

## Annex K

## ALTERNATE CARE SITE PLAN

### I. PURPOSE

To reduce the morbidity, mortality, and the social and economic impact of an influenza pandemic in Alaska by establishing guidelines for communities to plan for and establish alternate sites of care when their local hospitals are no longer able to care for the number of patients that will need it.

This attachment is intended to assist local communities in developing the plans and procedures necessary to establish one or more sites that can house patients and provide a minimum level of “tertiary/comfort care.” This will likely be done in conjunction with activation of the Strategic National Stockpile and Mass Vaccination and/or Dispensing Sites. This attachment is intended to supplement other planning guides in the Division of Public Health’s Emergency Operations Plans.

Unlike Mass Dispensing Sites, which may or may not operate 24/7 for a short period of time, alternate care sites WILL need to operate 24/7 for an extended period of time. Community hospitals should be intimately involved in the planning process, but do not hold the primary responsibility for implementing, staffing or supplying the alternate care site. Community hospital leaders are the experts at 24/7 patient care operations and should be consulted in the planning and implementation process.

### II. ASSUMPTIONS

- Alternate care sites may be in operation for up to two years in the event of an influenza pandemic. Sites need to be selected based on the ability to operate for this length of time
- The pandemic may occur in two or more phases and alternate care sites may open, close, and re-open depending on the community needs
- Selecting and staffing of the alternate care site should be done in conjunction with the local health care providers and hospitals, but it should not be assumed that the local providers will be able to totally staff the site- community members will have to be trained for this
- No assistance will be available outside the community or sub-regional level, and certainly not from any other state or the federal government
- Family members and well community members will be providing the care, and so plans need to include any specialized training the community might need in such an event

**Checklists and planning guides are included in Sections 1-8 of this attachment.**

### III. ESSENTIAL COMPONENTS OF ESTABLISHING AN ALTERNATE CARE SITE

#### a. Site Selection and Design

Communities should consider spaces that will accommodate beds for up to 50% (1/2) of the local population. If there is no facility that can accommodate 50% of the population, then a plan needs to address caring for people in their homes. For rural

communities (pop. 5,000) experiencing a mild attack rate (30% become ill) this means finding a facility that can house up to 15 people. For more urban communities in Alaska, this means finding one or more locations that can house up to 240 people in Fairbanks/North Star Borough and Juneau, and 1050 beds in Anchorage. Patients will likely be in cohorts and private room accommodations will be limited. In all cases, the building selected should be code compliant for its currently designated building type.

Building requirements for Alternate Care Sites should consider the following:

- Patient care area/beds 3 feet part
- Accessibility
- Security
- Food/feeding
- Laundry
- Toileting/showers
- Waste disposal to include bio-hazardous material
- Water and heat
- Telephone
- Transportation
- Ventilation
- Storage
- Space for clerks/record keeping
- Lab specimen storage/processing
- Pharmacy
- Space for ancillary services, including case management, social workers and other mental health professionals

### **Site Selection Matrix in Section 1 (Electronic version also available)**

### **Matrix to calculate/estimate number of beds needed in Section 2**

#### **b. Site Supplies**

Equipment will be much the same as in a hospital setting to include appropriate personal protective equipment for care providers. Because of the widespread nature of a pandemic, the protocols, prioritization and use of ventilators need to be addressed by health care leaders and planners- there won't be enough and none will be forthcoming from other states.

### **Equipment considerations in Section 3**

#### **c. Site Staffing**

Staffing considerations should be made using adjunct and non-professional care and comfort providers. In many rural communities, the care and comfort

providers are going to be the family members themselves. Other communities should consider including dentists and unlicensed assistive persons. Emergency Medical staff should not be considered as first line staff as they will be busy providing emergency medical services and patient transportation for the hospitals.

In situations in which immunization or prophylaxis is available, consideration should be given to community volunteers that have been trained to provide care/comfort at the alternate care sites.

**Staffing considerations in Section 4**

**Model Organizational Chart in Section 5**

**Medications for consideration in Section 6**

**Communications tools samples in Section 7**

**Patient Care forms in Section 8**

References and Resources:

ASTHO, Public Health Preparedness, *Special Needs Shelters are Key Component of the Public Health Response to the 2004 Hurricanes*.

Berga, S., et al. (2003). *The Merck manual of medical information*. Simon & Schuster, Inc.: NY.  
British Columbia Pandemic Influenza Preparedness Plan: Annex J- Non-Traditional Sites.  
(Version 3, August 2005).

CDC *Smallpox Planning Guide* (2002).

CDC *Interim Guidance for the use of masks to control influenza transmission* (2005).

CDC *Droplet Precautions* (1996).

CDC *Updated infection control measures for the prevention and control of influenza in health care facilities* (2005).

City of New Orleans, *Comprehensive Emergency Management Plan, Special Needs Shelter Plan*, accessed at <http://www.cityofno.com/portal.aspx?portal=46&tabid=28> November 23, 2005.

Denver Health and Rocky Mountain Region, *Regional Care Model for Bioterrorism Events-* (2004).

Ketchikan General Hospital disaster forms, provided by Bev Crum, RN, October 6, 2006, Ketchikan, Alaska.

Spratto, George, & Woods, A. (2000). *PDR Nurse's Drug Handbook*. Delmar Publishers and Medical Economics Co: Montvale, NJ.

State of Alaska *Pandemic Influenza Plan*, Annex C, Appendix 1, March 2005.

State of Alaska *Planning Guide for Local Mass Prophylaxis: Dispensing and Immunization*, version 2 (2005).

State of Florida, Florida Department of Health, *Action Plan for Pandemic Influenza*, Revision 5 (2004).

State of Florida, Florida Department of Health, *Public Health Nursing Disaster Resources Guide*, Chapter 2, *Special Needs Shelters* (2000).

State of Georgia, Department of Human Resources, Division of Public Health, *Pandemic Influenza Preparedness and Response, Standard Operating Plan*, Revised October 2005.

