|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Incident Name | | | | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **3. Patient Evacuation Information** | | | | | | | | | |
| **Patient Name** | | | **Medical Record #** | | **Evacuation Triage Category**  Immediate Delayed Minor | | | **Mode of Transport**  CCT ALS BLS Van Bus Car AIRCRAFT | |
|  | | **Disposition**  Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | | | | | **Time hospital contacted & report given** | |
| **Transfer Initiated** (Time/Transport Co./ #) | | **Medical Record Sent**  Yes No | **Medication Sent**  Yes No | | **Family Notified**  Yes No | | **Arrival Confirmed**  Yes No | **Admit Location**  Floor ICU ER morgue | **Expired** (time) |
| **Patient Name** | | | **Medical Record #** | | **Evacuation Triage Category**  Immediate Delayed Minor | | | **Mode of Transport**  CCT ALS BLS Van Bus Car aircraft | |
|  | | **Disposition**  Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | | | | | **Time hospital contacted & report given** | |
| **Transfer Initiated** (Time/Transport Co./ #) | | **Medical Record Sent**  Yes No | **Medication Sent**  Yes No | | **Family Notified**  Yes No | | **Arrival Confirmed**  Yes No | **Admit Location**  Floor ICU ER morgue | **Expired** (time) |
| **Patient Name** | | | **Medical Record #** | | **Evacuation Triage Category**  Immediate Delayed Minor | | | **Mode of Transport**  CCT ALS BLS Van Bus Car aircraft | |
|  | | **Disposition**  Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | | | | | **Time hospital contacted & report given** | |
| **Transfer Initiated** (Time/Transport Co./ #) | | **Medical Record Sent**  Yes No | **Medication Sent**  Yes No | | **Family Notified**  Yes No | | **Arrival Confirmed**  Yes No | **Admit Location**  Floor ICU ER morgue | **Expired** (time) |
| **Patient Name** | | | **Medical Record #** | | **Evacuation Triage Category**  Immediate Delayed Minor | | | **Mode of Transport**  CCT ALS BLS Van Bus Car aircraft | |
|  | | **Disposition**  Discharge/ Transfer/MORGUE | **Accepting Hospital or Location** | | | | | **Time hospital contacted & report given** | |
| **Transfer Initiated** (Time/Transport Co./ #) | | **Medical Record Sent**  Yes No | **Medication Sent**  Yes No | | **Family Notified**  Yes No | | **Arrival Confirmed**  Yes No | **Admit Location**  Floor ICU ER morgue | **Expired** (time) |
| **4. Prepared by** | PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE/TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |