|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Incident Name | | | | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **3. Patient Evacuation Information** | | | | | | | | | |
| **Patient Name** | | | **Medical Record #** | | **Evacuation Triage Category**  Immediate Delayed Minor | | | **Mode of Transport**  CCT ALS BLS Van Bus Car AIRCRAFT | |
|  | | **Disposition**  Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | | | | | **Time hospital contacted & report given** | |
| **Transfer Initiated** (Time/Transport Co./ #) | | **Medical Record Sent**  Yes No | **Medication Sent**  Yes No | | **Family Notified**  Yes No | | **Arrival Confirmed**  Yes No | **Admit Location**  Floor ICU ER morgue | **Expired** (time) |
| **Patient Name** | | | **Medical Record #** | | **Evacuation Triage Category**  Immediate Delayed Minor | | | **Mode of Transport**  CCT ALS BLS Van Bus Car aircraft | |
|  | | **Disposition**  Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | | | | | **Time hospital contacted & report given** | |
| **Transfer Initiated** (Time/Transport Co./ #) | | **Medical Record Sent**  Yes No | **Medication Sent**  Yes No | | **Family Notified**  Yes No | | **Arrival Confirmed**  Yes No | **Admit Location**  Floor ICU ER morgue | **Expired** (time) |
| **Patient Name** | | | **Medical Record #** | | **Evacuation Triage Category**  Immediate Delayed Minor | | | **Mode of Transport**  CCT ALS BLS Van Bus Car aircraft | |
|  | | **Disposition**  Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | | | | | **Time hospital contacted & report given** | |
| **Transfer Initiated** (Time/Transport Co./ #) | | **Medical Record Sent**  Yes No | **Medication Sent**  Yes No | | **Family Notified**  Yes No | | **Arrival Confirmed**  Yes No | **Admit Location**  Floor ICU ER morgue | **Expired** (time) |
| **Patient Name** | | | **Medical Record #** | | **Evacuation Triage Category**  Immediate Delayed Minor | | | **Mode of Transport**  CCT ALS BLS Van Bus Car aircraft | |
|  | | **Disposition**  Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | | | | | **Time hospital contacted & report given** | |
| **Transfer Initiated** (Time/Transport Co./ #) | | **Medical Record Sent**  Yes No | **Medication Sent**  Yes No | | **Family Notified**  Yes No | | **Arrival Confirmed**  Yes No | **Admit Location**  Floor ICU ER morgue | **Expired** (time) |
| **4. Prepared by** | PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Purpose:** The HICS 255 - Master Patient Evacuation Tracking form records the disposition of patients during a facility evacuation.

**ORIGINATION:** Completed by Planning Section Situation Unit Leader or designee (Patient Tracking Manager).

**copies to:** Distributed to the Planning Section Chief and the Documentation Unit Leader.

**Notes:** The form may be completed with information taken from each HICS 260 - Patient

Evacuation Tracking form. If additional pages are needed, use a blank HICS 255

and repaginate as needed.

|  |  |  |
| --- | --- | --- |
| NUMBER | TITLE | INSTRUCTIONS |
| **1** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Operational Period** | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| **3** | **Patient Evacuation Information** | |
| **Patient Name** | Enter the full name of the patient. |
| **Medical Record #** | Enter medical record number. |
| **Evacuation Triage Category** | Indicate the categories as defined by the facility (not necessarily the same as emergency department admitting triage system). |
| **Mode of Transport** | Indicate the mode of transport or write in if not indicated. |
| **Disposition** | Indicate the patient’s disposition. |
| **Accepting Hospital or Location** | Enter the accepting hospital or location (e.g., Alternate Care Site, holding site). |
| **Time hospital contacted & report given** | Enter time prepared (24-hour clock). |
| **Transfer Initiated** | Enter time, vehicle company, and identification number. |
| **Medical Record Sent** | Indicate yes or no. |
| **Medication Sent** | Indicate yes or no. |
| **Family Notified** | Indicate yes or no. |
| **Arrival Confirmed** | Indicate yes or no. |
| **Admit Location** | Indicate the applicable site. |
| **Expired** | Enter time (24-hour clock) of deceased if necessary. |
| **4** | **Prepared by** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |