

Final 12-20-2021

- PURPOSE:** The HICS 260 - Patient Evacuation/Transfer Tracking Form documents details and account for patients evacuated/transferred to another facility.
- ORIGINATION:** Completed by the Operations Section as appropriate: the Inpatient Unit Leader, the Outpatient Unit Leader, or the Casualty Care Unit Leader, depending on where the identified patient is located.
- COPIES TO:** The original is kept with the patient through actual evacuation/transfer. Copies are distributed to the Patient Tracking Manager, the Medical Care Branch Director, the evacuating/sending clinical location, and the Documentation Unit Leader.
- NOTES:** The information on this form may be used to complete HICS 255, Master Patient Evacuation Tracking Form. Additions or deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Date	Enter the date of the evacuation/transfer.
2	From	Enter the Hospital and Unit the patient is leaving from.
3	Patient Name	Enter the patient's full name.
4	Medical Record Number	Enter the patient's medical record number.
5	DOB/Age/Weight	Enter the patient's date of birth (DOB), Age, Weight
6	Diagnosis	Enter the primary diagnosis/diagnoses.
7	Family/Friend Notified	Enter the name, relationship/ and contact information of the family/friend notified.
8	Mode of Transport	Identify mode of transportation used.
9	Accompanying Equipment	Check appropriate boxes for any equipment being transferred with the patient.
10	Triage Category	Indicates Level of Transport needed.
11	Isolation	Indicate if isolation is required, the type, and the reason.
12	Evacuating/Transferring Clinical Location	Fill in information and check boxes to indicate Sending Physician and contact number, room #, time, ID Band confirmed by; and what was sent with the patient (medical records, belongings, valuables, medications). Attach Medication List if available.
13	Arriving Location	Fill in information and check boxes to indicate Receiving Physician and contact number, room #, time, and ID band confirmed by; and whether materials sent with patient were received.
	PEDS/INFANTS	Document Appropriate BVM with Tubing and Bulb Syringe and any other specialty equipment sent/received

14	Transferring to another Facility/ Destination (name)	Document destination, name, address, point of contact, phone number, arrival time in the staging area, time loading completed, type of transportation used, name of agency, ID band confirmed departure time, transfer center and contact number, sending hospital confirmation sent: yes/no.
16	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.
	Sending Facility Patient Label or Bar Code	Attach patient's current facility patient label if available or Tracking Bar Code if available