #36
CCT 5.1.6	Identifies how to find information about medications			N AB C P E	eCPS BCCH PedMed
CCT 5.1.7	Understands developmental and age-specific approaches to administration of medications in adult and pediatric patients.			N AB C P E	CHBC: Pediatric Medication Administration

CCT5		Medication Management (Continued)			
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 5.1.8	Understands the immunization schedule, differences between preventative and protective interventions and where to find up-to-date information on vaccines and immunoglobulins.			N AB C P E	BCCDC Immunization Clinical Resources
CCT 5.1.9	Understands drug error or near miss reporting.			N AB C P E	Self-learning Modules BC PSLs
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 5.2.1	Gathers a medication history including unprescribed medications and substances.			N AB C P E	BCCNM: Medication (#12)
CCT 5.2.2	Completes accurate weight-based (in kilograms) drug calculations for children, considering maximum dosing. (Pediatric Specific)		<input checked="" type="checkbox"/>	N AB C P E	
CCT 5.2.3	Administers medications following BCCNM regulations and local HA/ED policies and procedures. (See also CCT 5.1.1)		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #13, 34 & 36
CCT 5.2.4	Administers intravenous medications via peripheral access. (See also CCT 5.1.1) BCCNM Limit: LPNs only administer IV bags containing potassium that have been compounded commercially or by a pharmacy.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #13, 33, 34 & 36
CCT 5.2.5	Administers immunizations and immunoglobulins autonomously in a team approach for the purposes of preventing disease following the decision support tools established by the BC Centre for Disease Control (BCCDC: Immunization Manual). (Note: BCCNM Additional Education is not required for administering vaccines with a client-specific order.) BCCNM Limit: LPNs only administer immunoprophylactic agents to patients four years of age or older who have stable or predictable states of health. BCCNM Limit: LPNs do not autonomously administer immunoprophylactic agents for the purpose of preventing disease in travellers.	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #19 & 20 BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #36 BCCDC Immunization Clinical Resources

CCT5		Medication Management (Continued)			
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 5.2.6	Stores medication safely.			N AB C P E	
CCT 5.2.7	Correctly wastes all unadministered controlled drugs.			N AB C P E	
CCT 5.2.8	Recognizes and takes appropriate action when a patient experiences adverse drug reactions, allergic reactions, or anaphylaxis. (See also ECD4.1 Anaphylaxis)	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #16
CCT 5.2.9	Documents and communicates appropriately when patients decline medication.			N AB C P E	
CCT 5.2.10	Reports medicine-related adverse incidents or near-miss events through Patient Safety Learning System (PSLS).			N AB C P E	Self-learning Modules BC PSLS
CCT 5.2.11	Ensures adequate information is provided for patients regarding their prescribed medications.			N AB C P E	

CCT6		Pain Assessment and Management			
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 6.1.1	Understands the fundamental physiology of pain.			N AB C P E	
CCT 6.1.2	Understands the principles of pain management.			N AB C P E	
CCT 6.1.3	Understands the tools available to assess and objectively measure pain.			N AB C P E	Elsevier: Pain Assessment and Management
CCT 6.1.4	Understands the pharmacological and non-pharmacological strategies for managing pain.			N AB C P E	Resources for Professionals Pain Canada
CCT 6.1.5	Identifies the psychological and social implications for patients with acute and chronic pain presentations.			N AB C P E	Resources for Professionals Pain Canada
CCT 6.1.6	Recognizes how Indigenous people have experienced pain mismanagement due to racism and discrimination.			N AB C P E	In Plain Sight Summary Report
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 6.2.1	Uses pain assessment tools to objectively assess pain.			N AB C P E	Elsevier: Pain Assessment and Management
CCT 6.2.2	Applies appropriate non-pharmacologic strategies for the management of pain (e.g. splinting, positioning, dressings).			N AB C P E	Resources for Professionals Pain Canada
CCT 6.2.3	Administers prescribed analgesia. (See also CCT5 – Medication Management for BCCNM limits and conditions)		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #36
CCT 6.2.4	Assesses if the ordered medication dose and route are effective pain management.		<input checked="" type="checkbox"/>	N AB C P E	
CCT 6.2.5	Evaluates the effectiveness of analgesia Intervention at appropriate time intervals following administration and escalates any Red Flags and uncontrolled pain to the health-care team.			N AB C P E	

CCT 6.1 Pediatric Pain, Distraction and Comfort					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT6 1.1.1	Understands the emotional and psychological impact of pain and stress on pediatric patients and identifies the importance of family-centred care in pediatric pain and comfort management.			N AB C P E	
CCT6 1.1.2	Identifies the behavioural and physiological signs of pain in infants, children and youth.			N AB C P E	BCCH Pain Assessment Standard
CCT6 1.1.3	Identifies developmental and age-appropriate validated pain assessment tools (e.g. FLACC, Faces Pain Scale, BIIP, Numeric Scale, etc.) and understands their applications.			N AB C P E	BCCH Pain Assessment Standard
CCT6 1.1.4	Understands the classifications, actions, interactions, and nursing implications of medications used to treat pediatric pain. (See also CCT5 – Medication Management)			N AB C P E	BCCH PedMed
CCT6 1.1.5	Identifies developmentally appropriate non-pharmacological Interventions and distraction techniques for pediatric pain and discomfort.			N AB C P E	BCCH Pain and Comfort Policy BCCH Pediatric Pain Management: Non-Pharmacological Interventions BCCH Pain Management For Infants Undergoing Minor Painful Procedures
CCT6 1.1.6	Understands the principles of positioning for pediatric procedures (e.g. IV insertion, wound care) and recognizes the importance for pain reduction, procedural success, and patient safety.			N AB C P E	BCCH Comfort With Clinical Procedures Elsevier: Strategies to Limit Movement during Pediatric Procedures
CCT6 1.1.7	Identifies pediatric-specific comfort holds for positioning and understands local HA/ED policies and procedures for trauma-informed practices, adverse childhood events (ACEs) and ensuring patient safety.			N AB C P E	BCCH Comfort With Clinical Procedures Elsevier: Strategies to Limit Movement during Pediatric Procedures

CCT 6.1 Pediatric Pain, Distraction and Comfort (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT6 1.2.1	Provides family-centred care by engaging caregivers in comfort and distraction strategies and communicating effectively with children and youth using developmentally appropriate language.			N AB C P E	BCCH Pain and Comfort Policy
CCT6 1.2.2	Assesses pain of infants, children and youth using developmentally appropriate validated tools.			N AB C P E	BCCH Pain Assessment Standard
CCT6 1.2.3	Uses developmentally appropriate and evidence-based distraction techniques during procedures (e.g. toys, bubbles, storytelling, digital devices).			N AB C P E	BCCH Pediatric Pain Management: Non-Pharmacological Interventions BCCH Pain Management For Infants Undergoing Minor Painful Procedures
CCT6 1.2.4	Positions pediatric patients and immobilizes during procedures using evidence-based comforting techniques to enhance physical comfort and psychological safety (e.g. positioning with caregiver in close proximity, comfort holds, warm blankets).			N AB C P E	BCCH Comfort With Clinical Procedures Elsevier: Strategies to Limit Movement during Pediatric Procedures BCCH Pain Management For Infants Undergoing Minor Painful Procedures
CCT6 1.2.5	Administers prescribed analgesia to pediatric patients. (See also CCT5 – Medication Management for BCCNM limits and conditions)		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #36
CCT6 1.2.6	Evaluates effectiveness of pain Interventions and responds appropriately.			N AB C P E	BCCH Pain Assessment Standard
CCT6 1.2.7	Refers to Child Life Specialist (if available), or other similar resources to support distraction and comfort strategies.			N AB C P E	

CCT7 Patient Mobility and Transfer					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 7.1.1	Understands the principles of safe moving and transferring of patients			N AB C P E	Patient handling - WorkSafeBC
CCT 7.1.2	Identifies the tools available to aid the assessment of patient moving and handling tasks.			N AB C P E	
CCT 7.1.3	Understands the equipment available within the local ED and health authorities including benefits and limitations.			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 7.2.1	Adheres to local health authority safety policies and guidelines when moving equipment and resources.			N AB C P E	
CCT 7.2.2	Performs point-of-care risk assessment prior to patient mobility and transfer.			N AB C P E	Patient handling: Assessing the risks WorkSafeBC
CCT 7.2.3	Demonstrates safe use of mobility and transfer aids.			N AB C P E	

CCT8 Safety Management					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 8.1.1	Identifies clinical conditions that increase the risk of violence and aggression or agitation.			N AB C P E	Elsevier: Behavioral Issues: Assessment and Management
CCT 8.1.2	Identifies potential triggers for violent and aggressive behaviour, such as pain, anxiety, and substance use.			N AB C P E	Elsevier: Assessment: Self-Harm and Aggression
CCT 8.1.3	Identifies de-escalation techniques such as therapeutic communication and trauma-informed care to support a safe environment.			N AB C P E	Elsevier: Behavioral Issues: Assessment and Management
CCT 8.1.4	Understands local HA/ED policies on chemical and physical restraint and the consent requirements for use in both emergency and non-emergency situations.			N AB C P E	

CCT8 Safety Management (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 8.1.5	Understands the local escalation process for management of aggressive and violent behaviour including involvement of security, Code White teams and police. (See also ECD 5.3 Emergency Restrictive Interventions)			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 8.2.1	Assesses for and recognizes signs of increasing emotion or agitation and uses appropriate de-escalation techniques in the management of violence and aggression.			N AB C P E	Elsevier: Behavioral Issues: Assessment and Management
CCT 8.2.2	Communicates and seeks support services to assist with episodes of violence and aggression.			N AB C P E	
CCT 8.2.3	Demonstrates techniques to maintain own safety.			N AB C P E	
CCT 8.2.4	Applies physical restraints.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #1
CCT 8.2.5	Implements restraints safely and effectively based on a point-of-care risk assessment, using the minimum force necessary, and provides appropriate monitoring throughout the restraint process.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #1
CCT 8.2.6	Ensures the use of restraints complies with legal, ethical, and consent requirements, prioritizing patient safety, dignity, and the least restrictive measures.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #1
CCT 8.2.7	Activates local Code White or similar processes to manage violent and aggressive episodes and support both staff and patient concerns. (See also ECD 5.3 Emergency Restrictive Interventions)			N AB C P E	
CCT 8.2.8	Recognizes the implications for the mental well-being of all individuals involved following an episode of violence or aggression and seeks appropriate supports and participates in debriefing sessions to address emotional and psychological impacts and promote recovery and resilience.			N AB C P E	

CCT9 Transitions in Care					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 9.1.1	Understands the risks associated with discharge and transitions in care, specifically missed critical information that can impact care and outcomes.			N AB C P E	BCCH Nursing Handover - ED CENA - ISBAR Handover Framework
CCT 9.1.2	Identifies discharge best practices that promote safe transitions from emergency care by providing patients and families with clear instructions, written resources, and education on follow-up care, medications and warning signs requiring medical attention.			N AB C P E	Improving the Emergency Department Discharge Process Agency for Healthcare Research and Quality Resource Types Patient Discharge Sheets : Emergency Care BC
CCT 9.1.3	Identifies risk factors that may expose patients to vulnerability or risk of harm on discharge, considering how privilege and systemic inequities shape the interpretation of risk of harm. (See Also CCT 10 - Vulnerability and Advocacy)			N AB C P E	Improving the Emergency Department Discharge Process: Environmental Scan Report
CCT 9.1.4	Aware of health inequities as they relate to social determinants of health and the importance of culturally safe, context-sensitive discharge planning, particularly for patients in rural or remote settings with limited access to resources.			N AB C P E	Social determinants of health and health inequalities - Canada.ca B.C. Social Determinants of Health Value Set - BC
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 9.2.1	Provides accurate History and detailed handoff information (report) to other team members any time transfer of care occurs.			N AB C P E	BCCH Nursing Handover - ED CENA - ISBAR Handover Framework
CCT 9.2.2	Demonstrates culturally safe discharge practices for Indigenous patients that includes community and family linkages. (See also Indigenous Cultural Safety, Cultural Humility and Anti-Racism)			N AB C P E	

CCT9 Transitions in Care (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 9.2.3	Assesses patient readiness for discharge, including addressing any outstanding patient or family concerns, and considers potential barriers to accessing follow-up care or resources.			N AB C P E	
CCT 9.2.4	Identifies patients who are vulnerable or 'at risk' of harm following discharge and communicates concerns to the health care team. (See Also CCT 10 - Vulnerability and Advocacy)			N AB C P E	Improving the Emergency Department Discharge Process: Environmental Scan Report
CCT 9.2.5	Communicates and collaborates with physicians, social workers, and other health-care team members as needed to ensure the discharge plan is cohesive.			N AB C P E	
CCT 9.2.6	Facilitates appropriate community supports, referrals or alternative care planning to support a good discharge.			N AB C P E	
CCT 9.2.7	Provides discharge teaching or confirms/reaffirms information provided by prescriber or another team member to patient or care giver to support safe transition from emergency care.			N AB C P E	Resource Types Patient Discharge Sheets : Emergency Care BC