US Department of Health and Humans Services, *HSS Pandemic Influenza Plan*, November 2005.

World Health Organization, Ten things you need to know about pandemic influenza. (October 14, 2005), accessed December 5, 2005 at [www.who.int/csr/disease/influnza/pandemic10things.en.index.htm](http://www.who.int/csr/disease/influnza/pandemic10things.en.index.htm).

WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics (2005).

## SECTION 1: Site Selection Matrix

Potential Sites:	Aircraft Hangers	Churches	Community or Recreation Centers	Convalescent Care Facilities	Convention Facilities	Fairgrounds	Government Buildings	Hotels/Motels	Meeting Halls	Military Facilities	National Guard Armories	Same Day Surgical Centers/Clinics	Schools	Sports Facilities/Stadiums	Trailers/Tents (Military and other)	Other
<b>Factors:</b>																
<b>Infrastructure</b>																
Doors/corridors adequate size for gurneys																
Floors																
Loading dock																
Parking for staff and visitors																
Roof																
Toilet facilities/showers (#)																
Ventilation																
Walls																
<b>Total Space and Layout</b>																
Auxiliary spaces (Rx, counselors, chapel)																
Equipment/supply storage area																
Family area																
Food supply and prep area																
Lab specimen handling area																
Mortuary holding area																
Patient decontamination areas																
Pharmacy area																

Staff areas																			
<b>Utilities</b>																			
Air conditioning																			
Electrical power (backup?)																			
Heating																			
Lighting																			
Refrigeration																			
<b>Water (hot?)</b>																			
<b>Communication</b>																			
Communication (# phones, local/long distance, intercom)																			
Two-way radio capability to main hospital																			
Wired for IT and internet access																			
<b>Other Services</b>																			
Ability to lock down facility																			
Accessibility/proximity to public transportation																			
Biohazard and other waste disposal																			
Laundry																			
Ownership/other uses during disaster																			
Oxygen delivery capability																			
Proximity to main hospital																			
<b>TOTAL RATING/RANKING</b> <b>(Largest number indicates best site)</b>																			
<b>Rating System</b> 5 Equal to or same as hospital. 4 Similar to that of a hospital, but has SOME limitations (I.e. quantity/condition). 3 Similar to that of a hospital, but has some MAJOR limitations (I.e. quantity/condition). 2 Not similar to that of a hospital, would take modifications to provide. 1 Not similar to that of a hospital, would take MAJOR modifications to provide. 0 Does not exist in this facility or is not applicable to this event.																			

This matrix/calculator is also available electronically.

## Section 2: ESTIMATING POTENTIAL IMPACT OF PANDEMIC IN COMMUNITY

CDC has developed software to assist local pandemic planners in establishing estimated of the potential impact of the next pandemic in their community. This software may be downloaded from [www2.cdc.gov/od/fluaid/default.htm](http://www2.cdc.gov/od/fluaid/default.htm).

### Moderate attack rate of 30%

HHS estimates of Percent of Population Affected by next Pandemic	Number affected in Example (Pop. 650,000)	Number affected in your Community (Pop. 350,000)	Number affected in your Community (Pop.80,000)	Number affected in your Community (Pop. 5,000)
Up to 30% of pop. will become ill with flu	195,000	105,000	24,000	1,500
Up to 15% of pop. will require out-patient visits	97,500	52,500	12,000	750
Up to 0.3% of pop. will require hospitalization	1,950	1,050	240	15
Up to 0.1% of pop. will die of flu related causes	650	350	80	5

### Severe attack rate of 50%

HHS estimates of Percent of Population Affected by next Pandemic	Number affected in Example (Pop. 650,000)	Number affected in your Community (Pop. 350,000)	Number affected in your Community (Pop.80,000)	Number affected in your Community (Pop. 5,000)
Up to 50% of pop. will become ill with flu	325,000	175,000	40,000	2,500
Up to 25% of pop. will require out-patient visits	162,500	87,500	20,000	1,250
Up to 3% of pop. will require hospitalization	19,500	10,500	2,400	150
Up to 2.5% of pop. will die of flu related causes	16,250	8,700	2,000	125



### SECTION 3: EQUIPMENT CONSIDERATION FOR ALTERNATE CARE

- Equipment
- Patient related consumables
- Administrative consumables
- Oxygen/respiratory equipment

#### Durable Equipment considerations: 50 Bed Unit

Equipment	Infectious	Non-Infectious	Quarantine
Beds/Cots (with extra)	52	52	52
Egg crate mattresses	26	26	26
Chairs correlation with staffing level	12	12	4
Desks correlation with staffing level	6	6	2
Fax Machine	1	1	?
Housekeeping Cart with supplies	1	1	1
Internet email Access	1	1	1
IV Poles	50	50	0
Linens (sheets/pillows/pillow cases/hand towels/bath towels)	100	100	100
Patient Commodes	4	4	1
Pharmacy Carts	2	2	1
Privacy Dividers	25	25	25
Refrigerators (food/meds)	3	3	1
Stretchers	2	2	0
Supply Carts	3	3	1
Telephones	5	5	5
Treatment Carts	2	2	0
Washing Machine	1	1	1
Wheelchairs	2	2	1

#### Patient Care-Related Consumables: 50 Bed Unit

Item Description	Calculations of Quantities	Total Item Count	Unit of Issue	Total Units Required
Alcohol pads (multiple widespread use)	2-4 Boxes per 24 hours	14-28	Box	1 Box
Catheters, intraosseous module blue (pediatric use)	May use 1/day max.	6-7/wk of 1 standard size	Each	7 Each
Intermittent IV access device (lock)	50 pts initially (first day) then 10%	250/wk	50/Box	5 Boxes
IV catheters, 18g with protectocath guard	40% of pts req IVs	150/wk	50/Box	3 Boxes
IV catheters, 20g with protectocath guard	40% of pts req IVs	150/wk	50/Box	3 Boxes
IV catheters, 22g with protectocath guard	10% of pts req lvs	25/wk	50/Box	0.5 Boxes
IV catheters, 24g with protectocath guard	10% of pts req	25/wk	50/Box	0.5 Boxes
IV fluid bags, NS, 1000cc (required by 60% of patients)	(50% of pts(25)/day x 3L/pt)x	315 L/wk	12/Case	18 Cases
IV fluid bags, D5 1/2NS, 1000cc (required by 40% of patients)	(50% of pts(25)/day x 3L/9t)x	210 L/wk	12/Case	18 Cases
IV start kits	Same # as intermittent access device	60	25/Box	2.5 Boxes
IV tubing w/ Buretrol drip set for peds	10% peds/wk	25/wk	20/Case	1.25 Cases
IV tubing w/ standard macro drip for adults	Same # as intermittent	250/wk	48/Case	5 Cases
Needles, Butterfly, 23g	10% peds/wk	25/wk	50/Box	0.5 Boxes

