### Issue

Triage is a unique and complex aspect of emergency nursing. Patients arriving to the Emergency Department need rapid assessment to prioritize their level of urgency. Treatments initiated at Triage can improve patient outcomes and satisfaction. Advanced and specialized skills are required to perform this function competently and independently.

### NENA Position

NENA believes that triage is a sorting process that utilizes critical thinking and a standardized set of guidelines, in which an experienced Registered Nurse assesses patients upon arrival to the Emergency Department. Triage requires rapid assessment of the patient’s presenting complaint, assigning an acuity level and directing the patient to appropriate location and resources. Patient conditions can change; the Triage Nurse ensures reassessment of the patient.

Triage data collection also contributes information that helps to define departmental acuities, operational plans, and define Emergency Department roles within the institution and health care region.

“General nursing education does not adequately prepare the Emergency Nurse for the complexities of the triage nurse role” (ENA, 2011). NENA believes a Registered Nurse must have additional education and experience to triage.

The triage nurse must have:

- well-developed personal traits
- cognitive characteristics
- behavioural characteristics
- expert assessment
- critical thinking
- clinical judgement
- prioritization skills

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The triage nurse must complete the Canadian Triage and Acuity Scale course, as well as meet the NENA Standards of Emergency Department Nursing Practice (Refer to NENA Policy Standards of Emergency Department Nursing Practice).

NENA believes that individual agencies must have a process to ensure ongoing competency and quality assurance/improvement.

Rationale

The process of triage is essential for safe and appropriate care of the emergency department patient.

References


Canadian Association of Emergency Physicians: Ottawa, Canada.


