



HICS 255 - MASTER PATIENT EVACUATION TRACKING

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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3. Patient Evacuation Information							
PATIENT NAME		Medical Record #	Evacuation Triage Category <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR			Mode of Transport <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
	Disposition <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	Accepting Hospital or Location				Time hospital contacted & report given	
Transfer Initiated (Time/Transport Co./ #)	Medical Record Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Medication Sent <input type="checkbox"/> YES <input type="checkbox"/> NO	Family Notified <input type="checkbox"/> YES <input type="checkbox"/> NO	Arrival Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	Admit Location <input type="checkbox"/> FLOOR <input type="checkbox"/> ICU <input type="checkbox"/> ER <input type="checkbox"/> MORGUE	Expired (time)	
PATIENT NAME		Medical Record #	Evacuation Triage Category <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> DELAYED <input type="checkbox"/> MINOR			Mode of Transport <input type="checkbox"/> CCT <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> CAR <input type="checkbox"/> AIRCRAFT	
	Disposition <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> MORGUE	Accepting Hospital or Location				Time hospital contacted & report given	
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4. Prepared by	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



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.