CCT10 Vulnerability and Advocacy					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 10.1.1	Recognizes cultural safety and humility, Indigenous anti-racism, and trauma-informed care practices as critical elements of caring for vulnerable patients and advocacy in the emergency setting. (See also Indigenous Cultural Safety, Cultural Humility and Anti-Racism) (See also PNP10 – Trauma-Informed Practice)			N AB C P E	
CCT 10.1.2	Understands that risk is created and perpetuated by inequities in relation to social determinants of health, and not by individual or group characteristics.			N AB C P E	B.C. Social Determinants of Health Value Set - BC
CCT 10.1.3	Identifies patients in vulnerable situations due to factors like age, frailty, disability, abuse, or systemic marginalization, while avoiding assumptions that they are inherently vulnerable.			N AB C P E	
CCT 10.1.4	Understands that abuse or neglect can present in various forms, such emotional, sexual (including exploitation), physical, and financial.			N AB C P E	
CCT 10.1.5	Identifies and responds with thoughtful, strength-based care approaches to patients in vulnerable situations who may be at increased risk of harm.			N AB C P E	Strengths-Based Nursing and Healthcare - McGill University
CCT 10.1.6	Understands how vulnerability is defined and responded to in legislated documents in BC: <ul style="list-style-type: none"> • BC Mental Health Act • Infants Act • Child, Family and Community Service Act • Adult Guardianship Act • Health Care (Consent) and Care Facility (Admission) Act 			N AB C P E	BCCNM: Legislation Relevant to Nurses Practice

CCT10 Vulnerability and Advocacy (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 10.1.7	Understands what constitutes reportable concerns under BC Ministry and local HA/ED policies, procedures, and resources specific to elder and child abuse and neglect.			N AB C P E	Understanding and Responding to Elder Abuse The B.C. Handbook for Action on Child Abuse and Neglect
CCT 10.1.8	Understands and upholds the BCCNM Duty to Report standards and appropriately applies this standard when abuse or neglect is suspected to be occurring.			N AB C P E	BCCNM Duty to Report
CCT 10.1.9	Understands criteria for activation of an alert for a missing vulnerable patient including Code Yellow and Code Amber.			N AB C P E	Standardized Hospital Colour Codes - BC Ministry of Health
CCT 10.1.10	Identifies specialized supports and resources available to patients who are experiencing abuse or are in vulnerable situations.			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
CCT 10.2.1	Completes vulnerability Assessments considering how privilege and systemic inequities shape interpretation of risk factors.			N AB C P E	
CCT 10.2.2	Collaborates with the care team to ensure responses to suspected abuse or neglect are navigated in a prompt, appropriate, and culturally safe manner.			N AB C P E	Understanding and Responding to Elder Abuse The B.C. Handbook for Action on Child Abuse and Neglect
CCT 10.2.3	Intervenes to safeguard patients who are vulnerable when situations necessitate immediate action.			N AB C P E	
CCT 10.2.4	Refers patients who are vulnerable to appropriate resources to help meet their psychosocial and physical needs (e.g., social work, culturally relevant agencies or supports, housing, food, financial assistance for medications).			N AB C P E	

Emergency Care Domains (ECD)

ECD1 – Caring for Acute Presentations

ECD1.1		Cardiovascular System Presentations				
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning	
ECD1 1.1.1	Understands the fundamental normal anatomy and physiology of the cardiovascular (CV) system.			N AB C P E		
ECD1 1.1.2	Understands the fundamental pathophysiology associated with common CV presentations including (but not limited to): <ul style="list-style-type: none"> Acute coronary syndrome (myocardial infarction (MI), angina) Congestive heart failure (CHF) Dysrhythmias Abdominal aortic aneurism (AAA) Hypertension 			N AB C P E		
ECD1 1.1.3	Identifies relevant patient History relating to the CV system.			N AB C P E		
ECD1 1.1.4	Identifies the Red Flags of CV system presentations including (but not limited to): <ul style="list-style-type: none"> Chest pain, pressure, or heaviness or pain radiating to left arm and/or jaw Cardiac presentation with moderate or severe respiratory distress. Palpitations or new dysrhythmia History of lethal dysrhythmias Syncope with no prodromal symptoms or during exercise Ripping or tearing sensation in chest or abdomen SBP greater than 220 or DBP greater than 130 with symptoms (Adult Only) Signs of Shock 			N AB C P E		
ECD1 1.1.5	Identifies processes to escalate care and Communicate concerns relating to CV presentations and Red Flags .			N AB C P E		

ECD1.1 Cardiovascular System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 1.1.6	Understands the principles and tools used for a CV Assessment .			N AB C P E	Elsevier: Assessment: Cardiovascular
ECD1 1.1.7	Identifies specific nursing Interventions and anticipates Diagnostics for common CV presentations.			N AB C P E	
ECD1 1.1.8	Understands the classifications, actions, interactions, and nursing implications of medications used to treat cardiovascular presentations.			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 1.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with CV presentations.			N AB C P E	Elsevier: Assessment: Cardiovascular
ECD1 1.2.2	Escalates care and Communicates concerns relating to CV presentations and Red Flags .			N AB C P E	
ECD1 1.2.3	Obtains an Electrocardiogram (ECG). BCCNM Limit: LPNs are not responsible for reading or interpreting ECG results. BCCNM Limit: An authorized provider to read the ECG must be immediately available.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #2
ECD1 1.2.4	Provides care for a person on telemetry. BCCNM Limit: LPNs only care for stable or predictable patients on telemetry. BCCNM Limit: LPNs are not responsible for monitoring or interpreting telemetry readings.	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #2

ECD1.2 Endocrine System Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 2.1.1	Understands the fundamental normal anatomy and physiology of the endocrine system.			N AB C P E	
ECD1 2.1.2	Understands the fundamental pathophysiology associated with common endocrine system presentations including (but not limited to): <ul style="list-style-type: none"> • Hyperglycemia • Hypoglycemia • Diabetic ketoacidosis and hyperosmolar hyperglycemia state (DKA & HHS) • Hypothyroidism and myxedema coma • Hyperthyroidism and thyroid storm • Adrenal crisis 			N AB C P E	
ECD1 2.1.3	Identifies relevant patient History relating to the endocrine system.			N AB C P E	
	Identifies the Red Flags of endocrine system presentations including (but not limited to): <ul style="list-style-type: none"> • Critical blood glucose values • Symptomatic hypoglycemia with blood glucose less than 4mmol/L • Symptomatic hyperglycemia with blood glucose greater than 14mmol/L • Critical electrolyte abnormalities • Kussmaul Breathing (moderate or severe respiratory distress) • Altered level of consciousness • Palpitations • Severe or moderate dehydration • Vomiting or diarrhea in a child with metabolic disease, diabetes or adrenal insufficiency (Pediatric Specific) • BG less than 4mmol/L in infant less than one year of age (Pediatric Specific) 			N AB C P E	Pediatric Early Warning System (PEWS) CHBC

ECD1.2 Endocrine System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 2.1.5	Identifies processes to escalate care and Communicate concerns relating to endocrine presentations and Red Flags .			N AB C P E	
ECD1 2.1.6	Understands the principles and tools used for an endocrine Assessment .			N AB C P E	Elsevier: Assessment: Abdomen (Pediatric) Elsevier: Assessment: Abdomen, Genitalia and Rectum
ECD1 2.1.7	Identifies specific nursing Interventions and anticipates Diagnostics for common endocrine presentations.			N AB C P E	
ECD1 2.1.8	Understands the classifications, actions, interactions, and nursing implications of medications used to treat endocrine presentations.			N AB C P E	
ECD1 2.1.9	Identifies the normal reference ranges for blood electrolytes, glucose, pH, and lactate.			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 2.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with endocrine presentations.			N AB C P E	Elsevier: Assessment: Abdomen (Pediatric) Elsevier: Assessment: Abdomen, Genitalia and Rectum
ECD1 2.2.2	Escalates care and Communicates concerns relating to endocrine presentations and Red Flags .			N AB C P E	
ECD1 2.2.3	Obtains a point-of-care (POC) blood glucose using age-appropriate techniques.			N AB C P E	Elsevier: Blood Glucose Monitoring (Pediatric) Elsevier: Blood Specimen Collection: Glucose Point-of Care Screen
ECD1 2.2.4	Makes a nursing diagnosis (Assessment) and treats hypoglycemia (Intervention) following a Decision Support Tool (DST) .			N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #18
ECD1 2.2.5	Following a DST , administers Glucagon to treat hypoglycemia without an order .			N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #18

ECD1.3 Facial and ENT Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 3.1.1	Understands the fundamental normal anatomy and physiology of the ears, nose and throat (ENT) and facial structures, including dental and jaws (mandible and maxilla).			N AB C P E	
ECD1 3.1.2	Understands the fundamental pathophysiology associated with common ENT presentations including (but not limited to): <ul style="list-style-type: none"> • Cerumen impaction • Epistaxis • Foreign bodies (ears, nose, or throat) • Infections (tonsillitis, epiglottitis, pharyngitis, sinusitis, otitis) • Trauma and fractures (facial, neck, dental and jaw bones) • Tympanic membrane rupture • Vestibular disorders • Post-operative complications (i.e. tonsil bleeding, infection) 			N AB C P E	
ECD1 3.1.3	Identifies relevant patient History relating to the ENT and Facial systems.			N AB C P E	
ECD1 3.1.4	Identifies the Red Flags of Facial and ENT system presentations including (but not limited to): <ul style="list-style-type: none"> • Epistaxis uncontrolled with direct compression/ pressure • Facial bone instability or signs of skull fracture • (See also ECD1.10 - Neurologic Presentations) • Post-operative tonsil bleeding • Potential Airway Obstruction • (See also ECD1.13 - Respiratory Presentations) • Any neck trauma 			N AB C P E	
ECD1 3.1.5	Identifies processes to escalate care and Communicate concerns relating to ENT and Facial presentations and Red Flags .			N AB C P E	
ECD1 3.1.6	Understands the principles and tools used for an ENT and Facial system Assessment .			N AB C P E	Elsevier: Assessment: Head and Neck

ECD1.3 Facial and ENT Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 3.1.7	Identifies specific nursing Interventions and anticipates Diagnostics for common ENT and facial presentations.			N AB C P E	
ECD1 3.1.8	Understands the classifications, actions, interactions, and nursing implications of medications used to treat ENT and Facial system presentations.			N AB C P E	
ECD1 3.1.9	Identifies methods to stop epistaxis bleeding.			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 3.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with ENT and Facial presentations.			N AB C P E	Elsevier: Assessment: Head and Neck Elsevier: Tooth Preservation
ECD1 3.2.2	Escalates care and Communicates concerns relating to facial and ENT presentations and Red Flags .			N AB C P E	
ECD1 3.2.3	Assists in controlling epistaxis and compressible hemorrhages.			N AB C P E	Resources Poster Booklet Stop the Bleed
ECD1 3.2.4	Assists providers with retrieval of foreign bodies.			N AB C P E	
ECD1 3.2.5	Applies wearable hearing instruments into the external ear canal.			N AB C P E	
ECD1 3.2.5	Uses an otoscope to assess the integrity of the eardrum.	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #11
ECD1 3.2.6	Flushes (irrigates) ears. BCCNM Limit: LPNs do not insert a curette or other instrument into the external ear canal to remove foreign objects or earwax.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #19

ECD1.4 Gastrointestinal System Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 4.1.1	Understands the fundamental normal anatomy and physiology of the gastrointestinal (GI) system			N AB C P E	
ECD1 4.1.2	Understands the fundamental pathophysiology associated with common GI presentations including (but not limited to): <ul style="list-style-type: none"> • Appendicitis • Crohn's disease and ulcerative colitis • Gastrointestinal (GI) bleeding • Pancreatitis • Acute gastroenteritis • Bowel obstruction and ischemic bowel • Diverticulitis • Gastroesophageal reflux disease (GERD) and ulcers • Rectal trauma or foreign bodies • Bowel perforation and/or peritonitis • Biliary colic and/or cholecystitis 			N AB C P E	
ECD1 4.1.3	Identifies relevant patient History relating to the GI system.			N AB C P E	
ECD1 4.1.4	Identifies the Red Flags of GI system presentations, including (but not limited to): <ul style="list-style-type: none"> • Critical electrolyte abnormalities • Vomiting fecal matter, frank blood, or coffee-ground emesis • Per rectum (or ostomy) loss of frank blood • Significant/poorly controlled abdominal pain • Rigid and/or distended abdomen • Abdominal bruising and/or History of trauma to abdomen or rectum 			N AB C P E	