Needles, Butterfly, 25g	10% ped/wk	25/wk	50/Box	0.5 Boxes
Needles, sterile 18g	1 box/day	7 boxes/wk	100/Box	7 Boxes
Needles, sterile 21g	1 box/day	7 boxes/wk	100/Box	7 Boxes
Needles, sterile 25g	1 box/day	7 boxes/wk	100/Box	7 Boxes
Saline for injection 10cc bottle	50 bottles/day	350 bottles/wk	24 /Box	14.5 Boxes
ABD bandage pads, sterile	10% pts/day = 5 pads/day+35 pads/wk	7 boxes/wk	50/Box	7 Boxes
Band-Aids	1 box/day	7 boxes/wk	50/Box	7 Boxes
Basins, bath	20 pts/day	140/wk	100/Case	1.5 Cases
Bathing supply, prepackaged (e.g. Bath in a Bag (TM))	50 pts every day	350/wk		350
Bedpans – regular	40 pts/day initially then 10%	65/wk	50/Case	1.25 Cases
Toilet Paper	25 rolls/day	175 rolls/wk		175 Rolls
Blankets	50 pts/day; changed daily	50/day or 350/wk		350/Week
Carafes - 1 liter (for variety of uses)	30/day	210/wk		210/Week
Cart, supply	3/unit (1 for IV's; 1 for Pt)	3/unit		
Chux protective pads (many uses)	3/pt q3hrs = 24 chux/pt/day x 50 pts + 1200/day	8400/wk	50/Box	168 Boxes
Cots (have extras available to replace broken equipment)	50/unit plus 2 extra	52/unit		52/Unit
Curtains, privacy (wheeled)	25 (every other bed)	25/unit		25/Unit
Diapers – adult	10/day	70/wk	72/Case	1 Case
Diapers – infant	8/day/infant x 5 infants/day	280/wk	144/Case	3 Cases
Diapers – pediatric	5/day/ped x 5 peds/day = 25/day	175/wk	144/Case	1.25 Cases
Emesis basins	100/wk	100/wk	250/Case	0.5 Case
Facial tissue, individual patient box	1 box/pt/day	350 boxes/wk	200 Boxes	1.75 Cases
Feeding tubes, pediatric				
- 5 French	10/wk	10/wk	10/Box	1 Box
-8 French	10/wk	10/wk	10/Box	1 Box
Foley Catheters - 16F Kits (includes drainage bag)	>50% of pts wk	100/wk	10/Case	10 Cases
Gloves non-sterile, small/medium/large (latex and non latex)	6 boxes/day	42 boxes/wk	100/Box	42 Boxes
Goggles / face shields, splash resistant, disposable	6 boxes/day	42 boxes/wk	100/Box	42 Boxes
Gown, splash resistant, disposable	3/staff/shift = 36/day	252/wk	Box	42 Boxes
Mask, N95, for staff (particulate respirator)	36/day	252/wk	210/Case	1.2 Cases
Gown, patient	75/day	525/wk		
Mask, 3M 1800 for patient	150/day	1050/wk		
Gauze pads, non-sterile, 4x4 size,	400/day	2800/wk		
Hand cleaner, waterless alcohol-based	1 per hand wash station/day x	28/wk	25 Bottles/Case	1 Case
Paper Towels	25 rolls/day	175 rolls/wk		175 Rolls
Lubricant, Water soluble		1-2 boxes wk	25 Boxes	0.5 Boxes
Medicine cups, 30ml, plastic	2/pt/day = 100/day	700/wk		700/Week
Morgue Kits	Tularemia: 15pt/day mortality	300/wk		300/Week
Nasogastric tubes - 18F		25/wk	50/Case	0.5 Cases
OB Kits		1/wk		1/Week
Pen lights		12/unit	6/Box	2 Boxes
Povidone-iodine bottles, 12 oz	2/day	14/wk	48 Bottles	0.25 Cases

Restraints, Extremity, soft - adult		25/wk	48/Case	0.5 Cases
Sanitary pads (OB pads)	2 women/wk; 10 pads/day	20 pads/wk	12 Pads	2 Boxes
Sharps disposal containers - 2 gallon	2-4/wk/unit	2-4/wk	20/Case	0.25 Cases
Sheets, disposable, paper, for stretchers & cots	100/day	700/wk		700/Week
Syringes, 10cc, luer lock	4 boxes/wk (100 ct box)	400 wk	100/Box	4 Boxes
Syringes, 3cc, luer lock, w/ 21g 1.5" needle	200/day	1400/wk	100/Box	14 Boxes
Syringes, catheter tip 60cc		25/wk	50/Box	0.5 Boxes
Syringes, Insulin	4/day	28/wk	100/Box	0.25 Boxes
Syringes, TB	2/day	14/day	100/Box	0.4 Boxes
Tape, silk - 1 inch	12/day	96/wk	12 Rolls/Box	8 Boxes
Tape, silk - 2 inch	6/day	42/wk	12 Bolls/Box	3.5 Boxes
Toilet tissue	25 rolls/day	175 rolls/wk		175 Rolls
Tongue depressor		2 boxes/wk	500/Box	2 Boxes
Tubex [TM] pre-filled syringe holders	1 per staff member plus	12/sub-unit	50/Case	0.25 Cases
Urinals		50/wk	50/Case	1 Case
Washcloths, disposable		10/pt/day	3500/Wk	3500/Week
Water, bottled 1 liter (for mixing ORT)	1/patient	200/wk		200/Week
Water container, 1 gallon potable		125/wk		125/Week
Drinking cups				
<b>Diagnostic Supplies</b>				
Glucometer		1 per unit	Each	
Glucometer test strips		2 bottles/wk	50 Strips/box	2 boxes
Probe covers for thermometers	4 boxes/day	28 boxes/wk	20/Box	28 Boxes
Protocol unit (or other brand), O2 sat monitor, thermometer, BP, HR		4 per unit	Each	
Protocol unit, disposable plastic BP covers	200/day	1400/wk		
Single Use Shielded Lancets	25/day	175/wk		1 Box
Stethoscopes		12/unit	Each	12

