



HICS 260 – PATIENT EVACUATION TRACKING FORM

PURPOSE: DOCUMENT DETAILS AND ACCOUNT FOR PATIENTS TRANSFERRED TO ANOTHER FACILITY.

ORIGINATION: INPATIENT UNIT LEADER, OUTPATIENT UNIT LEADER, AND/OR CASUALTY CARE UNIT LEADER.

ORIGINAL TO: PATIENT.

COPIES TO: PATIENT TRACKING MANAGER, MEDICAL CARE BRANCH DIRECTOR, AND EVACUATING CLINICAL LOCATION.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **DATE** Enter today's date. Use the international standard date notation **YYYY-MM-DD**, where YYYY is the year, MM is the month of the year between 01 (January) and 12 (December), and DD is the day of the month between 01 and 31. For example, the fourteenth day of February in the year 2006 is written as **2006-02-14**.
2. **UNIT** Enter the name of the Unit preparing this form.
3. **PATIENT NAME** Enter patient's full name.
4. **AGE** Enter patient's age.
5. **MR#** Enter patient's medical record number.
6. **DIAGNOSIS(-ES)** Briefly list any diagnosis.
7. **ADMITTING PHYSICIAN** Use proper name to identify admitting physician.
8. **FAMILY NOTIFIED** Indicate whether the patient's family has been notified of the evacuation, and note contact information.
9. **ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY)** Check boxes that correspond with equipment that is taken with patient. Also indicate whether patient requires isolation, the isolation type, and reason for isolation.
10. **EVACUATING CLINICAL LOCATION** Record room number from which patient is being evacuated and time of evacuation. [For time, use the international standard notation **hh:mm**, where hh is the number of complete hours that have passed since midnight (00-24), and mm is the number of complete minutes that have passed since the start of the hour (00-59). For example, 5:04 PM is written as **17:04**. Use local time.] Indicate whether the patient identification band was confirmed and by whom. Indicate whether patient medical record and addressograph were sent. Indicate disposition of belongings, valuables, and medications. For pediatric patients, indicate whether a bag/mask with tubing and a bulb syringe were sent.
11. **ARRIVING LOCATION** Record room number assigned to patient and time of arrival. Indicate whether the patient identification band was confirmed and by whom. Indicate whether patient medical record, addressograph, belongings, valuables, and medications were received. For pediatric patients, indicate whether a bag/mask with tubing and a bulb syringe were received.
12. **TRANSFERRING TO ANOTHER FACILITY** Indicate time patient arrived at staging area and scheduled departure time to receiving facility. Identify destination and mode of transportation. Indicate whether patient identification band was confirmed by the transportation provider representative and by whom. Record actual departure time.
13. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: As patients are identified for evacuation.

HELPFUL TIPS: Information on this form may be used to complete HICS 255, Master Patient Evacuation Tracking Form. This form is suitable for duplication using carbonless copy paper.