

NHICS 260 | RESIDENT EVACUATION TRACKING FORM



1. DATE		2. FACILITY NAME			
3. RESIDENT NAME			4. AGE	5. MEDICAL RECORD #	
6. SIGNIFICANT MEDICAL HISTORY			7. ATTENDING PHYSICIAN		
8. FAMILY/GUARDIAN NOTIFIED		<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME/CONTACT INFORMATION		
9. TRANSPORTATION EQUIPMENT		10. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY):			
<input type="checkbox"/> HOSPITAL BED <input type="checkbox"/> GURNEY <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> AMBULATORY <input type="checkbox"/> SPECIAL MATTRESS		<input type="checkbox"/> IV PUMPS <input type="checkbox"/> OXYGEN <input type="checkbox"/> VENTILATOR <input type="checkbox"/> BLOOD GLUCOSE MONITOR <input type="checkbox"/> RESPIRATORY EQUIPMENT		<input type="checkbox"/> SERVICE ANIMAL <input type="checkbox"/> G TUBE PUMP <input type="checkbox"/> MONITOR <input type="checkbox"/> FOLEY CATHETER <input type="checkbox"/> OTHER	
11. SPECIAL NEEDS					
12. ISOLATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE:	REASON:	

13. EVACUATING LOCATION	
ROOM#	TIME
ID BAND CONFIRMED	<input type="checkbox"/> YES <input type="checkbox"/> NO
BY	
MEDICAL RECORD SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS	<input type="checkbox"/> WITH RESIDENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
VALUABLES	<input type="checkbox"/> WITH RESIDENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
MEDICATIONS	<input type="checkbox"/> WITH RESIDENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE

14. ARRIVING LOCATION	
ROOM#	TIME
ID BAND CONFIRMED	<input type="checkbox"/> YES <input type="checkbox"/> NO
BY	
MEDICAL RECORD RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUABLES RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICATIONS RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO

15. TRANSFERRING TO ANOTHER FACILITY/ LOCATION	
TIME TO STAGING AREA	TIME DEPARTING TO RECEIVING FACILITY
DESTINATION	DEPARTURE TIME:
MODE OF TRANSPORT	<input type="checkbox"/> AMBULANCE UNIT <input type="checkbox"/> HELICOPTER <input type="checkbox"/> BUS <input type="checkbox"/> OTHER: _____
ID BAND CONFIRMED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ID BAND CONFIRMED BY	
16. PREPARED BY	PRINT NAME: _____ SIGNATURE: _____
	DATE/TIME: _____ FACILITY: _____

PURPOSE: DOCUMENT DETAILS AND ACCOUNT FOR EACH RESIDENT TRANSFERRED TO ANOTHER FACILITY
 ORIGINATION: RESIDENT SERVICES BRANCH DIRECTOR
 ORIGINAL TO: RECEIVING FACILITY
 COPIES TO: PLANNING

NHICS 260 | RESIDENT EVACUATION TRACKING FORM



INSTRUCTIONS

- PURPOSE:** Documents and accounts for residents transferred to another facility.
- ORIGINATION:** Resident Services Branch Director, Operations Section Chief and/or IMT staff as appropriate
- COPIES TO:** Planning Section Chief and the evacuating clinical location. Original is kept with the resident.
- NOTES:** The information on this form may be used to complete NHICS 255, Master Resident Evacuation Tracking Form. Additions or deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Date	Enter the date of the evacuation.
2	Facility Name	Enter the Facility Name the resident is leaving from.
3	Resident Name	Enter the resident's full name.
4	Age	Enter the resident's age.
5	Medical Record #	Enter the resident's medical record number.
6	Significant Medical History	Enter significant medical history.
7	Attending Physician	Enter the name of the resident's attending physician.
8	Family/Guardian Notified	Check yes or no; enter family/guardian contact information.
9	Transportation Equipment	Identify type of transportation equipment (e.g., wheelchair, gurney) needed.
10	Accompanying Equipment	Check appropriate boxes for any equipment being transferred with the resident.
11	Special Needs	Indicate if the resident has special needs, assistance, or requirements.
12	Isolation	Indicate if isolation is required, the type, and the reason.
13	Evacuating Location	Fill in information and check boxes to indicate originating room and what was sent with the resident (records, medications, and belongings).
14	Arriving Location	Fill in information and check boxes to indicate resident's arrival at new location and whether materials sent with the resident were received.
15	Transferring to another Facility/ Location	Document arrival and departure from the staging area, confirmation of ID band, and mode of transportation used.
16	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.