**Administrative Consumables: 50 Bed Unit**

<b>Item Description</b>
Pens – Black ballpoint
Pens – Red ballpoint
Stapler
Staples
Tape
Tape dispenser
Paper clips
Paper punch (3- or 5-hole based on chart holders)
Chart holders/Clip boards
File Folders - letter size, variety of colors
Name bands for Identification and Allergies
Batteries – 9V
Batteries – AA
Batteries – C
Batteries – D
Clipboards
Chalk or white boards
Dry-erase markers
Chalk
Trashcans and liners
Flashlights
Plastic bags for patient valuables
Floor lamps
Table lamps
Light bulbs
Plain paper
Filing cabinets – rolling
Black permanent markers
Yellow highlighter markers
Time cards
Generic sign-in, sign-out forms
Pre-printed admission Order forms
Blank physician order forms
Multidisciplinary progress notes
Nursing flow sheets
Admission history & physical forms (include area for Nrsg Hx)
Death certificates/Death packets

**Drug reference books:**

Mosby's Nursing Drug Reference 2007 (or most current publication), Linda Skidmore-Roth, Ed., June 2006 (ISBN: 0323045901)

Critical Care Intravenous Infusion Drug Handbook, Gary J. Algozzine, Robert Algozzine, Deborah J. Lilly, Feb 2005. (ISBN: 0323031218)

2007 Intravenous Medications: A Handbook for Nurses and Health Professionals, Betty L. Gahart, Adrienne R. Nazareno, July 2006 (ISBN: 0323045529)

**Oxygen and Respiratory-related Equipment Considerations for Alternative Care Site: 50 Bed Unit**

Item Description	Quantity
Bag-Valve-Mask w/adult and peds masks – adult 1600 ml reservoir	1
Cascade gauge for oxygen cylinders	14
Catheters, suction	20
Connector, 5 in 1	8
Cylinder holders for E Cylinder oxygen tanks	4
Mask, oxygen – nonrebreather, pediatric	10
Mask, oxygen – nonrebreather, adult	20
Nasal cannula, adult	40
Nasal cannula, pediatric	10
Regulator, Oxygen (Flow meter)	14
Suction unit – Collection System	2
Suction unit – Portable	1
Suction unit Battery	1
Tank, Oxygen "E" cylinder (700 L O <sub>2</sub> )	4
Tank, Oxygen "H" cylinder (7000 L O <sub>2</sub> )	10
Tubing, oxygen – with connector	40
Tubing – suction, connector	10
Tubing, suction, 10F	10
Wrench, Oxygen tank	2
Yankaur Suction Catheter	10
Intubation equipment with oral airways/ET tubes; adult & peds	1 set
Ventilators	1

**First Aid supplies**

In addition to above site supplies, consider supplies to be able to assess and conduct basic stabilization/treatment of a trauma victim that may present

- C-collar
- Backboard
- Sam Splints
- AED capability if site doesn't have a crash cart (see medications lists in Section 6)

**Central Supply DISPOSABLES**

DESCRIPTION	QTY NEEDED PER DAY	UOM	ORDER QTY	UOM

WIPE ALCOHOL	4	BX		
CATHETERS, INTRAOSSEOUS MODULE BLUE (PED USE)	1	EA		
INTERMITTENT IV ACCESS DEVICE (LOCK)	50	EA		
IV CATHETER 18G	25	EA		
IV CATHETER 20G	25	EA		
IV CATHETER 22G	10	EA		
IV CATHETER 24G	10	EA		
IV SOL NS 1000CC	45	EA		
IV COL D5 1/2NS 1000CC	30	EA		
IV START KITS	10	EA		
SET BURETROL	5	EA		
SET IV TUBING STANDARD 60 DROP	25	EA		
SET IV TUBING 10 DROP	5	EA		
NEEDLE BUTTERFLY 23G	5	EA		
NEEDLE BUTTERFLY 25G	5	EA		
NEEDLE 18G X 1	100	EA		
NEEDLE 21G X 1	100	EA		
NEEDLE 25G X 1	100	EA		
DRESSING 8X10 ABD	50	EA		
BANDAID 1"	50	EA		
BASIN EMESIS	15	EA		
BASIN WASH	20	EA		
BEDPAN FRACTURE	20	EA		
BEDPAN PONTOON	20	EA		
TISSUE TOILET	25	EA		
<b>BLANKET/SLEEPING BAG</b>	50	EA		
CARAFE LINER	3	BG/25		
CARAFE PITCHER	30	EA		
<b>CHUX UNDERPAD</b>	<b>1200</b>	<b>EA</b>	<b>??</b>	
BRIEF ADULT XL	15	EA		
BRIEF ADULT L	10	EA		
BRIEF ADULT MED	10	EA		
DIAPER LG	25	EA		
DIAPER MED	25	EA		
DIAPER INFANT	12	EA		
TISSUE FACIAL	50	EA		
TUBE FEEDING PEDS 5FR X 16	2	EA		
TUBE FEEDING PEDS 8FR X 16	2	EA		
GLOVE EXAM LATEX SM	6	BX		
GLOVE EXAM LATEX MED	6	BX		

