



College of Emergency
Nurses New Zealand
Ngā Ringa Ringa Aroha NZNO



College of Emergency Nursing New Zealand (CENNZ^{NZNO}) Position Statement for Triage in the Emergency Department

Purpose

This position statement describes the role and scope of the triage nurse within emergency departments (EDs) and urgent-care settings.

Background

Triage of patients with undifferentiated illness or injury is an advanced skill, requiring an expert level of theoretical knowledge and a high degree of skill in practice.

The framework for triage is practiced within Aotearoa New Zealand and has been developed by the Australasian College for Emergency Medicine (ACEM). The practice of triage, however, is almost exclusively the domain of registered emergency and urgent-care nurses. These nurses must therefore achieve the level of locally and nationally consistent skills required to ensure the safety of patients waiting for definitive emergency care.

The Aotearoa New Zealand CENNZ Triage Course (2024) has been designed to prepare the proficient registered emergency and urgent-care nurse for the triage role. A competent triage nurse synthesises all areas of emergency nursing practice including expert assessment, skilled questioning, analysis of data, application of acquired knowledge and rigorous application of evidence-based principles.

Key Recommendations

It is the position of the College of Emergency Nurses New Zealand that:

- To work within a triage role, a nurse should have completed the CENNZ triage course, following 2 years of work experience within an ED or urgent-care setting.
 - *Nurses that do not meet this criteria will require a letter of support from their manager or clinical nurse educator and will be accepted at the discretion of the course director.*
 - *CENNZ recommends that Registered Nurses with experience and training in triage internationally attend the CENNZ triage course. This will support competence in the triage process and use of the Australasian Triage Scale in the context of Aotearoa New Zealand.*
- The emergency nurse should be CORE/ACLS trained, and this should be current within the last 2 years.
- The triage course should be fully funded by the nurse's place of work.
- The triage course offered by CENNZ is only for Registered Nurses working within EDs and urgent-care settings.
- Emergency departments should aim to provide a minimum of three full days of supernumerary orientation to triage, to gain the adequate skills and knowledge, following attendance on the triage course. Local adaptation, with the consideration of resources may be required.
- Nurses should follow local policy and systems regarding redirection.

See the CENNZ position statement for redirection.

- CENNZ does not support triaging away.
- CENNZ does not support triaging to the status or needs of the department, but to the needs of the patient only.
- Each individual needs to be aware of their own cultural bias, ensuring their practice remains culturally safe.
- Registered Nurses should avoid diagnostic wording in triage notes to avoid influencing clinical assessment and/or treatment.
- Patients are triaged prior to being clerked by administration support teams.
- The triage nurse is required to undertake timely primary triage assessments. A secondary assessment occurs once all patients have been triaged or have undergone a primary triage assessment.
- While the use of the Australasian Triage Scale (ATS) is used in most situations in the ED, exclusions for the use of ATS may apply in situations such as mass casualty or in disaster management. Hospitals need to ensure that emergency nurses have access and education to local guidelines for mass casualty/disaster management.
- The minimum standard at triage is that you ensure you take the patient's pulse manually. This ensures you are able to feel the warmth of skin and observe colour/perfusion of the patient.
- It is important for all emergency nurses to escalate patient care, despite the initial triage category provided. CENNZ does not recommend altering the initial triage category allocated but suggests escalating and expediting patient care as clinically indicated.
- For patients that choose not to wait and leave ED without being seen and therefore classed as 'Did Not Wait' (DNW), the triage nurse should encourage the patient to stay, and document any conversations that occurred.
 - Local areas need to develop a standard protocol for the triage nurses initial conversation.
 - Conversations with these patients need to be with a trained and registered health professional.
 - Local areas to develop management strategies especially for Māori and Pasifika, and for vulnerable groups.

References

College of Emergency Nurses New Zealand. (2024). *NZ triage course pre-reading workbook*. New Zealand Nurses Organisation.

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