



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2024

Emergency Department Triage

Revised June 2024,
June 2023 with current
title, January 2017,
October 2010

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 by an emergency physician, physician assistant (PA), or nurse practitioner (NP). 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 by an emergency physician, physician assistant (PA), or nurse practitioner (NP). 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), as well as continued research and investigation to further refine patient acuity assignments. While triage is primarily a nursing led process the triage responsibilities may also be performed by other licensed professionals in the ED, including emergency physicians, PAs, and NPs, when given 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. 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. 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 by an emergency physician, PA, or NP.