GLOVE EXAMLATEX LG	6	BX		
GLOVE EXAM LATEX FREE SM	6	BX		
GLOVE EXAM LATEX FREE MED	6	BX		
GLOVE EXAM LATEX FREE LG	6	BX		
CATH FOLEY 16F W/DRAIN BAG	15	EA		
CATH FOLEY 16F W/DRAIN BAG I.C.	15	EA		
GOGGLES SAFETY NO VENT	100	EA		
MASK FACE SHIELD	100	EA		
MASK N95 SMALL	36	EA		
MASK N95 REG	36	EA		
MASK 3M N95 REG	36	EA		
MASK 3M N95 SMALL	36	EA		
GOWN SPLASH RESISTANT	36	EA		
<b>GOWN PATIENT</b>	<b>75</b>	<b>EA</b>	<b>??</b>	
<b>MASK 3M 1800 FOR PATIENT</b>	<b>150</b>	<b>EA</b>		
GAUZE 4X4 NONSTERILE	400	EA		
SOAP CAL-STAT 15OZ PUMP	4	EA		
PAPER TOWELS	25	EA		
LUBRICATING JELLY	1	BX		
MEDICINE CUPS	1	TB		
BAG POST MORTUM ADULT	15	EA		
BAG POST MORTUM PEDS	2	EA		
OB KITS	1	EA		
<b>NASOGASTRIC TUBES 18F</b>	<b>20</b>	<b>EA</b>		
PENLIGHTS	12	EA		
POVIDONE-IODINE BOTTLES 12 OZ	2	EA		
RESTRAINT EXTREMITY SOFT	4	EA		
PAD SANITARY	10	EA		
BELT SANITARY	2	EA		
SHARPS CONTAINER 2GL	2	EA		
SHEETS FOR STRETCHERS/COTS DISPOSABLE	100	EA		
SYRINGE 10CC LL	60	EA		
SYRINGE 3CC LL	200	EA		
SYRINGE CATH TIP 60CC	200	EA		
SYRINGE INSULIN	400	EA		
SYRINGE TB	200	EA		
TAPE SILK 1"	12	EA		
TAPE SILK 2"	6	EA		
TONGUE DEPRESSOR	1	BX		
<b>TUBEX PREFILLED SYRINGE HOLDERS</b>	<b>12</b>	<b>EA</b>		
URINAL	10	EA		

WASHCLOTH DISPOSABLE				
WATER BOTTLED 1 LITER				
WATER CONTAINER 1 GAL PORTABLE				
DRINKING CUPS				
LANCET UNISTIK	25	EA		
TEST STRIP GLUCOMETER	2	EA		
CONTROL HIGH	2	EA		
CONTROL LOW	2	EA		
COVER PROBE for thermometers	4	box		
BP CUFFS DISPOSABLE ADULT REG	40	EA		
BP CUFFS DISPOSABLE ADULT LG	40	EA		
BP CUFFS DISPOSABLE ADULT SM	40	EA		
BP CUFFS DISPOSABLE CHILD	20	EA		
BATH IN A BAG OR SOAP & CLOTH	50	EA		
BLOOD TUBES				

Ketchikan General Hospital, Ketchikan, Alaska

## EQUIPMENT TO TRANSPORT

DESCRIPTION	QTY NEEDED PER DAY	UOM		
COTS	52	EA		
PRIVACY CURTAINS	25	EA		
SUPPLY CART	3	EA		
GLUCOMETER	2	EA		
THERMOMETERS	2	EA		
02 SAT MONITOR,TERMOMETER BP,HR	4	EA		
CHAIRS	12	EA		
DESKS	6	EA		
FAX MACHINE	1	EA		
HOUSEKEEPING CART W/SUPPLIES	1	EA		
INTERNET EMAIL ACCESS	1	EA		
IV POLES	50	EA		
LINENS (SHEETS, PILLOWS & CASES, BATH TOWELS & WASHCLOTHS)	100	EA		
PATIENT COMODES	4	EA		
PHARMACY CARTS	2	EA		
PRIVACY DIVIDERS	25	EA		
REFRIGERATORS FOOD/MEDS	3	EA		
STRETCHERS	2	EA		
TELEPHONES	5	EA		
TREATMENT CARTS	2	EA		
WASHER & DRYE	1	EA		



WHEELCHAIRS	2	EA	
STAPLER	2		
TAPE DISPENSER	2		
PAPER PUNCH 3 HOLE	1		
CHART HOLDERS	2		
CLIP BOARDS	6		
WHITE BOARDS OR CHALK			
DRY-ERASE MARKERS			
TRASH CANS & LINERS			
FLOOR LAMPS			
TABLE LAMPS			
LIGHTBULBS			
COPY PAPER			
ROLLING FILE CABINETS			
TIME CARDS			
GENERIC SIGN-IN & OUT FORMS			
PRE-PRINTED ADMISSION ORDER FORMS			
NURSING FLOWSHEETS			
ADMISSION HISTORY & PHYSICAL FORMS(INCLUDE AREA FOR NRSG Hx)			
DEATH CERTIFICATES/DEATH PACKETS			
CASCADE GAUGE FOR OXYGEN CYLINDERS			
CONNECTOR 5 IN 1			
E CYLINDER HOLDERS			
SUCTION UNIT COLLECTION SYSTEM			
SUCTION UNIT PORTABLE			
SUCTION UNIT BATTERY			
SUCTION TUBING WITH CONNECTOR			
OXYGEN TUBING WITH CONNECTOR	4	EA	
H CYLINDER	10	EA	
WRENCH OXYGEN TANK	2	EA	
INTUBATION EQUIP W/ORAL AIRWAYS/ET TUBES - ADULT & PEDS			
VENTILATORS	1	EA	

