

HICS 255 - MASTER PATIENT  1. INCIDENT NAME	LVACUATION	ACKING I OKI		DEDADED	2 DATIENT TO AC	VINC MANACED
I. INCIDENT NAME			2. DATE/TIME PREPARED		3. PATIENT TRACKING MANAGER	
4. PATIENT EVACUATION INFORM	IATION					
Patient Name	Medical Record#	Disposition	Evacuation T	riage Category	Accepting	Time Hospital
		2.0000		d Minor Expired	Hospital	Contacted & Repor
		Home or Transfer				given
Transfer Initiated (Time/Transport Co.)	Med Record Sent	Medication Sent	Family Notified	Arrival Confirmed	Admit Location	Expired (time)
	Yes No	Yes No	Yes No	Yes No	Floor ICU ER	
Patient Name	Medical Record#	Disposition		riage Category	Accepting	Time Hospital
		Home or Transfer	Immed Delaye	d Minor Expired	Hospital	Contacted & Repor given
Transfer Initiated (Time/Transport Co.)	Med Record Sent	Medication Sent	Family Notified	Arrival Confirmed	Admit Location	Expired (time)
	Yes No	Yes No	Yes No	Yes No	Floor ICU ER	1 ( /
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			Immed Delaye	d Minor Expired	Hospital	Contacted & Repor
		Home or Transfer				given
Transfer Initiated (Time/Transport Co.)  Patient Name	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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	Medical Record#	Disposition	Evacuation Triage Category Immed Delayed Minor Expired		Accepting Hospital	Time Hospital Contacted & Repor
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Transfer Initiated (Time/Transport Co.)	Med Record Sent	Medication Sent	Family Notified	Arrival Confirmed	Admit Location	Expired (time)
	Yes No	Yes No	Yes No	Yes No	Floor ICU ER	, ,
Patient Name	Medical Record#	Disposition	Immed Delayed Minor Expired		Accepting	Time Hospital
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		Home or Transfer				3
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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Patient Name	Medical Record#	Disposition	ion Evacuation Triage Category Immed Delayed Minor Expired		Accepting Hospital	Contacted & Repor
		Home or Transfer	mimod Bolayo	α πιποι Εχριίοα	rioopitai	given
Transfer Initiated (Time/Transport Co.)	Med Record Sent	Medication Sent	Family Notified	Arrival Confirmed	Admit Location	Expired (time)
	Yes No	Yes No	Yes No	Yes No	Floor ICU ER	
5. SUBMITTED BY			AREA ASSIGNED TO		7. DATE/TIME SUBMITTED	

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