# HICS 259 - HOSPITAL CASUALTY / FATALITY REPORT

| 1. Incident Name | 2. Operational Period (# 2 ) | |
|---|---|---|
| **ST. ELSEWHERE BUS CRASH** | DATE: FROM: 19-DEC-2019 | TO: 19-DEC-2019 |
| | TIME: FROM: 1200 | TO: 2000 |

### 3. Number of Casualties / Fatalities

| | ADULT | PEDIATRIC (<18 YRS OLD) | TOTAL | COMMENTS |
|---|---|---|---|---|
| Patients seen | **48** | **2** | **50** | |
| Admitted | **12** | **0** | **12** | |
| Critical Care | **3** | | **3** | |
| Medical / Surgical | **9** | | **9** | |
| Other | | | | |
| Other | | | | |
| Other | | | | |
| Discharged | **31** | | **31** | |
| Transferred | **4** | **2** | **6** | Pediatrics to Sunshine Children's Hospital Adults to Sunshine Burn Center |
| Morgue | **1** | | **1** | Sunshine County Coroner notified 1145 |
| Waiting to be seen | **0** | | **0** | |

### 4. Prepared by

PRINT NAME: Stephanie Izard

SIGNATURE: *Stephanie Izard*

DATE/TIME: 19-DEC-2019

FACILITY: _____

**Purpose:** Record the total numbers of adult and pediatric patients seen, admitted, discharged, transferred, expired, and waiting to be seen
**Origination:** Patient Tracking Manager or team
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

HOSPITAL INCIDENT COMMAND SYSTEM

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# HICS 259 - HOSPITAL CASUALTY / FATALITY REPORT

**PURPOSE:** The HICS 259 - Hospital Casualty/Fatality Report is used to record the total numbers of adult and pediatric patients seen, admitted (by bed type), discharged, transferred, expired, and waiting to be seen for each operational period.

**ORIGINATION:** The HICS 259 is prepared by the Planning Section Patient Tracking Manager or team prior to the Operations Briefing in the next operational period.

**COPIES TO:** Copies are distributed to the Command Staff, Section Chiefs, and the Documentation Unit Leader.

**NOTES:** If additional pages are needed, use a blank HICS 259 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

| NUMBER | TITLE | INSTRUCTIONS |
|---|---|---|
| 1 | **Incident Name** | Enter the name assigned to the incident. |
| 2 | **Operational Period** | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| 3 | **Number of Casualties / Fatalities** | |
| | **Patients seen** | Enter total number of patients seen in either the adult or pediatric column. |
| | **Admitted** | Enter total number of patients admitted in either the adult or pediatric column. |
| | **Critical Care** | Enter total number of patients admitted in either the adult or pediatric column. |
| | **Medical / Surgical** | Enter total number of patients admitted in either the adult or pediatric column. |
| | **Other** | Enter other needed categories (i.e., burn, pediatric, labor and delivery, forensic, psychiatric) in either the adult or pediatric column. |
| | **Discharged** | Enter total number of patients discharged in either the adult or pediatric column. |
| | **Transferred** | Enter total number of patients transferred in either the adult or pediatric column. |
| | **Morgue** | Enter total number of patients expired in either the adult or pediatric column. |
| | **Waiting to be seen** | Enter total number of patients still waiting to be seen by physician in either the adult or pediatric column. |
| 4 | **Prepared by** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |

HOSPITAL INCIDENT COMMAND SYSTEM