



HICS 255 - MASTER PATIENT EVACUATION TRACKING

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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3. Patient Evacuation Information							
PATIENT NAME		Medical Record #	Evacuation Triage Category <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR			Mode of Transport <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
	Disposition <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	Accepting Hospital or Location				Time hospital contacted & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Medication Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Family Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	Arrival Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	Admit Location <input type="checkbox"/> FLOOR <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> MORGUE	Expired (time)	
PATIENT NAME		Medical Record #	Evacuation Triage Category <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR			Mode of Transport <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
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4. Prepared by	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



Purpose: Record information concerning patient disposition during an evacuation
Origination: Situation Unit Leader or designee (Patient Tracking Manager)
Copies to: Planning Section Chief, Documentation Unit Leader