The Edmonton Triage Scale[[1]](#endnote-1)

This 6 level scale is based on 3 general domains loosely termed: ‘Risk’, ‘Personal Functioning’ & ‘Logistics’. The scale is intended to be used to assist in triaging patients when there is limited access to ECT. Descriptors are meant to assist the rater in assigning a level. Inclusion of descriptions from various domains at the same level of severity do not necessarily imply equivalence. Simultaneous factors at different levels in the same individual will raise AND lower their level on the scale. The scale is hierarchical, larger numbers indicate a greater priority for treatment. Begin by comparing highest levels to the patient and proceeding to lower levels. Persons are rated for each individual treatment or at least once a week.

**Level VI** - Constant observation. Active suicidal or homicidal behaviors/attempts.   
Catatonic or failing to maintain safe oral ﬂuid intake and output. Requires continuous or   
near continuous pharmacological restraint. A Postpartum mental health condition.

**Level V** - Suicidal Plan with intent to act in the near future. Limited but adequate oral   
ﬂuid intake. No passes in the last two weeks if an inpatient.  
Only day an outpatient can come in order to continue to work or only day their   
supervising adult is available. ECT is felt to be preventing an imminent inpatient   
admission in an outpatient as established by past experience with the patient.

**Level IV** - Close observation. Has accompanied passes of 4 hours or less. Constant   
thoughts of suicide. Command Hallucinations. Actively losing weight. Missed most   
recent treatment as on NPO list. Treatment allowing an outpatient to continue to work.   
This treatment will facilitate imminent discharge.

**Level III** - Daily thoughts of suicide. Parasuicidal behaviors. Has or has recently had   
accompanied day or evening passes. NPO for most recent treatment but able to have   
the treatment. Occasionally fails to maintain adequate personal hygiene. Multiple prior   
treatments have failed.

**Level II** - Infrequent thoughts of death or suicide. Has or has recently had accompanied   
weekend passes. Unemployed. Would disrupt the treatment course to go on another   
day.

**Level I** - No element of suicidality. An elective outpatient or an inpatient on General   
Observation. Has unaccompanied passes.

Note: One person’s higher level may not ensure treatment over a person with a lower level as other   
factors may be taken into consideration. The scale is not intended to be used for other purposes. Users are responsible for use of the scale and triage. ©copyright Dr. M. Demas

1. The ETS was developed for use during short term (i.e. weeks) shortages of ECT with adequate staffing and supplies and a rapid endpoint to the shortage was foreseeable.

   The ETS-PV is a modified version of the ETS for use in a pandemic situation. [↑](#endnote-ref-1)