ECD1.4 Gastrointestinal System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 4.1.5	Identifies processes to escalate care and Communicate concerns relating to GI presentations and Red Flags .			N AB C P E	
ECD1 4.1.6	Understands the principles and tools used for a GI Assessment .			N AB C P E	Elsevier: Assessment: Abdomen, Genitalia and Rectum Elsevier: Assessment: Abdomen (Ped)
ECD1 4.1.7	Identifies specific nursing Interventions and anticipates Diagnostics for common GI presentations.			N AB C P E	
ECD1 4.1.8	Understands the classifications, actions, interactions, and nursing implications of medications used to treat GI presentations.			N AB C P E	
ECD1 4.1.9	Understands the rationale and indications for insertion of nasogastric tubes (NG). BCCNM Limit: LPNs do not insert NG or OG tubes.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #21
ECD1 4.1.10	Identifies local HA/ED policies and procedures for confirmation of NG/OG tube placement, care, and maintenance.			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 4.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with GI presentations.			N AB C P E	Elsevier: Assessment: Abdomen, Genitalia and Rectum Elsevier: Assessment: Abdomen (Ped)
ECD1 4.2.2	Escalates care and Communicates concerns relating to gastrointestinal presentations and Red Flags .			N AB C P E	
ECD1 4.2.3	Assesses, maintains, cares for, and removes Nasogastric Tubes. BCCNM Limit: LPNs do not insert NG or OG tubes.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #21

ECD1.4		Gastrointestinal System Presentations (Continued)			
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 4.2.4	Provides care for patients with gastrointestinal and bowel dysfunction, including nausea, vomiting, constipation, and diarrhea.			N AB C P E	
ECD1 4.2.5	Performs digital stimulation and rectal disimpaction following local HA/ED decision support tools.	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #12
ECD1 4.2.6	Undertakes collection of stool samples and sends for appropriate investigations.			N AB C P E	Elsevier: Stool Specimen Collection
ECD1 4.2.7	Cares for patients with gastric or intestinal ostomies. BCCNM Limit: LPNs do not irrigate ostomies.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #11
ECD1 4.2.8	Inserts Gastrostomy (G-Tubes) with well-established stomas.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #29

ECD1.5 Genitourinary System Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 5.1.1	Understands the fundamental normal anatomy and physiology of the genitourinary (GU) system, specifically the kidneys, renal tract, and bladder.			N AB C P E	
ECD1 5.1.2	Understands the fundamental pathophysiology associated with common GU presentations including (but not limited to): <ul style="list-style-type: none"> • Infection (pyelonephritis, urinary tract infection (UTI)) • Renal colic and calculi • Urinary retention • Hematuria • Trauma to the kidney and/or renal tract • Acute kidney injury (AKI) and chronic kidney disease (CKD) 			N AB C P E	
ECD1 5.1.3	Identifies relevant patient History relating to the GU system.			N AB C P E	
ECD1 5.1.4	Identifies the Red Flags of GU system presentations including (but not limited to): <ul style="list-style-type: none"> • Decreased urine output (oliguria) or anuria • Significant/poorly controlled flank or bladder pain • Bladder distension with inability to void • New hematuria 			N AB C P E	
ECD1 5.1.5	Identifies processes to escalate care and Communicate concerns relating to GU presentations and Red Flags .			N AB C P E	
ECD1 5.1.6	Understands the principles and tools used for a GU Assessment .			N AB C P E	Elsevier: Assessment: Abdomen, Genitalia and Rectum Elsevier: Assessment: Abdomen (Ped)
ECD1 5.1.7	Identifies specific nursing Interventions and anticipates Diagnostics for common GU presentations.			N AB C P E	
ECD1 5.1.8	Understands the classifications, actions, interactions, and nursing implications of medications used to treat GU presentations.			N AB C P E	

ECD1.5 Genitourinary System Presentations (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 5.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with GU presentations.			N AB C P E	Elsevier: Assessment: Abdomen, Genitalia and Rectum Elsevier: Assessment: Abdomen (Ped)
ECD1 5.2.2	Escalates care and Communicates concerns relating to genitourinary presentations and Red Flags .			N AB C P E	
ECD1 5.2.3	Obtains a urine sample using age-appropriate techniques.			N AB C P E	Elsevier: Urine Specimen Collection: Midstream (Clean-Voided) BCCH: Specimen Collection: Urine C&S
ECD1 5.2.4	Applies ultrasound for the purpose of bladder volume measurement.			N AB C P E	Elsevier: Bladder Scan
ECD1 5.2.5	Inserts urethral catheters (including three-way catheters).		<input checked="" type="checkbox"/>	N AB C P E	Elsevier: Urinary Catheter: Indwelling Insertion (Female) Elsevier: Urinary Catheter: Indwelling or Coudé Insertion (Male) BCCH: Indwelling Urinary Catheterization
ECD1 5.2.6	Initiates, troubleshoots, and maintains continuous bladder irrigations (CBI). (Adult Only)		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #10
ECD1 5.2.7	Inserts coudé tip catheters. (Adult Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #23
ECD1 5.2.8	Monitors urine output using age-appropriate methods.			N AB C P E	Elsevier: Measuring Intake and Output Elsevier: Measuring Intake and Output (Pediatric)
ECD1 5.2.9	Cares for patients with urostomies. BCCNM Limit: LPNs do not irrigate ostomies.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #11
ECD1 5.2.10	Cares for patients with nephrostomies. BCCNM Limit: LPNs irrigate only those percutaneous tubes they are permitted to irrigate at entry level.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #10
ECD1 5.2.11	Inserts suprapubic catheters with well-established stoma.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #29

ECD1.6		Hematological System Presentations			
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 6.1.1	Understands the fundamental normal anatomy and physiology of the hematological system.			N AB C P E	
ECD1 6.1.2	Understands the fundamental pathophysiology associated with common hematological presentations including (but not limited to): <ul style="list-style-type: none"> Anemia and Sickle Cell Anemia Bleeding disorders (inherited or acquired) Hemorrhage Disseminated intravascular coagulation (DIC) 			N AB C P E	
ECD1 6.1.3	Identifies relevant patient History relating to the hematological system.			N AB C P E	
ECD1 6.1.4	Identifies the Red Flags of hematology system presentations including (but not limited to): <ul style="list-style-type: none"> Excessive/uncontrolled bleeding Critical hemoglobin and coagulation lab values Petechiae or purpura rash Signs of Shock 			N AB C P E	
ECD1 6.1.5	Identifies processes to escalate care and Communicate concerns relating to hematological presentations and Red Flags .			N AB C P E	
ECD1 6.1.6	Understands the principles and tools used for a hematology system Assessment .			N AB C P E	
ECD1 6.1.7	Identifies specific nursing Interventions and anticipates Diagnostics for common hematological presentations.			N AB C P E	
ECD1 6.1.8	Identifies methods to control bleeding at compressible sites.			N AB C P E	Resources Poster Booklet Stop the Bleed

ECD1.6 Hematological System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 6.1.9	Understands the classifications, actions, interactions, and nursing implications of medications used to treat hematological presentations.			N AB C P E	
ECD1 6.1.10	Identifies potential complications associated with phlebotomy, such as hematoma, infection, or fainting.			N AB C P E	
ECD1 6.1.11	Understands local HA/ED policies and procedures and the LPN role relating to transfusion practices.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #14 & 15
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 6.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with hematological presentations.			N AB C P E	
ECD1 6.2.2	Escalates care and Communicates concerns relating to hematological presentations and Red Flags .			N AB C P E	
ECD1 6.2.3	Assists team in controlling compressible bleeding.			N AB C P E	Resources Poster Booklet Stop the Bleed Online Course Stop the Bleed Elsevier: Tourniquet Application for Hemorrhage Control Elsevier: Dressing: Pressure Bandage
ECD1 6.2.4	Participates in transfusion care, including pre-transfusion checks, monitoring, and post-transfusion care. BCCNM Limit: LPNs monitor clients receiving blood or blood products in a team nursing approach. BCCNM Limit: LPNs do not start transfusions of blood or blood products.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #14 & 15

ECD1.7 Integumentary System Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 7.1.1	Understands the fundamental normal anatomy and physiology of the integumentary (Integ) system.			N AB C P E	
ECD1 7.1.2	Understands the age-related physiological differences of the Integumentary system in pediatric populations.			N AB C P E	
ECD1 7.1.3	Understands the fundamental pathophysiology associated with common Integ presentations including (but not limited to): <ul style="list-style-type: none"> • Burns and frostbite • Infections (e.g. abscesses, cellulitis, impetigo, scabies, herpes) • Atopic dermatitis (eczema) or contact dermatitis • Urticaria • Insect bites • Pressure injuries and ulcers • Blunt trauma (contusions, hematoma, edema) • Penetrating trauma (lacerations, abrasions, punctures, impalement, degloving and animal/human bites) 			N AB C P E	
ECD1 7.1.4	Identifies relevant patient History relating to the Integ system.			N AB C P E	
ECD1 7.1.5	Identifies the Red Flags of integumentary system presentations including (but not limited to): <ul style="list-style-type: none"> • Quickly evolving or extensive cellulitis or signs of deep space infection (e.g. necrotizing fasciitis) • Facial cellulitis, particularly periorbital area • Significant pain • Degloving injury • Burns or wounds with patterns suggestive of abuse • Partial or full thickness and/or greater than 25 per cent body surface area of burns or frostbite • Partial or full thickness burns to hands, feet, face or perineum • Circumferential burns in infants or toddlers (Pediatric Specific) 			N AB C P E	

ECD1.7 Integumentary System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 7.1.6	Identifies processes to escalate care and Communicate concerns relating to integumentary presentations and Red Flags .			N AB C P E	
ECD1 7.1.7	Understands the principles and tools used for an integumentary and wound Assessment .			N AB C P E	Elsevier: Skin Assessment (Pediatric) Elsevier: Assessment: General Survey Elsevier: Assessment: Pressure Injury and Wound
ECD1 7.1.8	Identifies specific nursing Interventions and anticipates Diagnostics for common integumentary presentations, including types of wound dressings and indications for use.			N AB C P E	
ECD1 7.1.9	Understands the classifications, actions, interactions, and nursing implications of medications used to treat Integ presentations.			N AB C P E	
ECD1 7.1.10	Identifies pressure injury risk factors, prevention, and Interventions , including screening assessment tools such as the Braden Scale.			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 7.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with integumentary presentations including screening for pressure injury risk.			N AB C P E	Elsevier: Skin Assessment (Pediatric) Elsevier: Assessment: General Survey Elsevier: Assessment: Pressure Injury and Wound
ECD1 7.2.2	Escalates care and Communicates concerns relating to integumentary presentations and Red Flags .			N AB C P E	
ECD1 7.2.3	Implements pressure injury mitigation Interventions and strategies.			N AB C P E	Elsevier: Pressure Injury: Treatment CLWK - Wound Resources
ECD1 7.2.4	Assists providers with integumentary related procedures (setting up suture trays, cautery equipment, etc.).			N AB C P E	

ECD1.7 Integumentary System Presentations (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 7.2.5	Completes a nursing diagnosis and treats reddened skin, skin tears and wounds above the dermis following a Decision Support Tool (DST) . BCCNM Limit: LPNs only treat wounds above the dermis without a care plan in place.			N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #7 CLWK - Wound Resources
ECD1 7.2.6	Provides wound care (below dermis) including burn and frostbite care, with a wound care treatment plan in place. BCCNM Limit: LPNs only provide wound care below the dermis with a wound care treatment plan in place. BCCNM Limit: LPNs do not suture skin or carry out any form of sharps debridement. BCCNM Limit: LPNs do not care for tunnelled wounds without Additional Education .			N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #7 & 8 BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #5 CLWK - Wound Resources
ECD1 7.2.7	Probes, irrigates, packs, or dresses a tunnelled wound with a wound care treatment plan in place and following a Decision Support Tool (DST) .	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #7 BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #5 CLWK - Wound Resources
ECD1 7.2.8	Applies and maintains negative pressure wound therapy (VAC) with a wound care treatment plan in place and following a DST. (Adult Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #5
ECD1 7.2.9	Recognizes when a wound or burn requires more detailed clinical exploration/assessment and Communicates concerns to care team.			N AB C P E	

ECD1.8 Intravenous Therapy and Phlebotomy in the Emergency					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 8.1.1	Understands the fundamental anatomy and physiology related to the vascular system including knowledge of veins suitable for access and blood collection.			N AB C P E	
ECD1 8.1.2	Understands LPN role in vascular parenteral practices, including administration and monitoring of IV fluids via peripheral access. BCCNM Limit: LPNs only administer parenteral solutions to patients with stable or predictable states of health. BCCNM Limit: LPNs do not access central venous lines or devices (including intraosseous). BCCNM Limit: LPNs do not start or monitor parenteral nutrition.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12, 13, 16 & 17 Elsevier: Intravenous Therapy: Priming and Changing a Solution
ECD1 8.1.3	Identifies relevant patient History relating to the vascular system including potential limbs/sites to avoid (e.g. mastectomy) and history of difficult access.			N AB C P E	
ECD1 8.1.4	Identifies potential complications associated with phlebotomy, venipuncture, and IV therapy and identifies process to escalate care and Communicate concerns and Red Flags .			N AB C P E	
ECD1 8.1.5	Understands local HA/ED policies and procedures relating to parenteral fluids, venipuncture, and phlebotomy.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #4
ECD1 8.1.6	Identifies Red Flags where prioritization of vascular access may be critical.			N AB C P E	

ECD1.8 Intravenous Therapy and Phlebotomy in the Emergency (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 8.2.1	Completes Assessments to monitor IV fluids via peripheral access and identify appropriate venipuncture sites.			N AB C P E	
ECD1 8.2.2	Escalates care and Communicates concerns relating to IV fluid therapy and venipuncture.			N AB C P E	
ECD1 8.2.3	Initiates peripheral intravenous (PIV) devices in adult patients. BCCNM Limit: LPNs can only initiate short peripheral devices.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12 Elsevier: Intravenous Therapy: Short Peripheral Catheter Insertion
ECD1 8.2.4	Maintains, monitors, and removes peripheral intravenous (PIV) devices in adult and pediatric patients.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD1 8.2.5	Performs phlebotomy via venipuncture to collect blood samples following a Decision Support Tool (DST) . BCCNM Limit: LPNs only collect blood samples from patients 14 years and older. BCCNM Limit: LPNs must use a peripheral evacuated system to collect blood samples.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #4 Elsevier Skills: Blood Specimen Collection: Venipuncture Vacuum-Extraction Method
ECD1 8.2.6	Initiates and maintains peripheral parenteral (IV) fluids. (See also ECD1 8.1.2)		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12 Elsevier: Intravenous Therapy: Priming and Changing a Solution
ECD1 8.2.7	Obtains accurate fluid intake and output balances.			N AB C P E	Elsevier: Measuring Intake and Output Elsevier: Measuring Intake and Output (Pediatric)

ECD1.9 Musculoskeletal System Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 9.1.1	Understands the fundamental normal anatomy and physiology of the musculoskeletal (MSK) system, including age-related differences.			N AB C P E	
ECD1 9.1.2	Understands the fundamental pathophysiology associated with common musculoskeletal presentations: <ul style="list-style-type: none"> • Fractures • Dislocations • Spinal injury • Sprains and strains • Back pain • Gait disturbances (Pediatric Specific) 			N AB C P E	
ECD1 9.1.3	Identifies relevant patient History relating to MSK and system and understands age-related differences.			N AB C P E	
ECD1 9.1.4	Identifies History of injury patterns that may be indicative of potential abuse or neglect and safeguarding concerns. (See also CCT10 Vulnerability and Advocacy)			N AB C P E	Responding to Elder Abuse The B.C. Handbook for Action on Child Abuse and Neglect
ECD1 9.1.5	Identifies the Red Flags of MSK system presentations including (but not limited to): <ul style="list-style-type: none"> • High Mechanism of Injury (MOI) reported in history • Presence of any of the 5 “Ps” of compartment syndrome or neurovascular compromise: significant Pain, marked Pallor, Paresthesia, Pulselessness and Paralysis • Suspected or confirmed pelvic or spinal fracture. • Changes in neurologic assessment (motor strength & sensation) for patient with suspected spinal cord injury. • Significant injury with bleeding disorder • Fever or rash with joint pain, swelling, and/or refusal to weight bear (Pediatric Specific) • Trauma with incongruent history (Pediatric Specific) • Fractures in non-mobile infants or children (Pediatric Specific) 			N AB C P E	

ECD1.9 Musculoskeletal System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 9.1.6	Understands the principles and tools used for a MSK Assessment .			N AB C P E	Elsevier: Assessment: Musculoskeletal and Neurologic Elsevier: Assessment: Musculoskeletal, Neurologic, and Peripheral Vascular (Pediatric)
ECD1 9.1.7	Understands how the pathology of other systems may result in the experience of back or thoracic pain (e.g. pneumonia, abdominal aortic aneurysm, pneumothorax).			N AB C P E	
ECD1 9.1.8	Identifies processes to escalate care and Communicate concerns relating to MSK presentations and Red Flags .			N AB C P E	
ECD1 9.1.9	Identifies specific nursing Interventions and anticipates Diagnostics for common MSK presentations.			N AB C P E	
ECD1 9.1.9	Understands the classifications, actions, interactions, and nursing implications of medications used to treat MSK presentations, including analgesics, anti-inflammatories, and muscle relaxants.			N AB C P E	
ECD1 9.1.10	Understands the assessment and treatment of venous thromboembolism (VTE).			N AB C P E	
ECD1 9.1.11	Identifies local HA/ED policies and procedures for spinal motion restriction.			N AB C P E	
ECD1 9.1.12	Understands principles of limb immobilization as part of first aid measures and identifies risks and complications associated with immobilization.			N AB C P E	
ECD1 6.1.13	Understands the Trauma Nursing Assessment Record (TNAR) (or electronic equivalent) documentation principles and application for minor trauma.			N AB C P E	TNAR Guide for Use

ECD1.9 Musculoskeletal System Presentations (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 9.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with MSK presentations, including VTE risk.			N AB C P E	Elsevier: Assessment: Musculoskeletal and Neurologic Elsevier: Assessment: Musculoskeletal, Neurologic, & Peripheral Vascular (Ped)
ECD1 9.2.2	Escalates care and Communicates concerns relating to musculoskeletal presentations and Red Flags .			N AB C P E	
ECD1 9.2.3	Applies temporary first aid comfort splinting for minor limb and digit injuries.			N AB C P E	Elsevier: Splinting: General Principles
ECD1 9.2.4	Applies basic immobilization devices (may require an order) using age-appropriate equipment including (but not limited to): <ul style="list-style-type: none"> Shoulder immobilizers Knee immobilizer Air boot Wrist and ankle splints Digit splints 			N AB C P E	Elsevier: Splinting: Finger Immobilization Elsevier: Shoulder Immobilization Elsevier: Splinting: Knee Immobilization Elsevier: Sling Application Elsevier: Sling Application (Pediatric)
ECD1 9.2.6	Removes casts.		<input checked="" type="checkbox"/>	N AB C P E	Elsevier: Cast Removal
ECD1 9.2.6	Sizes and provides appropriate walking aids (i.e. crutches) to patients, including mobility safety Assessment .			N AB C P E	Elsevier: Ambulation Aids: Measuring and Fitting Elsevier: Teaching How to Use Ambulation Aids: Crutches Elsevier: Ambulation (Pediatric)
ECD1 9.2.7	Assists with Spinal Motion Restriction: <ul style="list-style-type: none"> Assists with log rolling Assists with manual stabilization Maintains spinal motion restrictions 			N AB C P E	Elsevier: Spinal Motion Restriction
ECD1 9.2.8	Performs Aspen (or equivalent long term) cervical collar care maintenance (assess skin, replace/clean collar pads).			N AB C P E	Elsevier: Cervical Collar: Management
ECD1 9.2.9	Applies a cast for fracture of a bone.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #6

ECD1.10 Neurological System Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 10.1.1	Understands fundamental normal anatomy and physiology of the central & peripheral nervous (neurological) system.			N AB C P E	
ECD1 10.1.2	Understands the fundamental pathophysiology associated common neurological (Neuro) presentations including (but not limited to): <ul style="list-style-type: none"> • Cerebrovascular accident (CVA) - Stroke & TIA • Delirium • Intracranial hemorrhage • Head injury and/or concussion • Headaches and migraines • Meningitis • Neurodegenerative disorders (e.g. Parkinson's, Alzheimer's) • Seizures and epilepsy 			N AB C P E	
ECD1 10.1.3	Identifies relevant patient History relating to the Neuro system.			N AB C P E	
ECD1 10.1.4	Identifies the Red Flags of Neuro presentations including (but not limited to): <ul style="list-style-type: none"> • New or worsening symptoms of CVA • Altered level of consciousness or mentation changes • Vision or pupil changes • Neck pain with fever • Sudden dizziness, trouble mobilizing and/or loss of co-ordination • Sudden severe headache • History of head injury or other neurological presentation with nausea and vomiting • Signs of seizure-like activity • Signs of potential skull fracture (e.g. Battle signs) • Sudden unexplained loss of continence (bowel or bladder) • Bulging fontanelles (Pediatric Specific) 			N AB C P E	

ECD1.10 Neurological System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 10.1.5	Identifies processes to escalate care and Communicate concerns relating to neurological presentations and Red Flags .			N AB C P E	
ECD1 10.1.6	Understands the principles and tools used for a Neuro Assessment .			N AB C P E	Elsevier: Assessment: Musculoskeletal and Neurologic Elsevier: Assessment: Musculoskeletal, Neurologic, and Peripheral Vascular (Ped)
ECD1 10.1.7	Identifies specific nursing Interventions and anticipates Diagnostics for common neurological presentations.			N AB C P E	
ECD1 10.1.8	Understands the classifications, actions, interactions, and nursing implications of medications used to treat neurological presentations.			N AB C P E	
ECD1 10.1.9	Recognizes delirium as a medical emergency and understands the importance of screening patients for delirium using local HA/ED standardized tools.			N AB C P E	Elsevier: Altered Mental Status: Assessments, Interventions, and Strategies
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 10.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with neurological presentations.			N AB C P E	Elsevier: Assessment: Musculoskeletal and Neurologic Elsevier: Assessment: Musculoskeletal, Neurologic, and Peripheral Vascular (Ped)
ECD1 10.2.2	Escalates care and Communicates concerns relating to neurological presentations and Red Flags .			N AB C P E	

ECD1.10 Neurological System Presentations (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 10.2.3	Undertakes an age-appropriate neurological Assessment to include: <ul style="list-style-type: none"> • Level of consciousness using AVPU (alert, voice, pain, unresponsive) • Basic assessment of sensation, motor power and tone • Glasgow Coma Score (GCS) or Modified Glasgow for Pediatrics • Fontanelles (Pediatric Specific) • Pupillary size and reaction • FAST-VAN Stroke Screen 			N AB C P E	FAST-VAN Stroke Card
ECD1 10.2.4	Screens for symptoms of delirium, applies evidence-based nursing interventions and Communicates concerns to care team.			N AB C P E	Delirium: Screening, Assessment and Management
ECD1 10.2.5	Within scope of practice, applies local HA/ED and provincial clinical guidelines in the care of stroke patients. (Adult Only)			N AB C P E	Stroke Services BC

ECD1.11 Ocular System Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 11.1.1	Understands the fundamental normal anatomy and physiology of the ocular system.			N AB C P E	
ECD1 11.1.2	Understands the fundamental pathophysiology associated with common ocular presentations including (but not limited to): <ul style="list-style-type: none"> • Eye trauma and foreign bodies (cuts, scratches, abrasions, perforations, penetrations) • Chemical exposure or burns • Retinal detachment • Glaucoma • Infections (conjunctivitis, orbital cellulitis) 			N AB C P E	
ECD1 11.1.3	Identifies relevant patient History relating to the ENT and Facial systems.			N AB C P E	
ECD1 11.1.4	Identifies the Red Flags of ocular system presentations including (but not limited to): <ul style="list-style-type: none"> • Globe rupture (corneal or scleral perforation) • Acute or abrupt change in vision • Significant eye pain or pressure • Penetrating injury/chemical or thermal burn 			N AB C P E	
ECD1 11.1.5	Identifies processes to escalate care and Communicate concerns relating to ocular presentations and Red Flags .			N AB C P E	
ECD1 11.1.6	Understands the principles and tools used for an ocular system Assessment .			N AB C P E	Elsevier: Assessment: Head and Neck

ECD1.11 Ocular System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 11.1.7	Identifies specific nursing Interventions and anticipates Diagnostics for common ocular presentations.			N AB C P E	
ECD1 11.1.8	Understands the classifications, actions, interactions, and nursing implications of medications used to treat ocular presentations, including ophthalmic drops.			N AB C P E	
ECD1 11.1.9	Understands how to complete a visual acuity assessment.			N AB C P E	Elsevier: Assessment Visual Acuity Elsevier: Assessment: Visual Acuity (Pediatric)
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 11.2.1	Completes Assessments , including visual acuity assessments, and implements safe and effective care of stable or predictable patients with ocular presentations.			N AB C P E	Elsevier: Assessment: Head and Neck Elsevier: Assessment Visual Acuity Elsevier: Assessment: Visual Acuity (Pediatric)
ECD1 11.2.2	Escalates care and Communicates concerns relating to ocular presentations and Red Flags .			N AB C P E	
ECD1 11.2.3	Performs irrigation of eyes using methods such as eye wash sinks, eye irrigation bottles and Morgan Lens.			N AB C P E	Elsevier: Eye Irrigation Elsevier: Eye Irrigation (Pediatric)
ECD1 11.2.4	Delivers ophthalmic medications via drops or ointments		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #36
ECD1 11.2.5	Applies eye patches.			N AB C P E	

