

521 4th Street Havre, Montana 59501 • Phone: 406-395-4305 • Fax: 406-395-5643

POLICY	
PATIENT TRACKING	7017
Policy:	
To ensure that individual patients are identified an	d that types of casualties are identified
Purpose:	
Tracking patients by name and location in times of patients are. And to be able to report triage category	f disaster to know who and where those individual ries of patients
Procedure: Utilize: 1. Patient Tracking Form 2. Status Report Form 3. Incident Completion Form	
CHIEF EXECUTIVE OFFICER CHAIR, BOARD OF DIRECTORS	Date: 9-11-17
Date first adopted	T
Date Revised/QI Board approval	08/30/2017
New data adopted/Roard of Directors approval	00/11/2017

Bullhoo	ok Com	munit	y Health Center	
Patient	Trackin	ıg Foi	m	
Date:	1	1	Event:	

Patient #	Patient Name	Age	Status	Location	Disposition
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	1.00				

Certifying Officer:		 Date/Time:		

Bullhook Community Health Center

Status Report

Number of patients that can be received and treated Patient Care Capacity (Total # of patients that can be immediately received and treated) Any current or anticipated shortage of personnel Any current or anticipated shortage of supplies, etc. Specify:
Current condition of Bullhook Community Health Center Structure:
Current condition of Bullhook Community Health Center Utilities:
Number of patients to be transferred by wheelchair or other means to a hospital. Any resources that are requested by other facilities:

Bullhook Community Health Center				
Incident Completion Report				
Number of casualties received				
Types of injuries treated:				
Number hospitalized				
Number sent home				
Number dead				
Casualty Information (recognize confidentiality concerns). Use a separate worksheet.				