

HICS 255 - MASTER PATIENT EVACUATION TRACKING FORM					
1. INCIDENT NAME			2. DATE/TIME PREPARED	3. PATIENT TRACKING MANAGER	
4. PATIENT EVACUATION INFORMATION					
Patient Name	Medical Record #	Disposition	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent ☐ Yes☐ No	Medication Sent ☐ Yes ☐ No	t Family Notified Arrival Confirme ☐ Yes ☐ No ☐ Yes ☐ No	ed Admit Location □Floor□ICU□ER	Expired (time)
Patient Name	Medical Record #	Disposition ———— Home or Transfer	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent ☐ Yes ☐ No	Medication Sent ☐ Yes ☐ No	t Family Notified Arrival Confirme ☐ Yes ☐ No ☐ Yes ☐ No	ed Admit Location □Floor□ICU□ER	Expired (time)
Patient Name	Medical Record #	Disposition	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent ☐ Yes ☐ No	Medication Sent ☐ Yes ☐ No	t Family Notified Arrival Confirme ☐ Yes ☐ No ☐ Yes ☐ No	ed Admit Location □Floor□ICU□ER	Expired (time)
Patient Name	Medical Record #	Disposition	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent ☐ Yes ☐ No	Medication Sent ☐ Yes ☐ No	t Family Notified Arrival Confirme ☐ Yes ☐ No ☐ Yes ☐ No	ed Admit Location □Floor□ICU□ER	Expired (time)
Patient Name	Medical Record #	Disposition	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent ☐ Yes ☐ No	Medication Sent ☐ Yes ☐ No	t Family Notified Arrival Confirme ☐ Yes ☐ No ☐ Yes ☐ No	ed Admit Location □Floor□ICU□ER	Expired (time)
Patient Name	Medical Record #	Disposition	Evacuation Triage Category Immed Delayed Minor Expired	Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med Record Sent ☐ Yes ☐ No	Medication Sent ☐ Yes ☐ No	t Family Notified Arrival Confirme Yes No Yes No	ed Admit Location □Floor□ICU□ER	Expired (time)
			AREA ASSIGNED TO 7. DATE/TIME SUBMITTED		ME SUBMITTED
8.FACILITY NAME					

Purpose: Record information concerning patient disposition during a hospital/facility evacuation **Origination**: Patient Tracking Manager **Copies to:** Planning Section Chief and Documentation Unit Leader