

# MEDICAL UNIT DISASTER VICTIM / PATIENT TRACKING

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b> DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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**3. Area (Triage or Specific Treatment Area)**

FIELD TAG NUMBER	MEDICAL RECORD NUMBER	NAME (LAST NAME, FIRST NAME)	SEX (M/F)	DOB / AGE	TRIAGE CATEGORY IMMEDIATE DELAYED MINOR EXPECTANT EXPIRED	LOCATION / TIME OF PROCEDURES (CT, X-RAY, ETC.)	DISPOSITION / TIME (D) DISCHARGE (A) ADMIT (S) SURGERY (T) TRANSFER (M) MORGUE

<b>4. Prepared by</b>	PRINT NAME: _____	SIGNATURE: _____
DATE/TIME: _____	FACILITY: _____	



**Purpose:** Records the triage, treatment, and location of victims/patients  
**Origination:** Patient Tracking Manager or team  
**Copies to:** Situation Unit Leader, Patient Registration Unit Leader, Planning Section Patient Tracking Manager, Medical Care Branch Director, and Documentation Unit Leader

## HICS 254 - DISASTER VICTIM / PATIENT TRACKING

**PURPOSE:** The HICS 254 Disaster Victim / Patient Tracking records the triage, treatment, and disposition of victims/patients of the event seeking medical attention.

**ORIGINATION:** Completed by the Patient Tracking Manager or team members.

**COPIES TO:** Distributed to the Situation Unit Leader, with copies to Patient Registration Unit Leader, Planning Section Patient Tracking Manager, Medical Care Branch Director, and the Documentation Unit Leader.

**NOTES:** The form is completed upon arrival of the first patient and updated periodically. Copies of the form are sent to the Planning Section Patient Tracking Manager each hour and at the end of each operational period until disposition of the last victim(s) are known. If additional pages are needed, use a blank HICS 254 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Area</b>	Enter the triage or specific treatment area (e.g., Triage, Immediate Treatment Area).
	<b>Field Tag Number</b>	Enter field triage tag number.
	<b>Medical Record Number</b>	Enter hospital medical record number if available.
	<b>Name</b>	Enter the full name of victim/patient.
	<b>Sex</b>	Enter sex: M for male/F for female.
	<b>DOB / Age</b>	Enter date of birth and age.
	<b>Triage Category</b>	Enter the triage category assigned to patient.
	<b>Location / Time of Procedures</b>	Enter location destination and time patient leaves triage or treatment area for a test or procedure.
	<b>Disposition / Time</b>	Enter the letter of the disposition category and time of disposition.
4	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.