

Five-Level Triage:

A Report from the ACEP/ENA Five-Level Triage Task Force

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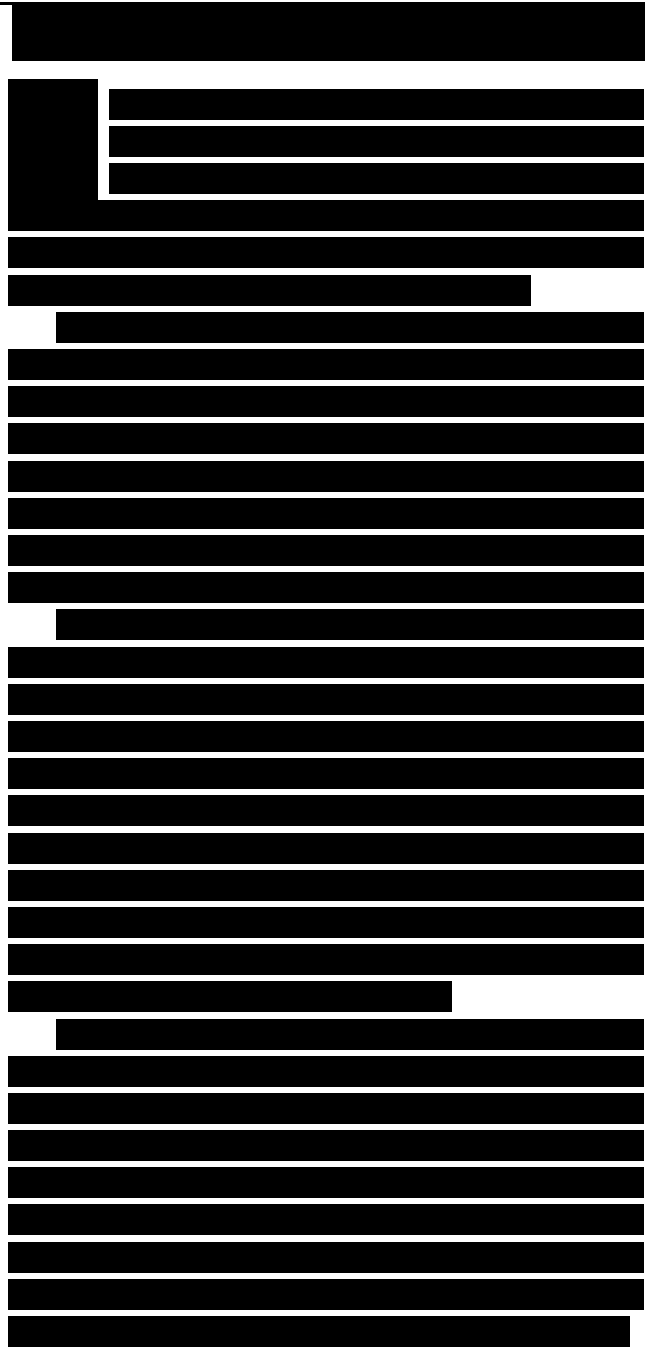
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quality of patient care would benefit from implementing a standardized emergency department (ED) triage scale and acuity categorization process. Based on expert consensus of currently available evidence, ACEP and ENA support the adoption of a reliable, valid five-level triage scale." The policy was approved by both organizations in the fall of 2003. The approval of this policy sends a clear message and lends strong support to emergency departments now contemplating implementation of a 5-level triage system. Use of a valid and reliable 5-level triage system will help manage emergency departments and assist in the understanding of daily operations and acuity case mix. In the era of ED overcrowding, lower level triage systems are no longer sufficient; they do not provide sufficient discriminatory ability to identify acuity in a high volume, overcrowded emergency department. Furthermore, based on the published evidence on 5-level triage systems at this time, the Committee believes that either the CTAS or the ESI are good options for emergency departments choosing a particular 5-level triage system. The task force continues to encourage further research of 5-level triage systems and recommends an in-depth, evidence-based review of all current 5-level triage systems, as well as those under development.

REFERENCES

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