## ATTACHMENT 11: PEDIATRIC PATIENT TRACKING LOG

**Purpose**: Assist with tracking of pediatric patients during disasters.

Instructions: The Pediatric Care Medical Specialist (PCMS) or designee will complete this form on all patients that the PCMS assists with transfer coordination between two health care facilities. This form will be used as a reference for the PCMS and IDPH to assist with reunification of patients with their families. At the end of each operational period (or other agreed upon designated time frame), the PCMS will forward this completed form to IDPH IMT at the PHEOC, who will store it in the same manner as other incident related command documents.

Note: Information contained within this form is confidential and should not be shared, except with those assisting in the care of the patient.

Incident name		Date			Tin	ne	Prepa	Prepared by:				
Tracking Number (assigned by initial health care facility)	Patient Name (Last, First)	DOB		Chief	خ	Triage Category	Method of Transport	Transferring Facility	Receiving Facility	Initial transfer? Y/N	Transfer Complete (Time)	
			GENDER	complaint/ condition	Intubated? Y/N		(Ground, Air)	und, Air) Name	Name			
							Type of Transport (BLS, ALS, Critical Care)	Point of Contact	Point of Contact			
								Address	Address			
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			GEN				Type of Transport	Point of Contact	Point of Contact			
							(BLS, ALS, Critical Care)	Address	Address			
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