

HICS 255 - MASTER PATIENT EVACUATION TRACKING FORM

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

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	Family Notified Yes No	Arrival Confirmed Yes No	Admit Location Floor ICU ER	Expired (time)
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5. SUBMITTED BY	6. AREA ASSIGNED TO	7. DATE/TIME SUBMITTED
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8. FACILITY NAME