ECD1.12 Reproductive System Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 12.1.1	Understands the fundamental normal anatomy and physiology of the reproductive system, specifically the genitalia, pregnancy, and reproductive organs.			N AB C P E	
ECD1 12.1.2	Understands the fundamental pathophysiology associated with common genitalia presentations including (but not limited to): <ul style="list-style-type: none"> • Testicular torsion • Hydrocele, epididymitis and/or epididymis-orchitis • Penile trauma or fracture • Priapism • Bacterial vaginosis • Genital foreign bodies 			N AB C P E	
ECD1 12.1.3	Understands the pathophysiology associated with common reproductive organ and pregnancy presentations including (but not limited to): <ul style="list-style-type: none"> • Miscarriage and ectopic pregnancy • Hyperemesis grvida • Menorrhagia • Ovarian cyst • Pelvic inflammatory disease (PID) • Ovarian torsion 			N AB C P E	
ECD1 12.1.4	Identifies relevant patient History relating to the reproductive system.			N AB C P E	
ECD1 12.1.5	Identifies the Red Flags of reproductive system presentations including (but not limited to): <ul style="list-style-type: none"> • Significant per vagina (PV) loss and/or passing large clots • Significant pain to genitalia or suprapubic region • Trauma to genitalia • Pregnancy specific concerns 			N AB C P E	

ECD1.12 Reproductive System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 12.1.6	Identifies processes to escalate care and Communicate concerns relating to reproductive presentations and Red Flags .			N AB C P E	
ECD1 12.1.7	Understands the principles and tools used for a reproductive system Assessment .			N AB C P E	Elsevier: Assessment: Abdomen, Genitalia and Rectum Elsevier: Assessment: Abdomen (Pediatric)
ECD1 12.1.8	Identifies specific nursing Interventions and anticipates Diagnostics for common reproductive presentations.			N AB C P E	
ECD1 12.1.9	Understands LPN role in assessment and management of female genitalia related presentations. BCCNM Limit: LPNs do not insert vaginal packing. BCCNM Limit: LPNs do not carry out pelvic or vaginal examinations. BCCNM Limit: LPNs do not perform cervical cancer screening. BCCNM Limit: LPNs do not insert an instrument, substance, or medication into or beyond the cervix.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #25
ECD1 12.1.10	Understands role in caring for patients presenting with perinatal presentations. BCCNM Limit: LPNs do not carry out fetal heart monitoring using an intermittent doppler, or any related activities including palpation and auscultation of the fetal heart.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #30
ECD1 12.1.11	Understands the role of the chaperone in reproductive system exams.			N AB C P E	
ECD1 12.1.12	Identifies the signs, symptoms, and presentation of sexually transmitted infections (STIs), their management and available resources.			N AB C P E	
ECD1 12.1.13	Understands the physical and emotional impact of early miscarriage and ectopic pregnancy and the importance of empathy, support, and specific services.			N AB C P E	
ECD1 12.1.14	Understands the emotional, physical care and role of LPN in the care of persons who present with injuries from sexual assault.			N AB C P E	

ECD1.12 Reproductive System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 12.1.15	Recognizes the critical importance of preserving patient dignity in all emergency care interactions involving reproductive health concerns.			N AB C P E	
ECD1 12.1.16	Understands the historical context of Indigenous-specific trauma related to sexual violence, including the realities of Missing and Murdered Indigenous Women and Girls (MMIWG) and forced and coerced sterilization.			N AB C P E	Call to Justice – Missing and Murdered Indigenous Women and Girls
ECD1 12.1.17	Recognizes that Indigenous women have been disproportionately impacted by Indigenous-specific racism, colonial determinants of health and insufficient measures to uphold their reproductive rights to self-determination in alignment with DRIPA.			N AB C P E	In Plain Sight Report FNHA: Perinatal and Infant Wellness Perinatal BC–Cultural Safety & Humility
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 12.2.1	Completes Assessments and implements safe and effective care of stable or predictable patients with reproductive presentations.			N AB C P E	Elsevier: Assessment: Abdomen, Genitalia and Rectum Elsevier: Assessment: Abdomen (Pediatric)
ECD1 12.2.2	Escalates care and Communicates concerns relating to reproductive presentations and Red Flags .			N AB C P E	
ECD1 12.2.3	Prepares equipment for providers and supports patients undergoing vaginal examination.			N AB C P E	
ECD1 12.2.4	Understands the emotional, physical care and role of LPN in the care of persons who present with injuries from sexual assault.			N AB C P E	
ECD1 12.2.5	Demonstrates compassion, empathy and preservation of dignity when caring for patients with reproductive health concerns.			N AB C P E	
ECD1 12.2.6	Applies knowledge of historical and ongoing reproductive injustices that disproportionally impact Indigenous women and girls and upholds their reproductive rights to self-determination through allyship and advocacy.			N AB C P E	PSBC: Honouring Indigenous Women's and Families Pregnancy Journeys

ECD1.13 Respiratory System Presentations					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 13.1.1	Understands the fundamental normal anatomy and physiology of the respiratory system.			N AB C P E	
ECD1 13.1.2	Understands the fundamental pathophysiology associated with common respiratory presentations including (but not limited to): <ul style="list-style-type: none"> • Respiratory tract infections (COVID, influenza, RSV, pneumonia) • Asthma • Chronic obstructive pulmonary disease (COPD) • Pneumothorax • Lung cancer • Tuberculosis 			N AB C P E	
ECD1 13.1.3	Identifies relevant patient History relating to the respiratory system.			N AB C P E	
ECD1 13.1.4	Identifies the Red Flags of actual or potential obstruction of the upper airway including (but not limited to): <ul style="list-style-type: none"> • History of airway injury or insult (e.g., blunt trauma, burn inhalation, etc.) • Stridor and/or marked dysphonia • Choking • Facial/neck angioedema • Decreased ability to swallow secretions 			N AB C P E	

ECD1.13 Respiratory System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 13.1.5	<p>Identifies the Red Flags of respiratory distress and deterioration including (but not limited to):</p> <ul style="list-style-type: none"> • Stridor and/or audible expiratory wheeze • Barking cough (Pediatric Specific) • Tripoding (positioning) • Increased (or increasing) respiratory distress (moderate or severe) • Markedly decreased or increased respiratory rate and effort • Decreased or absent air movement on auscultation • Decreasing oxygen saturations • Cyanosis • Decreasing mentation (altered level of consciousness) • Grunting, snoring or gurgling sounds 			N AB C P E	
ECD1 13.1.6	Identifies processes to escalate care and Communicate concerns relating to respiratory presentations and Red Flags .			N AB C P E	
ECD1 13.1.7	Understands the principles and tools used with respiratory Assessment .			N AB C P E	Elsevier: Assessment: Thorax and Lungs Elsevier: Assessment: Thorax and Lungs (Pediatric)
ECD1 13.1.8	Identifies specific nursing Interventions and anticipates Diagnostics for common respiratory clinical presentations.			N AB C P E	
ECD1 13.1.9	Understands the classifications, actions, interactions, and nursing implications of medications used to treat respiratory presentations such as bronchodilators and corticosteroids.			N AB C P E	
ECD1 13.1.10	Understands local HA/ED policy, procedures, and decision support tools (DST) for oxygen therapy.			N AB C P E	
ECD1 13.1.11	Knowledgeable of the various methods for delivering oxygen therapy and their correct applications.			N AB C P E	Elsevier: Oxygen Therapy: Nasal Cannula or Oxygen Mask

ECD1.13 Respiratory System Presentations (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 13.1.12	Identifies local HA/ED policies and procedures for continuous positive pressure (CPAP) or bi-level positive airway pressure (BPAP or BiPap) devices.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #9
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD1 13.2.1	Completes Assessment and implements safe and effective care of stable or predictable patients with respiratory presentations. BCCNM Limit: LPNs do not carry out nasopharyngeal washes.			N AB C P E	Elsevier: Assessment: Thorax & Lungs Elsevier: Assessment: Thorax & Lungs (Ped) BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #21
ECD1 13.2.2	Escalates care and Communicates concerns relating to respiratory presentations and Red Flags .			N AB C P E	
ECD1 13.2.3	Following a Decision Support Tool (DST) , administers oxygen therapy without an order .	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #9
ECD1 13.2.4	Delivers inhaled medications via metered dose inhalers and nebulizers and treats respiratory distress in patients with known asthma. BCCNM Limit: LPNs do not administer nitrous oxide (NOS) or monitor patients taking NOS. BCCNM Limit: LPNs do not administer inhaled substances for the purposes of anesthesia or procedural (conscious) sedation.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #8 BCCNM LPN Practice Standards - Acting Within Auto. Scope: #17 CHBC Provincial Pediatric Asthma Elsevier: Metered-Dose Inhalers Elsevier: Metered-Dose Inhalers with Spacer (Pediatric)
ECD1 13.2.5	Changes chest tube dressings following a DST . BCCNM Limit: LPNs can only change chest tube dressings for clients with stable or predictable states of health.	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #3
ECD1 13.2.6	Performs care of a tracheostomy following a DST . BCCNM Limit: LPNs can only care for well-established tracheostomies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #28
ECD1 13.2.7	Provides care to patients who use personal CPAP or BPAP devices.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #9

Emergency Care Domains (ECD)

ECD2 - Caring for Mental Health & Substance Use

ECD 2.1		Mental Health			
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD2 1.1.1	Recognizes how anti-Indigenous racism and discrimination adversely impacts Indigenous people accessing care and recognizes that cultural humility and trauma-informed practices are critical elements of mental health care in the emergency setting. (See also Indigenous Cultural Safety, Cultural Humility and Anti-Racism) (See also PNP9 – Trauma-Informed Practice)			N AB C P E	
ECD2 1.1.2	Understands the fundamental psychopathology of common psychological disorders including (but not limited to): <ul style="list-style-type: none"> Anxiety disorder Conversion disorder Depression Bipolar disorder Eating disorders Post-traumatic stress disorder (PTSD) Schizophrenia and psychotic disorders 			N AB C P E	
ECD2 1.1.3	Identifies common mental health related presentations to the emergency including (but not limited to): <ul style="list-style-type: none"> Anxiety or panic attack Homicidal or violent behaviour Ineffective coping or situational crisis Psychosis or hallucinations Suicidal ideation 			N AB C P E	
ECD2 1.1.4	Identifies relevant patient History relating to mental health.			N AB C P E	

ECD 2.1 Mental Health (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD2 1.1.5	<p>Identifies the Red Flags of mental health presentations including (but not limited to):</p> <ul style="list-style-type: none"> Uncontrolled or violent ideation or behaviour that poses risk to self or others Suicidal or homicidal attempt Suicidal or homicidal ideation and behaviour with a specific plan and access to means (e.g. weapon) for self-harming behaviour or harming others Uncertain flight risk for a patient displaying unsafe behaviours History suggesting a conflict or unstable situation putting patient or others at risk. 			N AB C P E	<p>Elsevier: Assessment: Self-Harm and Aggression</p> <p>Elsevier: Behavioral Issues: Assessment and Management</p> <p>Elsevier: Suicide: Risk Assessment and Strategies for Prevention and Care</p>
ECD2 1.1.6	Identifies processes to escalate care and Communicate concerns relating to mental health presentations and Red Flags .			N AB C P E	
ECD2 1.1.7	Understands the principles and tools used for mental health Assessment .			N AB C P E	Elsevier: Assessment: Mental Status
ECD2 1.1.8	Identifies specific nursing Interventions and anticipates Diagnostics for common mental health presentations including de-escalation techniques.			N AB C P E	
ECD2 1.1.9	Identifies local HA/ED policies and procedures for the management of patients at risk of self-harm and understands the LPN role in assisting with self-harm mitigation strategies.			N AB C P E	Elsevier: Suicide: Risk Assessment and Strategies for Prevention and Care
ECD2 1.1.10	Understands the classifications, actions, interactions, and nursing implications of medications used to treat mental health presentations.			N AB C P E	
ECD2 1.1.11	Understands the use of the Mental Health Act in the emergency care setting, including identifying local HA/ED processes (e.g. Code Yellow, RCMP involvement) for reporting a missing patient.			N AB C P E	BC Mental Health Act

ECD 2.1 Mental Health (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD2 1.1.12	Understands how mental health concerns may impact on the individual's ability to communicate effectively.			N AB C P E	
ECD2 1.1.13	Understands how emotional distress and dysregulation may result in verbal and/or physical violence. (See also CCT9 – Safety Management)			N AB C P E	Elsevier: Assessment: Self-Harm and Aggression Elsevier: Behavioral Issues: Assessment and Management
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD2 1.2.1	Completes Assessments , including suicide screening, and implements safe and effective care of stable or predictable patients with mental health presentations.			N AB C P E	Elsevier: Assessment: Mental Status
ECD2 1.2.3	Applies de-escalation techniques to manage and calm situations involving agitated or distressed patients.			N AB C P E	Elsevier: Behavioral Issues: Assessment and Management
ECD2 1.2.4	Evaluates patient behaviour in relationship to actual and/or potential risk of harm to self or others and takes action to mitigate the risk.			N AB C P E	Elsevier: Assessment: Self-Harm and Aggression
ECD2 1.2.5	Escalates care and Communicates concerns relating to mental health presentations and Red Flags . (See also CCT9 – Safety Management) (See also ECD4.3 – Emergency Restrictive Interventions)			N AB C P E	Standardized Hospital Colour Codes - BC Ministry of Health
ECD2 1.2.6	Administers psychotropic medications as ordered and monitors for side effects and therapeutic responses. (See also CCT5 – Medication Management)		<input checked="" type="checkbox"/>	N AB C P E	
ECD2 1.2.7	Employs active listening, open-ended questions, and a non-confrontational approach to defuse tension and build rapport.			N AB C P E	Elsevier: Behavioral Issues: Assessment and Management

