

## HICS 255 - MASTER PATIENT EVACUATION TRACKING FORM

<b>1. INCIDENT NAME</b>	<b>2. DATE/TIME PREPARED</b>	<b>3. PATIENT TRACKING MANAGER</b>
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### 4. PATIENT EVACUATION INFORMATION

Patient Name	Medical Record #	Disposition <input type="checkbox"/> Home <input type="checkbox"/> Transfer	Evacuation Triage Category Immed Delayed Minor Expired <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med 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	Expired (time)
Patient Name	Medical Record #	Disposition <input type="checkbox"/> Home <input type="checkbox"/> Transfer	Evacuation Triage Category Immed Delayed Minor Expired <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Accepting Hospital	Time Hospital Contacted & Report given
Transfer Initiated (Time/Transport Co.)	Med 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	Expired (time)
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Patient Name	Medical Record #	Disposition <input type="checkbox"/> Home <input type="checkbox"/> Transfer	Evacuation Triage Category Immed Delayed Minor Expired <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Accepting Hospital	Time Hospital Contacted & Report given
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<b>5. SUBMITTED BY</b>	<b>6. AREA ASSIGNED TO</b>	<b>7. DATE/TIME SUBMITTED</b>
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<b>8. FACILITY NAME</b>
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