

NHICS Form 254- Master Emergency Admit Tracking Form



NHICS FORM 254 | MASTER EMERGENCY ADMIT TRACKING FORM

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE/TIME PREPARED:		4. OPERATIONAL PERIOD DATE/TIME:	

		RESIDENT NAME:				MEDICAL RECORD #:	
SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TRIAGE TAG OR MR#	COMMENTS		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE							
		RESIDENT NAME:				MEDICAL RECORD #:	
SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TRIAGE TAG OR MR#	COMMENTS		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE							
		RESIDENT NAME:				MEDICAL RECORD #:	
SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TRIAGE TAG OR MR#	COMMENTS		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE							
		RESIDENT NAME:				MEDICAL RECORD #:	
SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TRIAGE TAG OR MR#	COMMENTS		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE							

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

PURPOSE: ACCOUNT FOR EMERGENCY ADMITS OR OTHERS SEEKING TEMPORARY SHELTER
ORIGINATION: ADMIT/TRANSFER & DISCHARGE UNIT
COPIES TO: SITUATION UNIT LEADER AND RESIDENT CARE BRANCH DIRECTOR