HICS 254 – DISASTER VICTIM/PATIENT TRACKING FORM

PURPOSE: ACCOUNT FOR VICTIMS OF IDENTIFIED EVENT SEEKING MEDICAL ATTENTION.

ORIGINATION: PATIENT TRACKING MANAGER.

ORIGINAL TO: SITUATION UNIT LEADER.

COPIES TO: PATIENT REGISTRATION UNIT LEADER AND MEDICAL CARE BRANCH DIRECTOR.

INSTRUCTIONS:

Print legibly, and enter complete information.

1. **INCIDENT NAME** If the incident is internal to the hospital, the name may be given by the hospital's Incident Commander. If the incident affects the larger community, the name may be given by a local authority (e.g., fire department, local EOC, etc.).
2. **DATE/TIME PREPARED** 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**. 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.
3. **OPERATIONAL PERIOD DATE/TIME** Identify the operational period during which this information applies. This is the time period established by the hospital's Incident Commander, during which current objectives are to be accomplished and at the end of which they are evaluated. For example, a 12-hour operational period might be 2006-08-16 18:00 to 2006-08-17 06:00.
4. **TRIAGE AREAS (IMMEDIATE, DELAYED, EXPECTANT, MINOR, MORGUE)** For each patient, record as much identifying information as available: medical record number, triage tag number, name, sex, date of birth, and age. Identify area to which patient was triaged. Record location and time of diagnostic procedures, time patient was sent to Surgery, disposition of patient, and time of disposition.
5. **SUBMITTED BY** Use proper name to identify who verified the information and submitted the form.
6. **AREA ASSIGNED TO** Indicate this triage area where these patients were first seen.
7. **DATE/TIME SUBMITTED** Indicate date and time that the form is submitted to the Situation Unit Leader.
8. **FACILITY NAME** Use when transmitting the form outside of the hospital.

WHEN TO COMPLETE: Hourly and at end of each operational period, upon arrival of the first patient and until the disposition of the last.

HELPFUL TIPS: This form may be included in the Incident Action Plan (IAP); however, for patient confidentiality, it must be omitted from IAP copies that are distributed outside of the hospital. Consolidated information such as total number of patients may be shared with local EOC or other coordinating agency. If a Victim Tracking Center is available in the area with which a memorandum of understanding is in place, a copy may be provided. This form is suitable for duplication using carbonless copy paper.