



## Green Zone Visits as a Possible Blind Spot in Triage Triyajda Potansiyel Bir K r Nokta Olarak Yeşil Alan Bařvuruları

 Sibel G çl  Utlu<sup>1</sup>

<sup>1</sup> Erzurum City Hospital, Department of Emergency Medicine, Erzurum, T rkiye

We wrote this letter, entitled “Green Zone Visits as a Potential Blind Spot in Triage,” to draw attention to an issue frequently encountered in routine emergency department (ED) practice that is often oversimplified. In the current literature, green zone visits are commonly framed as “unnecessary visits,” “inappropriate use of emergency services,” or “patient volumes that displace truly urgent cases” (1).

Consequently, they are predominantly portrayed as an additional burden on emergency care delivery. However, this perspective remains insufficient to fully explain the clinical and system-related dynamics underlying green zone presentations.

Triage systems are indispensable tools for prioritizing limited resources in emergency settings (2). Nevertheless, a low-acuity triage category does not invariably correspond to low clinical risk. Patients in the early stages of disease, those presenting with atypical symptoms, or individuals with social vulnerability may be appropriately assigned to the green zone, while still requiring careful clinical attention. From this standpoint, the green zone should not be regarded solely as a repository of non-urgent cases but also as a potential area where the blind spots of triage systems may become apparent.

To reduce potential blind spots in the green zone, periodic re-evaluation of patients, the use of clinical decision support tools, increased awareness of atypical presentations, strengthened coordination with primary care, and efforts to improve health literacy may help place green zone visits on a more rational and balanced footing, in terms of both their quality and volume. Moreover, the increasing volume of green zone visits is often attributed primarily

to individual patient preferences. This interpretation overlooks broader system-level determinants such as access to primary care, appointment systems, healthcare availability outside working hours, and levels of health literacy (3). Accordingly, green zone visits may also be viewed as an indirect yet meaningful indicator of how the healthcare system functions outside the emergency department.

In this letter, we argue that green zone visits should not be viewed merely as a burden to be reduced but rather as a signal warranting a re-evaluation of triage practices and organization of the healthcare system. Such a perspective may facilitate a more balanced and comprehensive understanding of emergency department utilization. We hope this discussion contributes to more nuanced, evidence-based considerations of triage processes and health service planning in emergency medicine practice.

### REFERENCES

1. Uscher-Pines L, Pines J, Kellermann A, Gillen E, Mehrotra A. Emergency department visits for nonurgent conditions: systematic literature review. *Am J Manag Care*. 2013;19(1):47-59.
2. Gilboy N, Tanabe P, Travers, D, Rosenau AM. Emergency Severity Index (ESI): A triage tool for emergency department care 4th Version 4. AHRQ Publication; 2020.
3. Carret ML, Fassa AC, Domingues MR. Inappropriate use of emergency services: A systematic review of prevalence and associated factors. *Cad Saude Publica*. 2009;25(1):7-28.

**Corresponding Author:** Sibel G çl  Utlu, Erzurum City Hospital, Department of Emergency Medicine, Erzurum, T rkiye **Email:** sblgcl25@gmail.com  
**Cite this article as:** G çl  Utlu S. Green Zone Visits as a Possible Blind Spot in Triage. *JAMER* 2026;11(1):22.

**Geliř Tarihi:** 07.01.2026  
**Kabul Tarihi:** 28.03.2026  
**Online Yayın :** 30.04.2026