NHICS
NURSING HOME INCIDENT
COMMAND SYSTEM

NHICS FORM 254 | MASTER EMERGENCY ADMIT TRACKING FORM

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE/TIME PREPARED:		4. OPERATIONAL PERIOD DATE/TIME:	

RESIDENT NAME:				MEDICAL RECORD #:	
SEX	**DOB/AGE**	**ADMITTED FROM**	**ADMITTED TO**	**TRIAGE TAG** OR **MR#**	**COMMENTS**
☐ MALE ☐ FEMALE					

RESIDENT NAME:				MEDICAL RECORD #:	
SEX	**DOB/AGE**	**ADMITTED FROM**	**ADMITTED TO**	**TRIAGE TAG** OR **MR#**	**COMMENTS**
☐ MALE ☐ FEMALE					

RESIDENT NAME:				MEDICAL RECORD #:	
SEX	**DOB/AGE**	**ADMITTED FROM**	**ADMITTED TO**	**TRIAGE TAG** OR **MR#**	**COMMENTS**
☐ MALE ☐ FEMALE					

RESIDENT NAME:				MEDICAL RECORD #:	
SEX	**DOB/AGE**	**ADMITTED FROM**	**ADMITTED TO**	**TRIAGE TAG** OR **MR#**	**COMMENTS**
☐ MALE ☐ FEMALE					

5. SUBMITTED BY:			
6. AREA ASSIGNED TO:		7. DATE/TIME SUBMITTED:	

PURPOSE: ACCOUNT FOR EMERGENCY ADMITS OR OTHERS SEEKING TEMPORARY SHELTER
ORIGINATION: ADMIT/TRANSFER & DISCHARGE UNIT
COPIES TO: SITUATION UNIT LEADER AND RESIDENT CARE BRANCH DIRECTOR

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