

HICS 254 - DISASTER VICTIM/PATIENT TRACKING FORM								
1. INCIDENT NAME			2. DATE/TIME PREPARED			3. OPERATIONAL PERIOD DATE/TIME		
4. TRIAGE AREAS (Immediate, Delayed, Expectant, Minor, Morgue)								
MR#/ Triage #	Name	Sex	DOB/ Age	Area Triaged to	Location/Time of Diagnostic Procedures (x-ray, angio, CT, etc.)	Time sent to Surgery	Disposition (home, admit, morgue, transfer)	Time of Disposition
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5. SUBMITTED BY				6. AREA ASSIGNED TO		7. DATE/TIME SUBMITTED		
8. FACILITY NAME								

HICS 254