American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

POLICY STATEMENT

Emergency Department Triage

Approved January 2025

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Originally approved September 2003 titled "Triage Scale Standardization"

A joint policy statement of the American College of Emergency Physicians and the Emergency Nurses Association

Triage is a rapid evaluation process of patient acuity for the purpose of establishing the order and/or location in which the patient should be seen. Optimal patient care occurs when the length of time between the patient's presentation and treatment is minimized. The American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA) believe that patient care benefits from implementing a standardized emergency department (ED) triage scale and acuity categorization process to prioritize clinical assessment. Based on expert consensus of currently available evidence, ACEP and ENA support the adoption of a scientifically validated triage scale, such as the Emergency Severity Index (ESI),[1] as well as continued research and investigation to further refine patient acuity assignments. While triage is primarily a nurse-led process, the responsibilities may also be performed by other licensed healthcare professionals in the ED, provided they receive appropriate training on the standardized triage scale. Delays in patient care should not occur due to the triage process.

Although screening for a variety of important conditions can provide important information about the care some patients may require, the routine inclusion of general screening questions in the initial triage process creates a preventable delay in caring for patients.[2] Screening information may be best obtained after the initial prioritization process is complete and should not delay timely access to the medical screening exam and stabilizing treatment.[3] ACEP and ENA support initial triage processes that limit the focus and content of questions to information pertinent to the patient's condition to determine the priority in which patients should be seen.

References

1. Wuerz RC, Milne LW, Eitel DR, et al. Reliability and validity of a new five-level triage instrument. *Acad Emerg Med*. 2000 Mar;7(3):236-42. doi:10.1111/j.1553-2712.2000.tb01066.x. PMID: 10730830.
2. Betz ME, Kautzman M, Segal DL, et al. Frequency of lethal means assessment among emergency department patients with a positive suicide risk screen. *Psychiatry Res*. 2018 Feb;260:30–35. https://doi.org/10.1016/j.psychres.2017.11.038
3. Wolf L, Delao A, Clark P, et al. The effect of mandatory triage questions on triage processes: a qualitative exploratory study. *J Emerg Nurs.* 2024:50(1): 84-94. https://doi.org/10.1016/j.jen.2023.06.011