ECD 2.2 Substance Use					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD2 2.1.1	<p>Recognizes how anti-Indigenous racism and discrimination adversely impacts Indigenous people accessing care and recognizes that cultural humility and trauma-informed practices are critical elements of substance use care in the emergency setting.</p> <p>(See also Indigenous Cultural Safety, Cultural Humility and Anti-Racism)</p> <p>(See also PNP9 – Trauma-Informed Practice)</p>			N AB C P E	
ECD2 2.1.2	<p>Understands classifications and pharmacological actions of common regulated or unregulated psychoactive substances used by patients presenting to the ED including (but not limited to):</p> <ul style="list-style-type: none"> • Alcohol • Tobacco • Cannabinoids • Opioids • Sedatives and hypnotics • Stimulants • Inhalants • Hallucinogens 			N AB C P E	BCCSU: Acute Care Resources Substance Use
ECD2 2.1.3	<p>Identifies substance-induced presentations in the emergency:</p> <ul style="list-style-type: none"> • Intoxication • Withdrawal • Substance-induced mental disorders 			N AB C P E	
ECD2 2.1.4	Identifies relevant patient History relating to substance use.			N AB C P E	

ECD 2.2 Substance Use (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD2 2.1.5	<p>Identifies the Red Flags of substance use presentations including (but not limited to):</p> <ul style="list-style-type: none"> Known or suspected toxic ingestion (e.g. ethylene glycol) Seizures Delirium Tremens (DTs) Severe autonomic dysregulation (tachycardia, hypertension and hyperthermia) Extreme agitation or anxiety <p>(See also ECD2.1 – Mental Health Presentations) (See also ECD4.4 – Opioid Toxicity, Overdose & Poisoning)</p>			N AB C P E	
ECD2 2.1.6	Identifies processes to escalate care and Communicate concerns relating to substance use presentations and Red Flags .			N AB C P E	
ECD2 2.1.7	Understands the principles and tools used for a substance use Assessment .			N AB C P E	Elsevier: Substance Use Disorders (SUEs): Strategies for Care, Assessments, and Interventions
ECD2 2.1.8	Identifies specific nursing Interventions and anticipates Diagnostics for common substance-induced presentations.			N AB C P E	
ECD2 2.1.9	Understands the classifications, actions, interactions, and nursing implications of medications used to treat substance-induced presentations, manage withdrawal, and support treatment and recovery.			N AB C P E	
ECD2 2.1.10	Recognizes that substance use occurs on a spectrum, encompassing non-use through to substance use disorder, and that patients may move back and forth between stages over time.			N AB C P E	BCCSU: Acute Care Resources Substance Use
ECD2 2.1.11	Understands the impact of substance use on physical, emotional, and mental health.			N AB C P E	

ECD 2.2		Substance Use (Continued)							
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
ECD2 2.1.12	Understands substance use disorders are chronic conditions requiring integrated care including harm reduction approaches.			N	AB	C	P	E	BCCDC Harm Reduction Services
ECD2 2.1.13	Identifies other medical conditions that may manifest as intoxication.			N	AB	C	P	E	
ECD2 2.1.14	Identifies local HA/ED resources and tools to support substance use disorder care, services and supports.			N	AB	C	P	E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
ECD2 2.2.1	Completes Assessments , including substance use screening, and implements safe and effective care of stable or predictable patients with substance use and substance use disorders.			N	AB	C	P	E	Elsevier: Substance Use Disorders (SUEs): Strategies for Care, Assessments, and Interventions
ECD2 2.2.2	Escalates care and Communicates concerns relating to substance-induced presentations and Red Flags . (See also ECD4.4 – Opioid Toxicity, Overdose & Poisoning)			N	AB	C	P	E	
ECD2 2.2.3	Implements an integrated approach to caring for patients with substance use disorders, considering evidence-based interventions, harm reduction and support services.			N	AB	C	P	E	Elsevier: Substance Use Disorders (SUEs): Strategies for Care, Assessments, and Interventions
ECD2 2.2.4	Administers medications for substance use disorders and monitors for side effects and therapeutic responses using standardized tools (e.g. CIWA). (See also CCT5 – Medication Management)		<input checked="" type="checkbox"/>	N	AB	C	P	E	
ECD2 2.2.5	Challenges biases and advocates for equity in care delivery for patients with substance use disorders.			N	AB	C	P	E	
ECD2 2.2.6	Implements harm reduction strategies and encourages the use of harm reduction services while the patient is in the emergency to minimize substance-related harms.			N	AB	C	P	E	BCCDC Harm Reduction Services
ECD2 2.2.7	Refers patients to local HA/ED substance use, harm reduction and addictions services and supports.			N	AB	C	P	E	BCCDC Harm Reduction Services

Emergency Care domains (ECD)

ECD3 - Caring for Older Adults

ECD 3.1		Older Adult Assessment and Care							
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
ECD3 1.1.1	Identifies anatomical and physiological changes in the older adult.			N	AB	C	P	E	
ECD3 1.1.2	Understands the principles and tools used for the Assessment of an older adult, considering comorbidities, atypical presentations, and subtle signs of illness.			N	AB	C	P	E	Silver Book II British Geriatrics Society
ECD3 1.1.3	Identifies common older adult presentations and interrelated Geriatric Syndromes including (but not limited to): <ul style="list-style-type: none">• Abdominal pain• Adverse Drug Reactions (ADR) and medication related issues• Dehydration and electrolyte imbalances• Delirium and altered mental status• Bowel and bladder related issues• Chest pain• Falls and fall related trauma (e.g. hip fracture)• Shortness of breath• Stroke and TIA• Weakness, dizziness and syncope• Failure to thrive			N	AB	C	P	E	
ECD3 1.1.4	Identifies evidence-based practices for care of older people in the emergency department.			N	AB	C	P	E	Silver Book II British Geriatrics Society
ECD3 1.1.5	Recognizes frailty and how the aging process impacts on the body's ability to compensate for illness and injury.			N	AB	C	P	E	
ECD3 1.1.6	Understands how the aging process influences pharmacology in older adults and the impact of polypharmacy on health and wellness.			N	AB	C	P	E	

ECD 3.1 Older Adult Assessment and Care (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD3 1.1.7	Identifies local HA/ED resources and tools to support older adults, including services and supports.			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD3 1.2.1	Completes Assessments considering implications of Geriatric Syndromes and implements safe and effective care of stable or predictable older adults.			N AB C P E	
ECD3 1.2.2	Uses local HA/ED specific screening tools to assess older adults for delirium, falls, and pressure injuries risk.			N AB C P E	
ECD3 1.2.3	Adapts care approaches to older adults, considering mobility limitations, sensory impairments (hearing and vision) and altered skin integrity.			N AB C P E	
ECD3 1.2.4	Considers potential declines in functional mobility by assessing baseline against current abilities in activities of daily living (ADLs).			N AB C P E	
ECD3 1.2.5	Develops a plan of care specifically around delirium, fall risk and pressure injury prevention to help mitigate harm in the older adult patient.			N AB C P E	Elsevier: Fall Prevention Elsevier: Altered Mental Status: Assessments, Interventions, and Strategies for Prevention Elsevier: Pressure Injury: Risk Assessment and Prevention
ECD3 1.2.6	Escalates care and Communicates older adult related concerns or Red Flags to care team including (but not limited to) medication issues (e.g. age-appropriate dosing, adverse reactions), delirium, falls, pressure injuries and: <ul style="list-style-type: none"> Any presentation with respiratory rate greater than 27 (See also Emergency Care Domains for system specific Red Flags)			N AB C P E	
ECD3 1.2.7	Refers patients to local HA/ED older adult specific services and supports.			N AB C P E	

ECD 3.2		Psychological and Social Care of Older Adults			
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD3 2.1.1	Understands the principles and tools used for the cognitive and mental health Assessment of an older adult.			N AB C P E	
ECD3 2.1.2	Recognizes the impact of psychological and social influences on the health of older adults.			N AB C P E	
ECD3 2.1.3	Identifies BC Ministry and local HA/ED policies, procedures, and resources specific to identifying and preventing Elder Abuse and Neglect. (See also CCT10 – Vulnerability and Advocacy)			N AB C P E	Understanding and Responding to Elder Abuse
ECD3 2.1.4	Identifies BC Ministry policies & resources specific to consent and mental capacity and decision making. (See also CCT10 – Vulnerability and Advocacy)			N AB C P E	Adults Public Guardian and Trustee of British Columbia
ECD3 2.1.5	Understands how complex psychological, social, and ethical issues influence the quality of life, safety, autonomy, and care planning for older adults, including (but not limited to): <ul style="list-style-type: none"> • End of life care • Ability to live independently • Neglect and abuse • Ability to drive • Capacity to manage finances 			N AB C P E	Elsevier: Abuse and Neglect of Older Adults
ECD3 2.1.6	Understands the differences and intersection between dementia, depression and delirium in older adults. (See also ECD 1.10 Neurological Presentations)			N AB C P E	Elsevier: Altered Mental Status: Assessments, Interventions, and Strategies for Prevention
ECD3 2.1.7	Understands how dementia affects physiological, psychological, and social wellbeing in older patients and their significant others.			N AB C P E	
ECD3 2.1.8	Identifies local dementia and mental health support services for older adults and their significant others.			N AB C P E	

ECD 3.2		Psychological and Social Care of Older Adults (Continued)			
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD3 2.2.1	Conducts and documents a mental capacity assessment relevant to immediate nursing care related decisions (e.g. consent to having hygiene needs met).			N AB C P E	
ECD3 2.2.2	Promotes dignity when caring for older adults, respecting wishes, and supporting independence and self-determination whenever possible.			N AB C P E	
ECD3 2.2.3	Communicates effectively, using clear, respectful, and plain language.			N AB C P E	
ECD3 2.2.4	Adapts care to sensory or cognitive impairments, allowing adequate time for comprehension and responses.			N AB C P E	
ECD3 2.2.5	Applies evidence-based approaches and uses appropriate distraction techniques for older people who may be confused, agitated, or distressed.			N AB C P E	Elsevier: Behavioral Issues: Assessment and Management
ECD3 2.2.6	Provides patient-centred care and supports significant other's involvement where appropriate.			N AB C P E	

Emergency Care Domains (ECD)

ECD4 - LPN Role In Critical Situations

ECD4.1		Anaphylaxis							
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
ECD4 1.1.1	Understands the pathophysiology and common causes of anaphylaxis.			N	AB	C	P	E	
ECD4 1.1.2	Understands the clinical signs, symptoms and Red Flags differentiating between allergic reaction and anaphylaxis.			N	AB	C	P	E	
ECD4 1.1.3	Recognizes vomiting as a common sign of anaphylaxis in pediatric patients, particularly when accompanied by other indicators of allergic reaction.			N	AB	C	P	E	
ECD4 1.1.4	Identifies relevant patient History relating to anaphylaxis.			N	AB	C	P	E	
ECD4 1.1.5	Identifies the Red Flags of anaphylactic presentations including (but not limited to): <ul style="list-style-type: none">• Laryngeal Angioedema (throat swelling or tightness)• Dyspnea• Bronchospasm, Wheezing or Stridor• <u>Airway</u> or <u>Respiratory</u> Red Flags• <u>Signs of Shock</u>			N	AB	C	P	E	
ECD4 1.1.6	Identifies processes to escalate care and Communicate concerns relating to anaphylaxis Red Flags .			N	AB	C	P	E	
ECD4 1.1.7	Understands the principles for anaphylaxis Assessment .			N	AB	C	P	E	
ECD4 1.1.8	Understands the classifications, actions, interactions, and nursing implications of medications used to treat anaphylaxis.			N	AB	C	P	E	
ECD4 1.1.9	Understands the local HA/ED Decision Support Tool (DST) for the emergency management of anaphylaxis without an order.			N	AB	C	P	E	

ECD4.1 Anaphylaxis (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Resources/Learning Activity/Support
ECD4 1.2.1	Makes a nursing diagnosis (Assessment) and treats acute anaphylaxis (Intervention) following a Decision Support Tool (DST) . BCCNM Limit: LPNs can only administer Epinephrine to treat anaphylaxis.	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #16
ECD4 1.2.2	Following a DST , administers intramuscular Epinephrine to treat anaphylaxis without an order .	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #16
ECD4 1.2.3	Prioritizes initiation of peripheral intravenous (PIV) devices in adult patients. BCCNM Limit: LPNs can only initiate short peripheral devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 1.2.4	Following a Decision Support Tool (DST) , administers oxygen therapy without an order .	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #9
ECD4 1.2.5	Ensures the patient is placed in an appropriate clinical area, capable of supporting their physiological needs and level of observation.			N AB C P E	

