

Indicate Samaritan Health Services Facility: <input type="checkbox"/> GSRMC <input type="checkbox"/> SAGH <input type="checkbox"/> SLCH <input type="checkbox"/> SNLH <input type="checkbox"/> SPCH													
Date: (MM/DD/YY)		Time: (24-Hour Clock)		Arrived Via:		Field Tag #:							
Previous Field Treatments/Interventions: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate: <input type="checkbox"/> Airway <input type="checkbox"/> Bandaging													
<input type="checkbox"/> Splinting <input type="checkbox"/> Decontamination <input type="checkbox"/> Other:													
Triage Complaint:													
INITIAL TRIAGE ASSIGNMENT:		<input type="checkbox"/> IMMEDIATE		<input type="checkbox"/> DELAYED		<input type="checkbox"/> MINOR		<input type="checkbox"/> EXPECTANT -		<input type="checkbox"/> MORGUE		<input type="checkbox"/> DECONTAMINATION	
Name: (Last, First, MI)				Age:		DOB: (MM/DD/YY)		Gender:		Weight: (Est.)		Visit #	
								<input type="checkbox"/> M <input type="checkbox"/> F					
Address:				Phone:				Allergies: (List) <input type="checkbox"/> None <input type="checkbox"/> Unknown					

SHADED AREAS MUST BE COMPLETED PRIOR TO PATIENT LEAVING THE TRIAGE AREA

Patient Identification Label

Keep at **TRIAGE** (Patient Tracking Clerk)

Indicate Samaritan Health Services Facility: <input type="checkbox"/> GSRMC <input type="checkbox"/> SAGH <input type="checkbox"/> SLCH <input type="checkbox"/> SNLH <input type="checkbox"/> SPCH								
Date: (MM/DD/YY)		Time: (24-Hour Clock)		Arrived Via:		Field Tag #:		
Previous Field Treatments/Interventions: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate: <input type="checkbox"/> Airway <input type="checkbox"/> Bandaging								
<input type="checkbox"/> Splinting <input type="checkbox"/> Decontamination <input type="checkbox"/> Other:								
Triage Complaint:								
INITIAL TRIAGE ASSIGNMENT:			<input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> DELAYED	<input type="checkbox"/> MINOR	<input type="checkbox"/> EXPECTANT -	<input type="checkbox"/> MORGUE	<input type="checkbox"/> DECONTAMINATION
Name: (Last, First, MI)				Age:	DOB: (MM/DD/YY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Weight: (Est)	Visit #
Address:				Phone:		Allergies: (List) <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Patient Religion:			Nearest Relatives: Name/Address/Phone Number				Time Contacted: _____	
SSN/Driver's License #:								

Patient Identification Label

Hold for **REGISTRATION** (Patient Tracking Runner to Pick-up)

Indicate Samaritan Health Services Facility: <input type="checkbox"/> GSRMC <input type="checkbox"/> SAGH <input type="checkbox"/> SLCH <input type="checkbox"/> SNLH <input type="checkbox"/> SPCH								
Date: (MM/DD/YY)		Time: (24-Hour Clock)		Arrived Via:		Field Tag #:		
Previous Field Treatments/Interventions: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate: <input type="checkbox"/> Airway <input type="checkbox"/> Bandaging								
<input type="checkbox"/> Splinting <input type="checkbox"/> Decontamination <input type="checkbox"/> Other:								
Triage Complaint:								
INITIAL TRIAGE ASSIGNMENT:			<input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> DELAYED	<input type="checkbox"/> MINOR	<input type="checkbox"/> EXPECTANT -	<input type="checkbox"/> MORGUE	<input type="checkbox"/> DECONTAMINATION
Name: (Last, First, MI)				Age:	DOB: (MM/DD/YY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Weight: (Est)	Visit #
Address:				Phone:		Allergies: (List) <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Patient Religion:		Nearest Relatives: Name/Address/Phone Number				Time Contacted: _____		
SSN/Driver's License #:								

Patient Identification Label

Hold for **PATIENT TRACKING UNIT** at Command Center (Patient Tracking Runner to Pick-up)

Indicate Samaritan Health Services Facility: <input type="checkbox"/> GSRMC <input type="checkbox"/> SAGH <input type="checkbox"/> SLCH <input type="checkbox"/> SNLH <input type="checkbox"/> SPCH					
Date: (MM/DD/YY)		Time: (24-Hour Clock)		Arrived Via:	
Field Tag #:					
Previous Field Treatments/Interventions: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate: <input type="checkbox"/> Airway <input type="checkbox"/> Bandaging					
<input type="checkbox"/> Splinting <input type="checkbox"/> Decontamination <input type="checkbox"/> Other:					
Triage Complaint:					
INITIAL TRIAGE ASSIGNMENT:					
		<input type="checkbox"/> IMMEDIATE		<input type="checkbox"/> DELAYED	
		<input type="checkbox"/> MINOR		<input type="checkbox"/> EXPECTANT - <input type="checkbox"/> MORGUE	
		<input type="checkbox"/> DECONTAMINATION			
Name: (Last, First, MI)			Age:	DOB: (MM/DD/YY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
			Weight: (Est.)	Visit #	
Address:			Phone:	Allergies: (List) <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Patient Religion:		Nearest Relatives: Name/Address/Phone Number			Time Contacted: _____
SSN/Driver's License #:					
Brief History: _____					
Meds and Interventions	Time	BP	Pulse	Resp	Notes
	/				
	/				
	/				
	/				
	/				
	/				
	/				
	/				
	/				
					<input type="checkbox"/> See Additional Notes
Orders	LABS:		Diagnostic Imaging:		Other:
	<input type="checkbox"/> CBCD		<input type="checkbox"/>		<input type="checkbox"/> DTaP
	<input type="checkbox"/> BMP		<input type="checkbox"/>		<input type="checkbox"/> EKG
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> IV FLUID _____ @ _____ ml/HR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Impression	Provider Final Impression: _____				

Provider Signature:			Date/Time:		
Final Status	Final Disposition Date/Time: _____				Additional Disposition Notes:
	<input type="checkbox"/> Discharge To: _____				
	<input type="checkbox"/> Admit To: _____				
	<input type="checkbox"/> Transfer To: _____				
<input type="checkbox"/> Morgue Location: _____					
Int.	Signature/Title*		Int.	Signature/Title*	
*Provider signature denotes coverage (orders) for all procedures and medications administered above.					
CHART COPY – PLACE STUDY RESULTS WITH THIS SHEET					