**LVNs Performing Triage/Telephonic Nursing/Being On-Call**

**Can LVNs in any practice setting be "on-call" to deal with after-hours issues called in by patients, families, or facility staff? Can an LVN perform "triage" duties (either telephone triage such as for home health or on-site such as an Emergency Room)? Finally, can an RN be on "back-up on-call" in case the LVN has questions? Can the RN be the one ultimately responsible [with the LVN relaying his/her assessment (telephonic or actual assessment)] to the RN?**

Triage is commonly defined as the sorting of patients and prioritizing of care based on the degree of urgency and complexity of patient conditions. Telephone triage is the practice of performing a verbal interview and making a telephonic assessment with regard to the health status of the caller. As the caller may not accurately describe symptoms, and/or may not accurately perceive or communicate the urgency of the situation or condition prompting the call, nurses who perform these functions must have specific educational preparation, as the consequences of inadequate triage can be devastating.1

Though the BON does not regulate employers, and the [NPA](http://www.bne.state.tx.us/laws_and_rules_nursing_practice_act.asp) and [rules](http://www.bne.state.tx.us/laws_and_rules_rules_and_regulations.asp) are not prescriptive to specific practice settings, the Board believes on-call duties, telephonic nursing, and/or being on-call to handle urgent/emergent issues telephonically are all beyond the scope of practice for LVNs. Exceptions could be made to this general stance in settings where the LVN utilizes an established, standardized, and validated decision-tree process (most likely computerized) that guides the LVN through a specific pathway of questions leading to an end-point determination of recommended action for the caller. It is in settings where the LVN would be required to independently engage in assessment (either telephonically or face-to-face) for purposes of triaging a patient that are of concern to the Board.

The Board's concerns are based on the fact that LVNs are not educationally prepared to perform triage assessments, either telephonically or in the role of the health care professional initially assessing a client to determine treatment priorities in any setting. A board document titled "Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs"\* states in part that "LVN nursing programs in Texas prepare entry-level bedside nurses to care for acutely and chronically *ill patients with predictable health outcomes in structured healthcare delivery settings*." This document further describes that LVNs are educated in basic head-to-toe assessment using the senses of sight, smell, touch, and hearing. In either telephonic or face-to-face triage, the LVN is likely to be dealing with a situation where the client's condition is not predictable.

In alignment with the educational preparation for vocational nursing, Rule [217.11](http://www.bne.state.tx.us/rr_current/217-11.asp), Standards of Nursing Practice, establishes that LVNs "...collect data and perform **focused** nursing assessments of the health status of individuals"[217.11(2)(A)(I)]. NPA section [301.353](http://www.bne.state.tx.us/npa1.asp#353) and Rule [217.11](http://www.bne.state.tx.us/rr_current/217-11.asp)(2) further establishes that LVNs have a **directed scope of nursing practice under the supervision** of a registered nurse, advanced practice registered nurse, physician's assistant, physician, podiatrist, or dentist.

Placing an LVN in a position to perform duties requiring **comprehensive** (versus "focused") assessments of patients potentially experiencing unpredictable changes in health status, as well as making independent nursing judgments (such as would be required for either telephonic or on-site initial triage) may place the LVN in a position that violates the BON's Standards of Nursing Practice.

Both the Interpretive Guideline for LVN Scope of Practice Under Rule [217.11](http://www.bne.state.tx.us/rr_current/217-11.asp) and *Position Statement* [*15.10*](http://www.bne.state.tx.us/practice_bon_position_statements_content.asp#15.10) *Continuing Education: Limitations for Expanding Scope of Practice*, further clarify that while LVNs may expand their practice with post-licensure continuing nursing education, this does not permit the LVN to expand his/her practice to a level that requires RN education, training, and licensure (such as comprehensive assessment). This relates to Rule [217.11](http://www.bne.state.tx.us/rr_current/217-11.asp)(1)(B) which holds each nurse accountable to maintain client safety. This standard supersedes any doctor's order or facility policy, thus the nurse cannot avoid his/her "duty" to maintain client safety by placing responsibility for nursing actions on another party. *Position Statement* [*15.14*](http://www.bne.state.tx.us/practice_bon_position_statements_content.asp#15.14)*, Duty of a Nurse in Any Practice Setting*, further clarifies the nurse's duty, regardless of the type of nursing license held.

It remains the opinion of the board (consistent with the opinion of the former Board of Vocational Nurse Examiners) that on-site triage and/or telephone triage (by an "on-call" LVN) that requires the LVN to perform a comprehensive assessment and make independent treatment decisions on the basis of information supplied by the client is beyond the scope of practice for an LVN. Triage is not taught in one-year vocational nurse education programs. The LVN has not received education in the complex and finite details of comprehensive assessment as provided in a professional registered nurse education program that would include the knowledge base necessary for on-site and telephone triage.

It is not acceptable to have either an RN or advanced practice registered nurse (APRN) on "back-up call" to an LVN who is also responding only telephonically to clients in need. As the LVN's formal education does not prepare the LVN to perform telephonic assessments, the LVN may not be able to determine what information is essential to obtain and then relay to an RN or APRN. In addition, if a client situation is emergent, even if the RN or APRN subsequently call the client back, the delay in securing emergent treatment may result in serious harm or patient death

**LVNs On-Call/Telephone Triage in Independent Living Environments**

LVNs and RNs have been disciplined in the past for not making prudent judgments with regard to taking appropriate and timely action to safeguard patients in an independent living environment. Regardless of job experience, an LVN does not have educational background equivalent to that of the RN, and is not educated or trained to analyze and synthesize symptoms or otherwise conduct a comprehensive assessment telephonically with a client. Additionally, if emergent action is needed and the LVN is unable to discern this need due to limited assessment abilities, assistance that may be necessary to save the client's life could be delayed.

The RN cannot under any circumstances assume "ultimate responsibility." RNs do not delegate to other licensed nurses (LVNs or RNs); RNs "make assignments" to other licensed nurses. Each nurse (LVN or RN) is responsible for making and/or accepting of assignments that are within the knowledge, skills, and abilities of the nurse performing the task [[217.11](http://www.bne.state.tx.us/rr_current/217-11.asp)(1)(S) and (T)].

Board of Nursing FAQ