ECD4.2 Cardiopulmonary Arrest					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 2.1.1	Understands the pathophysiology and common causes of cardiac arrest in both adult and pediatric populations, including special situations (e.g., overdose, hypothermia).			N AB C P E	
ECD4 2.1.2	Understands signs of imminent or confirmed cardiopulmonary arrest and how to activate emergency response (Code Blue).			N AB C P E	
ECD4 2.1.3	Understands basic life support (BLS) skills and interventions.			N AB C P E	
ECD4 2.1.4	Understands the LPN role within local ED during cardiopulmonary arrest situations and identifies how unforeseen circumstances, situation specific needs, and the BCCNM Duty to Provide Care standards may impact participation.			N AB C P E	BCCNM Duty to Provide Care
ECD4 2.1.5	Recognizes the importance of family presence during cardiopulmonary arrest.			N AB C P E	
ECD4 2.1.6	Understands indications for continuation or termination of resuscitation, and specific considerations in the event of unsuccessful resuscitation (i.e. coroner's case). (See also CCT3 - End-of-Life Care)			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 2.2.1	Participates in a team approach to care for patients in cardiopulmonary arrest, considering the local ED pre-established LPN roles in critical situations and the need to adapt for unanticipated circumstances.			N AB C P E	BCCNM Duty to Provide Care
ECD4 2.2.2	Identifies signs of imminent or confirmed cardiopulmonary arrest and activates emergency response (Code Blue).			N AB C P E	

ECD4.2		Cardiopulmonary Arrest (Continued)							
	Skills	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
ECD4 2.2.3	As part of cardiopulmonary resuscitation (CPR) performs chest compressions in accordance with the Heart & Stroke Canada guidelines.	<input checked="" type="checkbox"/>		N	AB	C	P	E	BCCNM Duty to Provide Care
ECD4 2.2.4	Assists with the application of a mechanical chest compression system (e.g. LUCAS device).			N	AB	C	P	E	
ECD4 2.2.5	Assists with the application of adhesive defibrillator pads.	<input checked="" type="checkbox"/>		N	AB	C	P	E	
ECD4 2.2.6	Applies an automated external defibrillator (AED) to the patient in cardiopulmonary arrest. BCCNM Limit: LPNs can only use AEDs after successfully completing a cardiopulmonary resuscitation (CPR) course for health professionals that includes the use of AEDs.	<input checked="" type="checkbox"/>		N	AB	C	P	E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #13
ECD4 2.2.7	As part of BLS, provides rescue breathing via bag-valve mask ventilations.	<input checked="" type="checkbox"/>		N	AB	C	P	E	BCCNM Duty to Provide Care Elsevier: Ventilation: Bag Mask
ECD4 2.2.8	Following a Decision Support Tool , administers oxygen therapy without an order .	<input checked="" type="checkbox"/>		N	AB	C	P	E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #9
ECD4 2.2.9	Obtains a point of care (POC) blood glucose.			N	AB	C	P	E	
ECD4 2.2.10	Prioritizes initiation of peripheral intravenous (PIV) devices in adult patients. BCCNM Limit: LPNs can only initiate short peripheral devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N	AB	C	P	E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 2.2.11	Prepares (primes) IV lines for team. BCCNM Limit: LPNs only administer parenteral solutions to patients with stable or predictable states of health.			N	AB	C	P	E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12

ECD4.2 Cardiopulmonary Arrest (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 2.2.12	Prepares (primes) fluid warming and/or rapid delivery system (i.e. Belmont, Level 1, or Ranger) for team. BCCNM Limit: LPNs only administer parenteral solutions to patients with stable or predictable states of health.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 2.2.13	Demonstrates effective team communication skills during cardiopulmonary arrest situation, practising closed-loop principles.			N AB C P E	
ECD4 2.2.14	Provides psychosocial support to patient's family and facilitates their presence during and after cardiopulmonary arrest event.			N AB C P E	
ECD4 2.2.15	Fosters a positive and collaborative work environment by providing emotional support to fellow team members, particularly when medical outcomes are not as expected, contributing to overall team morale and resilience.			N AB C P E	
ECD4 2.2.16	Assists team with post-cardiac arrest care.			N AB C P E	
ECD4 2.2.17	Prepares and applies temperature management devices (warming or cooling).			N AB C P E	
ECD4 2.2.18	Cares for the deceased patient. (See also CCT3 - End-of-Life Care).			N AB C P E	Elsevier: Postmortem Care
ECD4 2.2.19	Contributes to team debriefings after incident to reflect on outcomes and improve practises.			N AB C P E	

ECD4.3 Emergency Restrictive Interventions					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 3.1.1	Identifies emergency situations where restrictive interventions such as 4, 5 or 7-point restraints or secure room use may be required to manage and support a patient with dysregulated behaviors. (See also CCT9 – Safety Management)			N AB C P E	
ECD4 3.1.2	Understands local HA/ED policies and procedures for activating an emergency response (i.e. Code White team) to a dysregulated violent or aggressive patient.			N AB C P E	
ECD4 3.1.3	Understands local HA/ED LPN role in responding to and assisting with management of a dysregulated violent or aggressive patient.			N AB C P E	
ECD4 3.1.4	Understands BC Ministry of Health and local HA/ED policies and procedures for use of secure rooms in emergency situations, including monitoring and care requirements. (See also ECD2.1 – Mental Health)			N AB C P E	BC Provincial Secure Room Safety Standards & Guidelines
ECD4 3.1.5	Recognizes only patients who have been assessed as medically stable (and require seclusion for their immediate safety or the safety of others) will be considered appropriate to be placed in a secure room in the ED.			N AB C P E	BC Provincial Secure Room Safety Standards & Guidelines
ECD4 3.1.6	Recognizes potential complications associated with restrictive interventions and identifies process to escalate care and Communicate concerns and any Red Flags .			N AB C P E	

ECD4.3 Emergency Restrictive Interventions (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 3.2.1	Collaborates with care team to implement restrictive interventions safely.			N AB C P E	
ECD4 3.2.2	Prepares and sets up for 4, 5 or 7-point restraints (e.g. attaches the restraints to the stretcher).			N AB C P E	
ECD4 3.2.3	Participates in a team approach, following Code White team direction (or similar safety processes), to apply 4, 5 or 7-point restraints to the patient.			N AB C P E	
ECD4 3.2.4	Prepares the secure room, ensuring it is free of hazards and set up with standard safety items (e.g. weighted blanket).			N AB C P E	
ECD4 3.2.5	Participates in a team approach, following Code White team direction (or similar safety processes), to place patient in a secure room.			N AB C P E	
ECD4 3.2.6	Assists team to perform secure room or restraint required monitoring and checks.			N AB C P E	BC Provincial Secure Room Safety Standards & Guidelines
ECD4 3.2.7	Escalates care and Communicates concerns relating to any identified Red Flags for patient receiving restrictive interventions.			N AB C P E	
ECD4 3.2.8	Assists with implementing Comfort Plan measures and ensures the patient's basic needs (e.g., hydration, toileting) are met while in a restrictive intervention.			N AB C P E	Sample Comfort Plan (gov.bc.ca)
ECD4 3.2.9	Contributes to team debriefings after incident to reflect on outcomes and improve practises.			N AB C P E	

ECD4.4 Opioid Toxicity, Overdose & Poisoning					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 4.1.1	Understands the differences between Opioid Toxicity, Poisoning and Overdose. (See also ECD2.2 – Substance Use)			N AB C P E	
ECD4 4.1.2	Identifies the Red Flags of opioid toxicity including (but not limited to): <ul style="list-style-type: none"> Unresponsiveness, Respiratory distress, or absence of breathing Airway compromise 			N AB C P E	
ECD4 4.1.3	Knows the steps to respond to a suspected opioid overdose, toxicity, or poisoning, including calling for emergency assistance, providing rescue breathing (or CPR if necessary), and administering naloxone.			N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #21 BCCDC – Naloxone Administration Training
ECD4 4.1.4	Identifies the different administration routes and dosages of naloxone.			N AB C P E	
ECD4 4.1.5	Understands the local HA/ED policies, procedures, and decision support tools (DST) for responding to an opioid overdose, toxicity, or poisoning.			N AB C P E	Opioid Use Disorder – BCCSU
ECD4 4.1.6	Identifies the protocols for distributing and dispensing take-home naloxone kits, including patient education on the use and importance of these kits			N AB C P E	
ECD4 4.1.7	Identifies poison-related resources in BC as well as indications and process for contacting BC Drug and Poison Information Centre (BC DPIC - Poison Control).			N AB C P E	BC Drug and Poison Information Centre (BC DPIC)

ECD4.4		Opioid Toxicity, Overdose & Poisoning (Continued)							
	Skills	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
ECD4 4.2.1	Makes a nursing diagnosis (Assessment) and treats acute opioid overdose, toxicity, or poisoning (Intervention).			N	AB	C	P	E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #21
ECD4 4.2.2	Effectively responds to a suspected opioid toxicity by promptly calling for emergency assistance (Code Blue) and initiating life-saving measures.			N	AB	C	P	E	BCCNM Duty to Provide Care
ECD4 4.2.3	Recognizes patients who are unable to maintain their own airway and implements the following basic airway skills: <ul style="list-style-type: none">Positions airway (chin lift/head tilt and/or jaw thrust).Suctions the oropharynx			N	AB	C	P	E	Elsevier: Airway Positioning
ECD4 4.2.4	As part of BLS, provides rescue breathing via bag-valve mask ventilations.	<input checked="" type="checkbox"/>		N	AB	C	P	E	BCCNM Duty to Provide Care
ECD4 4.2.5	Following a Decision Support Tool (DST) , administers oxygen therapy without an order .	<input checked="" type="checkbox"/>		N	AB	C	P	E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #9
ECD4 4.2.6	Administers Naloxone to treat opioid overdose without an order.			N	AB	C	P	E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #21
ECD4 4.2.7	Prioritizes initiation of peripheral intravenous (PIV) devices in adult patients. BCCNM Limit: LPNs can only initiate short peripheral devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N	AB	C	P	E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 4.2.8	Recognizes situations where poisoning (non-opioid related) is suspected or confirmed, and initiates contact with Poison Control Centre on behalf of care team.			N	AB	C	P	E	BC Drug and Poison Information Centre (BC DPIC)
ECD4 4.2.9	Ensures the patient is placed in an appropriate clinical area, capable of supporting their physiological needs and level of observation.			N	AB	C	P	E	

ECD4.5 Procedural Sedation					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 5.1.1	Understands indications for procedural sedation.			N AB C P E	
ECD4 5.1.2	Understands local HA/ED policies and procedures and specific documentation requirements for procedural sedation.			N AB C P E	
ECD4 5.1.3	Identifies risks and potential complications of procedural sedation, specifically respiratory depression.			N AB C P E	
ECD4 5.1.4	Understands LPN role in providing care and monitoring patients under procedural sedation. BCCNM Limit: LPNs work in a team nursing approach to provide care and monitor clients under procedural sedation. BCCNM Limit: LPNs do not administer nitrous oxide (NOS) or monitor patients taking NOS. BCCNM Limit: LPNs do not administer inhaled substances for the purposes of anesthesia or procedural sedation.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #7 & 8
ECD4 5.1.5	Identifies Red Flags of respiratory depression and airway compromise .			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Resources/Learning Activity/Support
ECD4 5.2.1	Within LPN scope of practice, provides care for and monitors patients undergoing procedural sedation. (See also ECD4 5.1.4)		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #7 & 8
ECD4 5.2.2	Applies vital sign monitoring equipment and prepares patient for procedural sedation.			N AB C P E	

ECD4.5 Procedural Sedation (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Resources/Learning Activity/Support
ECD4 5.2.3	Prioritizes initiation of peripheral intravenous (PIV) devices in adult patients. BCCNM Limit: LPNs can only initiate short peripheral devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 5.2.4	Recognizes patients who are unable to maintain their own airway and implements the following basic airway skills: <ul style="list-style-type: none"> Positions airway (chin lift/head tilt and/or jaw thrust). Suctions the oropharynx 			N AB C P E	Elsevier: Airway Positioning
ECD4 5.2.5	As part of BLS, provides rescue breathing via bag-valve mask ventilations.	<input checked="" type="checkbox"/>		N AB C P E	Elsevier: Ventilation: Bag Mask
ECD4 5.2.6	Following a Decision Support Tool , administers oxygen therapy without an order .	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #9
ECD4 5.2.7	Assists with post-procedural sedation care and monitoring.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #7 & 8

