**The Edmonton Triage Scale –Pandemic Version (ETS-PV)[[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 of ECT spots. 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, higher numbers indicate a greater priority for treatment. Persons are rated for each individual treatment or at least once a week. Begin by comparing highest levels to the patient and proceeding to lower levels.

**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. Manic or other Delirium. Treatment would allow imminent discharge or is preventing an imminent inpatient admission or ER visits in an outpatient as established by past experience with the patient in order to rapidly reduce pressure on acute care medical systems during the pandemic (including hospital inpatient and outpatient, EMS, police, & community mental health teams).

**Level V** - Suicidal Plan with intent to act in the near future. Limited but adequate oral ﬂuid intake. Only day a stable outpatient critical needs worker can come in order to continue to work or only day their supervising adult is available. Stable outpatient anticipated to deteriorate if ECT is delayed without previous experience with delays in treatment confirming the anticipated deterioration. In a group home or other non-acute care setting who would eventually be in acute care but for ECT. Treatment is preventing an ER visit, in person acute care setting outpatient visit, or similar.

**Level IV** - Close observation. Constant thoughts of suicide. Command Hallucinations. Actively losing weight. Missed most recent treatment. This treatment will facilitate imminent discharge. In non-pandemic situation would have short (no >4 hours) accompanied passes. Stable Outpatient with past hospitalizations for their condition.

**Level III** - Daily thoughts of suicide. Parasuicidal behaviors. Occasionally fails to maintain adequate personal hygiene. Multiple prior treatments have failed. Outpatient with no prior psychiatric or related hospitalizations who is anticipated to need acute care or related services without ECT.

**Level II** - Infrequent thoughts of death or suicide. Improving and in non-pandemic situation would have trials of passes outside of the hospital. Has adequate non-acute care related supports – expected not to need acute care services if does not have ECT. Would significantly disrupt the treatment course to go on another day.

**Level I** - No element of suicidality. An elective outpatient or an inpatient on General Observation. In a non-pandemic situation would have unaccompanied passes.

**Note:** Clinical judgement must also be utilized. 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. The ETS-PV acknowledges that all persons will have less than ideal treatments during a pandemic and that this will increase personal suffering. The purpose of the ETS-PV is to reduce overall and future anticipated pressures on acute care health and ancillary systems and reduce risk. [↑](#endnote-ref-1)