





# NHICS 254 | EMERGENCY ADMIT TRACKING



3. AREA						
4. PREPARED BY	PRINT NAME: _____			SIGNATURE: _____		
	DATE/TIME: _____			FACILITY: _____		

**PURPOSE:** ACCOUNT FOR EMERGENCY ADMITS OR OTHERS SEEKING TEMPORARY SHELTER  
**ORIGINATION:** RESIDENT SERVICES BRANCH DIRECTOR  
**COPIES TO:** PLANNING AND OPERATIONS SECTION CHIEF



# NHICS 254 | EMERGENCY ADMIT TRACKING

## INSTRUCTIONS

**PURPOSE:** Records the triage, treatment, and disposition of emergency admits seeking medical attention or transfer from an impacted facility.

**ORIGINATION:** Resident Services Branch Director or team members

**COPIES TO:** Planning Section Chief and Operations Section Chief

**NOTES:** Completed upon arrival of the first emergency admission and updated periodically. Copies are sent to the Planning Section Chief 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 NHICS 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>Triage Tag or Medical Record Number</b>	Enter triage tag number or medical record number if available.
	<b>Name</b>	Enter the full name of victim.
	<b>Sex</b>	Enter sex: M for male/F for female.
	<b>DOB / Age</b>	Enter date of birth and age.
	<b>Admitted from</b>	Enter the name of the sending facility/location
	<b>Admitted to</b>	Enter the name of the facility accepting the admit
	<b>Time</b>	Enter the time of admission
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.