



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	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition	Evacuation Triage Category	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition	Evacuation Triage Category	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition	Evacuation Triage Category	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition	Evacuation Triage Category	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition	Evacuation Triage Category	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition	Evacuation Triage Category	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition	Evacuation Triage Category	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition	Evacuation Triage Category	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
Patient Name	Medical Record#	Disposition	Evacuation Triage Category	Accepting Hospital	Time Hospital Contacted & Report given
		Home or Transfer	Immed Delayed Minor Expired		
Transfer Initiated (Time/Transport Co.)	Med Record Sent Yes No	Medication Sent Yes No	Family Notified Yes No	Admit Location Floor ICU ER	Expired (time)
5. SUBMITTED BY			7. DATE/TIME SUBMITTED		
8. FACILITY NAME					