ECD4.6 Sepsis					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 6.1.1	Understands the pathophysiology of infection and sepsis.			N AB C P E	
ECD4 6.1.2	Identifies adult and pediatric emergency department sepsis guidelines and screening tools, and their application in the ED setting.			N AB C P E	BC Emergency Department Sepsis Guidelines Pediatric Sepsis CHBC
ECD4 6.1.3	<p>Identifies the Red Flags of sepsis including (but not limited to) suspected or confirmed infection plus Signs of Shock:</p> <p>Signs of Shock (Poor Perfusion):</p> <ul style="list-style-type: none"> Increasing heart rate/tachycardia PEWS score of 3 for heart rate (Pediatric Specific) Hypotension (late sign in pediatrics) Weak, thready or absent peripheral or central pulses Delayed capillary refill time Changes in skin colour (e.g. pallor, mottling, cyanosis) Cool Skin Decreased (or decreasing) Level of Consciousness Oliguria/Anuria Petechial or purpuric rash <p>Signs of warm (hyperdynamic) shock:</p> <ul style="list-style-type: none"> Warm, flushed skin with brisk capillary refill Bounding peripheral pulses 			N AB C P E	BC Emergency Department Sepsis Guidelines Pediatric Sepsis CHBC
ECD4 6.1.4	Anticipates and understands the significance of patient investigations (Diagnostics) such as blood cultures, lactate levels and white cell count within the context of sepsis.			N AB C P E	
ECD4 6.1.5	Understands the prioritization of IV antibiotics as an Intervention in sepsis.		<input checked="" type="checkbox"/>	N AB C P E	

ECD4.6 Sepsis (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 6.2.1	Assesses patients for sepsis following provincial guidelines using age-appropriate screening tool criteria.			N AB C P E	BC Emergency Department Sepsis Guidelines Pediatric Sepsis CHBC
ECD4 6.2.2	Identifies patients who meets sepsis criteria, escalates care, and Communicates concerns relating to findings and Red Flags .			N AB C P E	
ECD4 6.2.3	Prioritizes initiation of peripheral intravenous (PIV) devices in adult patients. BCCNM Limit: LPNs can only initiate short peripheral devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 6.2.4	Prepares (primes) IV lines for team. BCCNM Limit: LPNs only administer parenteral solutions to patients with stable or predictable states of health.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 6.2.5	Prioritizes phlebotomy to collect samples for blood cultures prior to administration of antibiotics following a DST . BCCNM Limit: LPNs only collect blood samples from patients 14 years and older. BCCNM Limit: LPNs must use a peripheral evacuated system to collect blood samples.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #4
ECD4 6.2.6	Assists team to maintain accurate fluid intake and output balances.			N AB C P E	

ECD4.7 Trauma (Major)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 7.1.1	Understands the fundamental pathophysiology of common major trauma presentations (i.e. blunt, penetrating, thermal, blast trauma).			N AB C P E	BC Provincial Trauma Nursing Competency Framework
ECD4 7.1.2	Identifies criteria for initiating local HA/ED Trauma Team Activation (TTA) and Massive Transfusion (Hemorrhage) Protocols.			N AB C P E	Trauma Team Activation Elsevier: Blood Product Administration: Massive Transfusion
ECD4 7.1.3	Recognizes signs of uncontrolled bleeding.			N AB C P E	
ECD4 7.1.4	Identifies methods to control bleeding.			N AB C P E	Stop the Bleed – Online Course
ECD4 7.1.5	Understands the BC Provincial Trauma Nursing Assessment Record (TNAR) (or electronic equivalent) documentation principles and applications for major trauma.			N AB C P E	TNAR Form TNAR Guide for Use
ECD4 7.1.6	Understands legal considerations for trauma presentations including preserving evidence (chain-of-custody) and mandatory reporting.			N AB C P E	Gunshot and Stab Wound Disclosure Act BC Provincial Trauma Nursing Competency Framework
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 7.2.1	Assists in caring for major trauma patients, considering the local ED pre-established LPN roles in critical situations and the need to adapt for unanticipated circumstances.			N AB C P E	
ECD4 7.2.2	Assists with Spinal Motion Restriction. (See also ECD1.9 - Musculoskeletal System Presentations)			N AB C P E	
ECD4 7.2.3	Assists team in controlling compressible hemorrhages. (See also ECD1.6 – Hematological System Presentations)			N AB C P E	Resources Poster Booklet Stop the Bleed Online Course Stop the Bleed Elsevier: Dressing: Pressure Bandage
ECD4 7.2.4	Assists team in the application of tourniquets to control limb bleeding.			N AB C P E	Elsevier: Tourniquet Application for Hemorrhage Control
ECD4 7.2.5	Assists team in the application of a pelvic binder.			N AB C P E	Elsevier: Splinting: Pelvic

ECD4.7 Trauma (Major) (Continued)					
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD4 7.2.6	Recognizes patients who are unable to maintain their own airway and implements the following basic airway skills: <ul style="list-style-type: none"> Positions airway using jaw thrust while maintaining cervical immobilization. Suctions the oropharynx 			N AB C P E	Elsevier: Airway Positioning
ECD4 7.2.7	As part of BLS, provides rescue breathing via bag-valve mask ventilations.	<input checked="" type="checkbox"/>		N AB C P E	Elsevier: Ventilation: Bag Mask
ECD4 7.2.8	Following a Decision Support Tool , administers oxygen therapy without an order .	<input checked="" type="checkbox"/>		N AB C P E	BCCNM LPN Practice Standards - Acting Within Autonomous Scope of Practice: #9
ECD4 7.2.9	Prepares (sets up) chest drainage system for team.			N AB C P E	
ECD4 7.2.10	Prioritizes initiation of peripheral intravenous (PIV) devices in adult patients. BCCNM Limit: LPNs can only initiate short peripheral devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 7.2.11	Prepares (primes) IV lines for team. BCCNM Limit: LPNs only administer parenteral solutions to patients with stable or predictable states of health.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 7.2.12	Prepares (primes) fluid warming system (e.g. Belmont, Level 1, Ranger) for team. BCCNM Limit: LPNs only administer parenteral solutions to patients with stable or predictable states of health.			N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #12
ECD4 7.2.13	Prepares and applies temperature management devices (warming or cooling) (e.g. Bair Hugger, Meditherm).			N AB C P E	
ECD4 7.2.14	Initiates continuous rectal temperature monitoring devices. BCCNM Limit: LPNs do not insert or advance scopes for rectal/bowel examinations.		<input checked="" type="checkbox"/>	N AB C P E	BCCNM LPN Practice Standards - Acting with Client-Specific Orders: #27
ECD4 7.2.15	Inserts urethral catheters (including three-way) in patients.		<input checked="" type="checkbox"/>	N AB C P E	
ECD4 7.2.16	Provides psychosocial support to patient's family and facilitates presence.			N AB C P E	

Emergency Care Domains (ECD)

ECD5 - Emergency Preparedness and Disaster Management

ECD5		Emergency Preparedness and Disaster Management							
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)					Local HA/ED Restrictions, Resources & Learning
ECD5 1.1.1	Understands mass casualty incidents and disasters as events that overwhelm ED, system capacity and resources.			N	AB	C	P	E	
ECD5 1.1.2	Identifies where to locate local HA/ED Emergency Code Manual and how to activate their emergency management team.			N	AB	C	P	E	
ECD5 1.1.3	Understands criteria for activation of mass casualty and disaster related emergency response codes including: <ul style="list-style-type: none">• Code Orange (Mass Casualty)• Code Green (Evacuation)• Code Grey (System Failure)• Code Black (Bomb Threat)• Code Red (Fire)• Code Silver (Active Attacker)			N	AB	C	P	E	Standardized Hospital Colour Codes - BC Ministry of Health
ECD5 1.1.4	Understands initial roles and responsibilities relating to local HA/ED emergency codes.			N	AB	C	P	E	
ECD5 1.1.5	Understands how to access major incident supplies and resources.			N	AB	C	P	E	
ECD5 1.1.6	Understands the common concepts of emergency response plans including Emergency Operations Centre (EOC), staff call-out procedures, and communication strategies.			N	AB	C	P	E	
ECD5 1.1.7	Recognizes that in the event of major incidents, patient care, care areas and prioritization methods for illness and injury may shift significantly from standard ED practices.			N	AB	C	P	E	
ECD5 1.1.8	Understands the role of Health Emergency Management BC (HEMBC) as a resource in emergency management.			N	AB	C	P	E	
ECD5 1.1.9	Understands the role of Health Emergency Management BC (HEMBC) and other emergency services (e.g. BCEHS, RCMP) as part of the major incident plan and emergency response.			N	AB	C	P	E	

ECD5 Emergency Preparedness and Disaster Management (Continued)					
	Knowledge	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD5 1.1.10	Understand the principles of a CBRN (chemical, biological, radiological, nuclear) incident and specific management of patients presenting to the ED during or after these events.			N AB C P E	BC CBRN Response Plan
ECD5 1.1.11	Understands the indications for biocontainment or patient decontamination following local HA/ED policies and procedures.			N AB C P E	
ECD5 1.1.12	Identifies safe work procedures for donning, doffing and equipment use relating to biocontainment and patient decontamination (DECON).			N AB C P E	
	Skills	Additional Education	With Order	Self-assessment (circle choice)	Local HA/ED Restrictions, Resources & Learning
ECD5 1.2.1	Identifies situations that may warrant major incident emergency response activation and Communicates concerns through appropriate channels.			N AB C P E	
ECD5 1.2.2	Assists team by undertaking specific assigned tasks for the duration of the emergency response incident, working within LPN scope of practice and personal competence.			N AB C P E	
ECD5 1.2.3	Escalates and Communicates concerns if asked to undertake tasks beyond personal competence.			N AB C P E	
ECD5 1.2.4	Undertakes major incident training as per local ED/HA requirements.			N AB C P E	
ECD5 1.2.5	Demonstrates ability to safely apply and remove personal protective equipment required in response to the specific incident.			N AB C P E	
ECD5 1.2.6	Identifies steps required in patient DECON and location of supplies required.			N AB C P E	
ECD5 1.2.7	Assists with patient DECON and biocontainment procedures.			N AB C P E	
ECD5 1.2.8	Contributes to team debriefings after incident to reflect on outcomes and improve practises.			N AB C P E	

Glossary

Anti-Racism

“Anti-racism is more than just “not being racist.” It involves taking action to create conditions of greater inclusion, equality, and justice. It is the practice of actively identifying, challenging, preventing, and eliminating racist ideologies, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism (Turpel-Lafond, 2020a). In the context of the standard, the anti-racism policies, programs, and practices are specific to First Nations, Métis, and Inuit peoples and communities.” ([HSO BC Cultural Safety and Humility Standard](#))

Cultural Humility

“A life-long process of self-reflection and self-critique to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience...Undertaking cultural humility ensures Indigenous peoples are partners in the choices that impact them throughout their care (FNHA, 2016a; Turpel-Lafond, 2020a).” ([HSO BC Cultural Safety and Humility Standard](#))

Cultural Safety

“An outcome of respectful engagement based on recognition of the power imbalances inherent in the health system, and the work to address these imbalances (FNHA, 2016a)...Culturally safe environment for Indigenous peoples is one that is physically, socially, emotionally, and spiritually safe without challenge, ignorance, or denial of an individual’s identity (Turpel-Lafond, 2020a). Practicing cultural safety requires having knowledge of the colonial, sociopolitical, and historical events that trigger the health disparities encountered by Indigenous peoples and perpetuate and maintain ongoing racism and unequal treatment (Allan & Smylie, 2015).” ([HSO BC Cultural Safety and Humility Standard](#))

High Mechanism of Injury

Defined by Canadian Triage Acuity Scale (CTAS) guidelines including criteria such as ejection from a vehicle, motor vehicle crash at highway speeds, penetrating injuries to head, neck, or torso, or falls of greater than three feet with injury to head or neck. (*CTAS Participant Manual, 2024*)

Local HA/ED policies and procedures

Used as standard language to encompass all health authority specific policies, procedures, processes, guidelines, and decision support tools.

Moderate Dehydration

Dry mucous membranes, tachycardia, plus or minus decreased skin turgor and decreased urine output. (*CTAS Participant Manual, 2024*)

Moderate Respiratory Distress

Increased work of breathing, speaking phrases or clipped sentences, significant or worsening stridor, but airway is protected. (*CTAS Participant Manual, 2024*)

Restrictive Interventions

Restrictive interventions are clinical practices that limit a person's freedom of movement, behavior, or access to their environment, and can include physical restraint, chemical restraint, environmental restraint, and seclusion. ([Restrictive interventions | health.vic.gov.au](#))

Severe Dehydration

Marked volume loss with classic signs of dehydration and signs and symptoms of shock. (*CTAS Participant Manual, 2024*)

Severe Respiratory Distress

Fatigue from excessive work of breathing, cyanosis, single word speech, unable to speak, upper airway obstruction, lethargic or confused, intubated, or requiring assisted breathing. (*CTAS Participant Manual, 2024*)