

Understanding Assessment Pathways for LPNs in the ED

TRIAGE ASSESSMENT

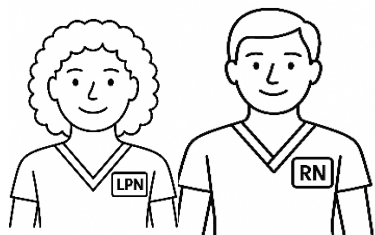


Completed by an **RN Trained in Triage**

- ABCD (Critical First Look), vital signs, brief history of presenting complaint, and targeted subjective and objective data gathered relating to the complaint
- CTAS process completed and criteria applied to assign acuity level to patient



STABLE OR PREDICTABLE?



- In a **Team Nursing Approach**, the RN (or RPN) and LPN collaborate to determine how care activities will be met between them
- If patient determined to be **stable or predictable**, then appropriate for **LPN Assessment**



PRIMARY ASSESSMENT



LPN completes a **Primary Assessment** on all patients:

- Brief ABCD evaluation, vital signs, and **Red Flags** considered



No Red Flags



Red Flags Identified

SECONDARY ASSESSMENT

LPN completes a **Secondary Assessment**

Either **Focused** or **Head-to-toe** based on presentation:



Focused Assessment: Choose when patient presenting with a localized or system-specific concern

Head-to-toe: Choose when concerned about unidentified complexity or changes in stability or predictability



Red Flags Identified?



LPN collaborates

with team members to assess and set priorities and determine if additional resources are needed to escalate care.

[BCCNM: Nursing in a Team Approach](#)

Want to know more?

Check out this video →

