

# Mass Casualty Tracking

Label/MRN	Completed By			Type of Incident			Date	
	ED Room #	ED Provider	ED RN	Dispo	Consults	If Doe, name	Pt descriptive if Doe (hair color, clothes color, etc)	Notes
				Discharge Admit to: _____ Transfer to: _____				
				Discharge Admit to: _____ Transfer to: _____				
				Discharge Admit to: _____ Transfer to: _____				
				Discharge Admit to : _____ Transfer to: _____				
				Discharge Admit to: _____ Transfer to: _____				