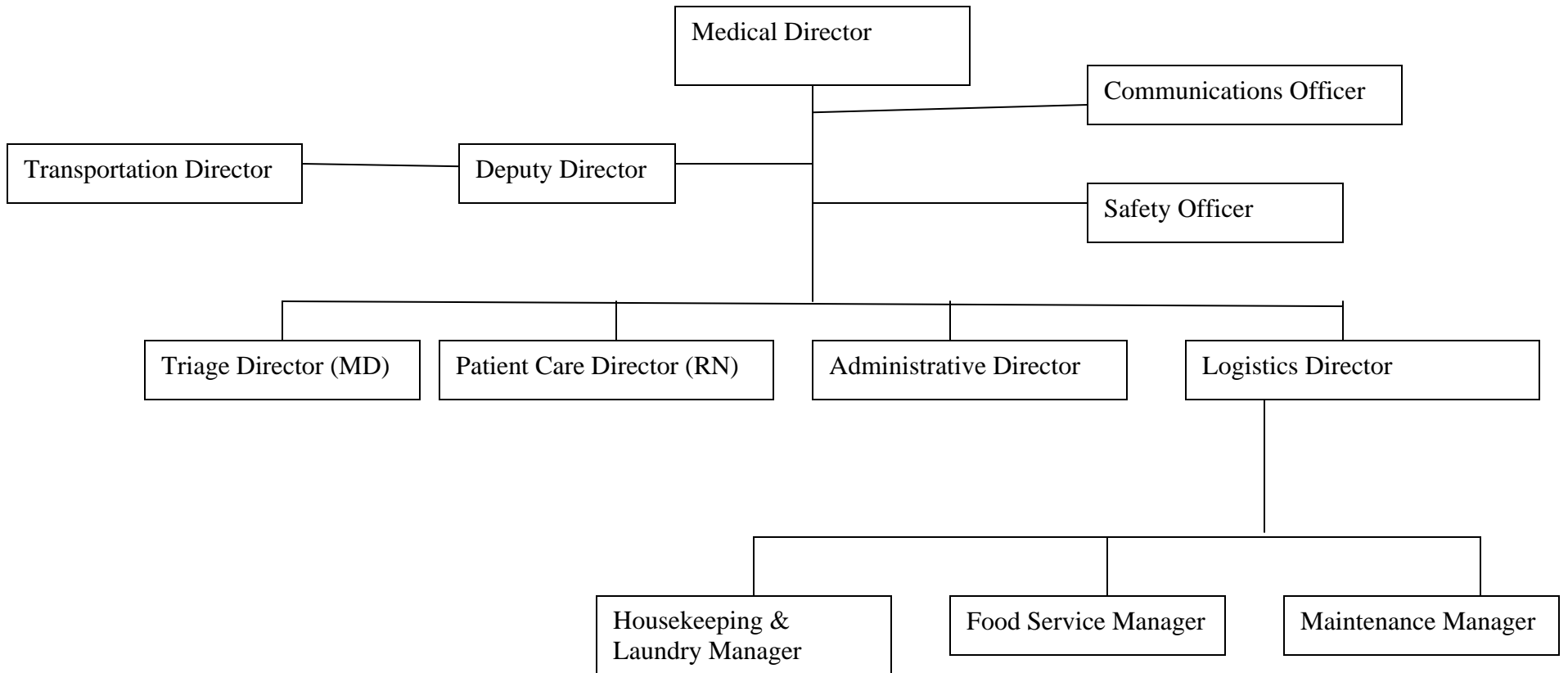
Ketchikan General Hospital, Ketchikan, Alaska

## SECTION 4: Staffing Considerations for Alternative Care Sites

Suggested Minimum per 12-Hour Shift for 50 Bed Units

<b>Class</b>	<b>Infectious</b>	<b>Non-infectious</b>	<b>Quarantine</b>
Physician	1	1	0
Physician extender (PA/NP)	1	1	0
RNs or RNs/LPNs	6	6	2
Health technicians	4	6	1
Unit secretaries	2	2	1
Respiratory Therapist	1	1	0
Case Manager	1	1	0
Social Worker	1	1	1
Housekeepers	2	2	1
Lab Personnel	1	1	0
Medical Asst/Phlebotomy	1	1	0
Food Service	2	2	2
Chaplain/Pastoral	1	1	1
Day care/Pet care	0	0	1
Volunteers	4	4	4
Engineering/Maintenance	0.25	0.25	0
Biomed-to set up equipment	0.25	0.25	0
Security	2	2	2
Patient transporters	2	2	0

## Section 5: Model Organization Plan





## Section 6: Medications to include at the Alternate Care Site

Purpose/Condition	Medications
Anaphylactic reactions	Epinephrine aqueous adrenalin chloride 1:1000 amps
Antibiotics	Cephalosporin (3 <sup>rd</sup> and 4 <sup>th</sup> generation), floroquinolones
Antivirals	oseltamivir or zanamivir
Antipyretics	Tylenol (acetaminophen) 500mg tabs (100 tabs for 100 people for 3 days) Tylenol pediatric drops 80 mg/0.8 ml; syrup/elixir 160 mg/5ml, tabs 325 mg Ibuprofen 200mg tabs
Asthma	Albuterol- Metered Dose Inhaler, solution for inhalation, capsule for inhalation, syrup, tablets Theophylline-capsules, tablets, elixir, oral solution, syrup Beclomethasone-Metered Dose Inhaler, nasal spray Saline
Blood pressure- high	Diuretics- lasix-oral solution, tablets, IV, IM potassium sparing diuretics, thiazide (HCTZ) – Oral solution, tablets Adrenergic blockers- alpha and beta blockers- atenolol-tablets, IV propranolol – tablets, oral solution, IV ACE inhibitors- captopril, lisinopril –tablets, Angiotensin II blockers Calcium channel blockers- Nifedipine-capsule, extended release tablets Verapamil-tablet, IV
Blood pressure- low	Dobutamine-IV Dopamine-IV Milrinone-IV
Diabetes Mellitus	Glucose tabs for insulin reactions Glucagon- IM, IV, sub-cutaneous Regular, NPH and Lente , and long acting (Ultra-Lente) insulins sub-cutaneous Metformin –syrup, tablets Glipizide-tablet, extended release tablet Gluburide- tablets
General use	Isopropyl alcohol Antibiotic ointment Antiseptic/betadine scrub solution Petroleum/A&D ointment Desitin ointment Antacid, low sodium tabs Hydrocortisone, 0.5% ointment Pedialyte 12-12 oz bottles (100 people for 3 days)

