

The LPN and the Point of Entry to Care

Point of Entry, is referred to by the SALPN, as the point in which a patient enters the health care system and has not yet accessed the services of a professional with the legislated ability to provide a diagnosis or prescribe treatment. (Physician, RN(NP))

LPNs may be employed in areas with point of entry access for patients. LPNs in areas such as these must be aware of specific guidelines and expectations to guide decision-making. Areas requiring point of entry nursing services may include, but are not limited to:

- A. Emergency Rooms (rural or urban)
- B. Health or outpost centers clinics
- C. Private facilities

Practicing in areas such as these requires that practitioners practice according to SALPN Regulatory Requirements. The SALPN Regulatory Bylaws provide the following:

20. All members shall ensure that they work within their educational preparation, level of competence and scope of practice and comply with the standards of practice set out in the *Standards of Practice for Licensed Practical Nurses* approved and adopted by Canadian regulatory agencies as of April 1, 2013.

21. All members shall conduct themselves in an honorable and ethical manner, upholding the values of truth, honesty, and trustworthiness, and shall observe the standards of conduct set out in the *Code of Ethics for Licensed Practical Nurses in Canada* approved and adopted by Canadian Regulatory Agencies as of April 1, 2013.

SALPN Expectations

- a. LPNs are accountable to ensure competence to provide services in point of entry areas. The LPN must obtain and maintain basic competencies and any additional competencies required of the area according to SALPN Practice Guideline: Additional Competencies.
- b. Advanced or specialized assessment knowledge, skills, and ability are fundamental and recommended for point of entry practise areas.
- c. LPNs are accountable to access an appropriate professional when an order is required to provide services or treatment. An LPN requires an order to administer all treatments, medications, or diagnostics.
- d. LPNs must be knowledgeable of policies and procedures as provided by the employer pertaining to situations when prescribing professionals are not available. I.e.: facility bypass, standing orders, some health centers
- e. The SALPN supports the LPN collaboratively participating in a “TRIAGE” process in Emergency centers, but does not support the LPN assuming a lead role or sole responsibility for the process. At the minimum the SALPN recommends the LPN obtain the primary assessment training used in the facility. I.e: CTAS (Canadian Triage Acuity Scale)

f. The LPN will support other professionals by working collaboratively to achieve quality patient outcomes.

Point of entry services are critical for quality patient outcomes. Point of entry areas require critical thinking and appropriate decision-making and can pose ethical dilemmas. The LPN must be prepared to be accountable for all decisions, actions, or inactions made in practice.

References

College of Licensed Practical Nurses of Nova Scotia. (2012) Practice Guideline: The role of the LPN in facilities with a CEC. Halifax.

Saskatchewan Association of Licensed Practical Nurses (2012) Practice guideline: Additional Competencies. Regina

Saskatchewan Association of Licensed Practical Nurses. (2012) Standards of Practice Code of Ethics 2012. Regina