PURPOSE: Document details and account for patients transferred to another facility. ORIGINATION: Medical Care Branch Director
ORIGINAL TO: Patient COPIES TO: Patient Tracking Manager and Departing Location

<table>
<thead>
<tr>
<th>HICS 260N – PATIENT EVACUATION TRACKING FORM (SD County)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. DATE</strong></td>
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<tr>
<td><strong>4. PATIENT NAME</strong></td>
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<tr>
<td><strong>7. DIAGNOSIS (ES)</strong></td>
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<tr>
<td><strong>9. FAMILY NOTIFIED</strong></td>
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<tr>
<td><strong>10. ACCOMPANYING EQUIPMENT/TUBES/LINES (CHECK THOSE THAT APPLY)</strong></td>
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<tr>
<td><strong>Bed Type</strong></td>
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<tr>
<td><strong>Nutrition</strong></td>
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<td><strong>ISOLATION</strong></td>
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<td><strong>REASON</strong></td>
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<td><strong>11. DEPARTING LOCATION</strong></td>
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