

HICS 255 - MASTER PATIENT EVACUATION TRACKING

1. Incident Name St. Elsewhere Loss of Water		2. Operational Period (# 1) DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200										
3. Patient Evacuation Information												
PATIENT NAME		Medical Record #	Evacuation Triage Category		Mode of Transport							
		ABCDE	IMMEDIATE DELAYED MINOR		CCT ALS BLS VAN BUS CAR AIRCRAFT							
Jane Doe		Disposition DISCHARGE/ TRANSFER /MORGUE			Accepting Hospital or Location West Hospital							
				Time hospital contacted & report given 1000/1010								
Transfer Initiated (Time/Transport Co./ #) 1015/Best Ambulance/7		Medical Record Sent YES NO	Medication Sent YES NO	Family Notified YES NO	Arrival Confirmed YES NO	Admit Location FLOOR ICU ER MORGUE						
PATIENT NAME		Medical Record #	Evacuation Triage Category		Mode of Transport							
		FGHIJ	IMMEDIATE DELAYED MINOR		CCT ALS BLS VAN BUS CAR AIRCRAFT							
John Doe		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						
PATIENT NAME		Medical Record #	Evacuation Triage Category		Mode of Transport							
		KLMNO	IMMEDIATE DELAYED MINOR		CCT ALS BLS VAN BUS CAR AIRCRAFT							
Janis Doe		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						
PATIENT NAME		Medical Record #	Evacuation Triage Category		Mode of Transport							
		PQRST	IMMEDIATE DELAYED MINOR		CCT ALS BLS VAN BUS CAR AIRCRAFT							
Jimmy Doe		Disposition DISCHARGE/ TRANSFER /MORGUE			Accepting Hospital or Location East Hospital							
				Time hospital contacted & report given 0920/0935								
Transfer Initiated (Time/Transport Co./ #) 0945/Best Ambulance/3		Medical Record Sent YES NO	Medication Sent YES NO	Family Notified YES NO	Arrival Confirmed YES NO	Admit Location FLOOR ICU ER MORGUE						
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">4. Prepared by</td> <td style="width: 45%;">PRINT NAME: Amelia Earhart</td> <td style="width: 40%;">SIGNATURE: <i>Amelia Earhart</i></td> </tr> <tr> <td></td> <td>DATE/TIME: 19-DEC-2019</td> <td>FACILITY: St. Elsewhere Hospital</td> </tr> </table>							4. Prepared by	PRINT NAME: Amelia Earhart	SIGNATURE: <i>Amelia Earhart</i>		DATE/TIME: 19-DEC-2019	FACILITY: St. Elsewhere Hospital
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	DATE/TIME: 19-DEC-2019	FACILITY: St. Elsewhere Hospital										



Purpose: Record information concerning patient disposition during an evacuation
Origination: Situation Unit Leader or designee (Patient Tracking Manager)
Copies to: Planning Section Chief, Documentation Unit Leader

HICS 255 - MASTER PATIENT EVACUATION TRACKING

- 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.