Heart disease	Nitro sub-lingual tabs Digoxin-capsule, elixir, IV Heparin- IV, sub-cutaneous Coumadin-tablets, IV Procardia- capsule, extended release tablets Morphine-capsules, tablets, oral solution, syrup, IV, IM, suppositories
Thyroid	Synthroid-tablets, IV, IM
Antiemetics	Phenergan Compazine zofran
Antidiarrheals	Imodium

Patients' own medications should be brought with them to the alternate care site, or acquired from their dispensing pharmacy. The medications listed above are for use in patient care protocols until patient's own medications arrive, or in emergency situations when the bio-physiological reactions to influenza infection threaten the life of the patient.

**Consider duplicate CRASH CART from the local hospital**

## Section 7: Communications Tools

### DISASTER Communication Map

Date: \_\_\_\_\_ Estimated Time of Disaster: \_\_\_\_\_ Time Announced @ KGH \_\_\_\_\_

*(to be established by Disaster Command Center & distributed within 30 minutes of the 'overhead DISASTER page')*

Disaster Areas/Patient Treatment/Support Staff	Communication Options:			Location
	Ext:	Radio- /Channel	Other:	
Disaster Command Center				
Medical Staff Support Center				
Personnel Pool Control Center				
Media Support Center				
Family & Public Waiting Center				
Supplies Center				
Food & Nutrition Center				
Child Care Center				
Lab				
Pharmacy				
Radiology				
House Supervisor				
Disaster Chairperson				
Communications Support Staff				
Security & Traffic Control				
Housekeeping				
Respiratory				
Triage				
Red				
Surgery				
Yellow				
Green				
Patient Discharge				
Black				
Morgue				





# COMMUNICATION with DISASTER COMMAND CENTER

Keep messages & requests Brief, to the Point, & very Specific

(Initial update within 30 minutes....then hourly updates)



Time: \_\_\_\_\_ Person completing form: \_\_\_\_\_

Designated Disaster Area (circle)	Area:	Staffing:			Problems:		
		# of staff now ON duty	# of staff needed	# of staff can release	OK for now	Potential Problems	HELP needed from Disaster Command
Black Area Child Care Center Communications center Discharge of Patients Family Waiting Center Food & Nutrition Center Green Area Housekeeping House Supervisor Lab Media Support Center Medical Staff Center Morgue Personnel Pool Center Pharmacy Plant Operations/Security/Traffic Radiology Red Area Respiratory Supplies Surgery Triage Yellow Area  <u>Call Back Number:</u> _____							

**Patient Treatment Areas : (circle) Red....Yellow....Green....Black....Discharge**

(Disaster Command needs the following additional information communicated :)

# of patients in area: _____  # of Beds available: _____  # of potential discharges: _____	Do you need Disaster Command Center assistance? (circle)      YES      NO
	Comments:

Ketchikan General Hospital, Ketchikan, Alaska

## Section 8: Samples of Patient/Client care forms

Department of Health  
Public Health Nursing Disaster Resource Guide  
August, 2000

<p><b>SPECIAL NEEDS SHELTER INITIAL TRIAGE ASSIGNMENT</b></p>	<p>Name: _____ Address: _____ Phone: _____ SS#: _____ DOB: _____</p>
<p>Date _____ Arrival Time _____ Age _____ M F PMD _____ PHARMACY _____ English Spoken Yes No If No, Language _____</p> <p><b>SUBJECTIVE TRIAGE DATA</b> _____ HPI _____ _____ _____ _____ _____ _____</p> <p><b>PAST MEDICAL HISTORY</b> Diabetes                      Hypertension                      Kidney Disease Pulmonary Disease                      Arthritis                      Asthma M.I.                      Cardio-Vasc                      Vasc. Disease Psych Disorder                      CVA                      Substance Abuse Migraine Headache                      Seizure Disorder Other _____</p> <p><b>CURRENT MEDICATIONS</b> (with strength and freq.) _____ _____ _____ _____ _____ _____ _____</p>	<p><b>ALLERGIES</b> _____ _____ _____</p> <p><b>Ambulatory Status:</b> <input type="checkbox"/> No Limitations <input type="checkbox"/> Walk but can't climb stairs <input type="checkbox"/> Confined to wheelchair <input type="checkbox"/> Confined to bed</p> <p><b>Accompanied by Caregiver</b>                      Yes      No Name _____ Last DT _____</p> <p><b>OPERATIONS</b>                      Yes      No</p> <p style="text-align: center;"><b>VITAL SIGNS</b></p> <p>T _____ P _____ R _____ B/P _____</p> <p><b>OBJECTIVE TRIAGE DATA</b> _____ _____ _____</p> <p><b>SHELTEREE'S EQUIPMENT</b> Foley Catheter                      Ostomy Care                      Glucose Monitor Feeding Pump                      IV Pump                      O2 Walker                      Wheelchair                      Cane Dressing                      Splint/Sling Other _____</p> <p><b>PRESCRIBED TREATMENT</b> _____ _____ _____ _____ _____ _____</p> <p>Nurse Signature _____</p>
<p><b>Additional Comments</b> _____ _____ _____ _____</p>	

Discharge Statement \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

### SPECIAL NEEDS SHELTER

### SNS MEDICAL UPDATE

SHELTEREE \_\_\_\_\_ NAME: \_\_\_\_\_  
 MEDICAL UPDATES: \_\_\_\_\_  
 Check In: DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM /  
 PM

CAREGIVERS		
Name	Relation	Caretaker
		Y N
		Y N
		Y N

Medication shelteree is on	With Them?
	Y N
	Y N
	Y N
	Y N
	Y N
	Y N

Medical Equipment with shelteree: \_\_\_\_\_  
 \_\_\_\_\_

A signature must accompany all entries.

