

Patient Evacuation Tracking Form
(Must be completed when units/floors are evacuated)

Name of Patient	Medical Record # (or place sticker)	RN Responsible for Patient	Patients original room assignment	Evacuated patient's new room assignment OR transferring agency name	Was Family Notified Y/N	Equipment/ Clothing/ Valuables Sent with Patient	Place NJ Triage Tag Below

Send Patient's Chart and Medications with patient!!

NOTE: Reproduce this page as many times as necessary to include all patients evacuated.