HOSPITAL INCIDENT COMMAND SYSTEM

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

5. SUBMITTED BY	6. AREA ASSIGNED TO	7. DATE/TIME SUBMITTED

8. FACILITY NAME

Purpose: Account for victims of identified event seeking medical attention **Origination:** Situation Unit Leader
Copies to: Patient Registration Unit Leader and Medical Care Branch Director