

The Canadian Triage and Acuity Scale (CTAS) is the most predominantly accepted method for grouping patients according to the severity of their condition. This is the method that is used by the Ministry of Health and Long-Term Care in Ontario hospitals and ambulance services.

CTAS I: severely ill, requires resuscitation

CTAS II: requires emergent care and rapid medical intervention

CTAS III: requires urgent care

CTAS IV: requires less-urgent care

CTAS V: requires non-urgent care

(See figure 1 for further details.)

Figure 1

The Canadian Triage and Acuity Scale (CTAS) group patients according to the severity of their condition.

- CTAS I: requires resuscitation and includes conditions that are threats to life or imminent risk of deterioration, requiring immediate aggressive interventions (for example cardiac arrest, major trauma or shock states).
- CTAS II: requires emergent care and includes conditions that are a potential threat to life or limb function, requiring rapid medical intervention or delegated acts (for example head injury, chest pain or internal bleeding).
- CTAS III: requires urgent care and includes conditions that could potentially progress to a serious problem requiring emergency intervention, such as mild to moderate asthma, moderate trauma or vomiting and diarrhea in patients younger than 2 years.
- CTAS IV: requires less-urgent care and includes conditions related to patient age, distress or potential for deterioration or complications that would benefit from intervention, such as urinary symptoms, mild abdominal pain or earache.
- CTAS V: requires non-urgent care and includes conditions in which investigations or interventions could be delayed or referred to other areas of the hospital or health care system, such as sore throat, conditions related to chronic problems or psychiatric complaints with no suicidal ideation or attempts.