



HICS 254 – DISASTER VICTIM / PATIENT TRACKING

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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3. Area (Triage or Specific Treatment Area)

FIELD TAG NUMBER	MEDICAL RECORD NUMBER	NAME (LAST NAME, FIRST NAME)	SEX (M/F)	DOB / AGE	TRIAGE CATEGORY IMMEDIATE DELAYED MINOR EXPECTANT EXPIRED	LOCATION / TIME OF PROCEDURES (CT, X-RAY, ETC.)	DISPOSITION / TIME (D) DISCHARGE (A) ADMIT (S) SURGERY (T) TRANSFER (M) MORGUE

4. Prepared by	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



Purpose: Records the triage, treatment, and location of victims/patients
Origination: Patient Tracking Manager or team
Copies to: Situation Unit Leader, Patient Registration Unit Leader, Planning Section Patient Tracking Manager, Medical Care Branch Director, and Documentation Unit Leader