Appendix 3.5.2.2.2 Master Patient tracking form instructions

TriageNumber	TriageLevel	FirstName	LastName	DOB	Gender	Comments	Status	StatusDate	StatusTime	StartLocation	TransportationTy	Service	Unit	EndLocation
This is your	This is the	Patients first	Patients last	Use	Use either	Use this box to	Use Arrived	Use	Use 24 hour	Enter "scene" if	USE:	Name of agency	Unit	If admitted - your
facilities medical	triage colors.	name if known.	name if	mm/dd/year	M, F or NA	make any	or	mm/dd/year	clock	patient comes	EMS	transporting	number	facility name.
record number	Minor = green	Can use a	known	format		special notes.	Discharged	format	Example:	directly from	Fire	patient	if known	If transferred to
or the unique	Delayed =	unique name		Example:		Example -			9:30 a.m.	the scene.	Police			another facility -
identifier	yellow	or identifier if		08/14/1991		"Tattoo of			enter 9:30	Enter the name	Self transport			put that facilities
assigned to this	Immediate =	not known.				eagle on rt.			9:30 p.m.	of the facility if	Unspecified			name here.
patient.	red Morgue =					Forearm" or			enter 21:30	patient is				If discharged put
	black					"Allergic to				coming from				home or facility
						Morphine"				another health				that discharged
										care facility.				to.
DO NOT CHANGE THE														
FORMATING OF THE COV														
FORMATING OF THE CSV FORM														