MASTER PATIENT EVACUATION TRACKING FORM

1. INCIDENT NAME	2. DATE/TIME PREPARED	3. PATIENT TRACKING MANAGER

4. PATIENT EVACUATION INFORMATION

Patient Name	Medical Record #	Disposition (Home or Transfer)	Evacuation Triage Category (Immed., Delayed, Minor, Expired)	Accepting Hospital	Time Hospital Contacted and Report Given

Transfer Initiated (Time/Transport Company)	Medical Record Sent (Yes/No)	Medication Sent (Yes/No)	Family Notified (Yes/No)	Arrival Confirmed (Yes/No)	Admission Location (Floor, ICU, ER)	Expired (Time)

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5. SUBMITTED BY	6. AREA ASSIGNED TO	7. DATE/TIME SUBMITTED

8. FACILITY NAME

PURPOSE: RECORD INFORMATION CONCERNING PATIENT DISPOSITION DURING A HOSPITAL/FACILITY EVACUATION. **ORIGINATION:** PATIENT TRACKING MANAGER.
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