Date / Time	Observations / Notes	Medications Given	Signature

**SPECIAL NEEDS SHELTER  
REGISTRANT COMPREHENSIVE INFORMATION REPORT**

**ADMITTING CLERK COMPLETE BELOW**

ARRIVAL DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP/COUNTY: \_\_\_\_\_

SS# \_\_\_\_\_ MEDICARE/MEDICAID #: \_\_\_\_\_

ADMITTING DIAGNOSIS: \_\_\_\_\_

LIVING SITUATION:  ALONE  RELATIVE  OTHER

ASSISTING AGENCIES:

HOME HEALTH \_\_\_\_\_  OTHER \_\_\_\_\_

**NURSE COMPLETE BELOW**

Check Appropriate Conditions

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Kidney Disease                | <input type="checkbox"/> Stroke                    | <input type="checkbox"/> Speech Impaired  | <input type="checkbox"/> Special Dietary Needs    |
| <input type="checkbox"/> Diabetes/Insulin<br>Dependent | <input type="checkbox"/> Cancer                    | <input type="checkbox"/> Sight Impaired   | <i>Discharge Issues:</i>                          |
| <input type="checkbox"/> High Blood<br>Pressure        | <input type="checkbox"/> Emphysema                 | <input type="checkbox"/> Hearing Impaired |   |
| <input type="checkbox"/> Angina Pectoris               | <input type="checkbox"/> Oxygen Dependent          | <input type="checkbox"/> Walker/Cane      | <input type="checkbox"/> Med. Dep. on Electricity |
| <input type="checkbox"/> Heart Disease                 | <input type="checkbox"/> Memory Impaired           | <input type="checkbox"/> Wheelchair Bound | <input type="checkbox"/> Other (see comments)     |
|  | <input type="checkbox"/> Mental Health<br>Impaired | <input type="checkbox"/> Incontinence     |   |

EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER IMPORTANT MEDICAL INFORMATION:

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHARMACY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS (dose/frequency): \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**DISCHARGE PLANNER COMPLETE BELOW**

- Returning Home  
 To Another Family  
 To Other (Family, Friend, Hotel, Hospital, Nursing Home, etc.)  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_
- Will Need Transportation How Did Resident Arrive At The Shelter? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DISCHARGE PLANNER: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

**SPECIAL NEEDS SHELTER REGISTRATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ IS THIS A MOBILE HOME? Y N  
 DIRECTIONS TO HOME: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHO WILL STAY WITH YOU AT THE SHELTER?  
 EMERGENCY CONTACT (NOT LIVING WITH YOU): \_\_\_\_\_ PHONE: \_\_\_\_\_  
 \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HOME HEALTH AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 OTHER AGENCIES THAT HELP YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TRANSPORTATION INFORMATION**

If in an emergency situation you were instructed to leave your home and move to an emergency shelter, how would you get there?  
 Your own car  
 Neighbor  
 Do not have a way

**CITIZEN MOBILITY**

Ambulatory  
 Wheelchair  
 (Do you have your own? Y N)  
 Bedridden  
 (If bedridden, can you be moved in a wheelchair? Y N)

**TRANSPORTATION NEEDS:**

Ambulance  
 Van with wheelchair lift  
 Walker Assistance  
 Regular car or van  
 Other: \_\_\_\_\_

**MEDICAL INFORMATION**

Check all disabilities that you may have:  
 Arthritis, Severe  
 Heart Condition  
 Diabetes \_\_\_\_ Oral \_\_\_\_ Insulin  
 Complete Paralysis  
 Partial Paralysis  
 Blind (Guide Dog? Y N)  
 Dialysis

Memory Impairment  
 Ostomy  
 Any Open Wounds  
 Any Tuberculosis  
 Hearing Impaired  
 Back Injury  
 Incontinence  
 Breathing Impaired  
 Oxygen Supported: L/Min. \_\_\_\_\_ Tank \_\_\_\_\_ O2 Converter \_\_\_\_\_

Anxiety / Nerves  
 Do you have TTD?  
 Seizures  
 Any Hepatitis  
 Do you use electrically dependent life support?  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT CARE OR TREATMENT ARE YOU CURRENTLY RECEIVING (BE SPECIFIC):  
 \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT MEDICATIONS**

Pharmacy Name: \_\_\_\_\_ Location: \_\_\_\_\_

Please list all medications that you are currently taking:

TYPE	DOSE	HOW OFTEN?

**PET INFORMATION**

Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what kind? Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Have you made arrangements for sheltering your pet? Yes \_\_\_\_\_ No \_\_\_\_\_  
What arrangements? \_\_\_\_\_

**AUTHORIZATION FOR SEARCH AND RESCUE**

I, \_\_\_\_\_, authorize emergency response personnel to enter my home at \_\_\_\_\_ during search and rescue operations if necessary to insure my safety and welfare following a declared state of emergency.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(You are not required to sign this statement)

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, GIVE MY AUTHORIZATION FOR THE MEDICAL INFORMATION CONTAINED HEREIN TO BE RELEASED TO THE COUNTY HEALTH DEPARTMENT. I UNDERSTAND THAT THIS INFORMATION WILL BE USED SOLELY FOR THE PURPOSE OF EVALUATING MY NEEDS IN A TIME OF DECLARED STATE OF EMERGENCY AND WILL BE MAINTAINED AS CONFIDENTIAL. I PROVIDE THIS INFORMATION ON A VOLUNTEER BASIS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
WITNESS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

INSTRUCTIONS: This form is created to aid the County Health Department in providing assistance to those citizens of this county who would have a special need during a declared state of emergency. If you are a citizen with a special need and are a client of a local health care agency, you may wish to coordinate the completion of this form with your assigned visiting professional.

# Patient Triage list

## DISASTER 'TRIAGE Patient List'

PATIENT #	DISASTER ID #	PATIENT NAME (LAST Name, FIRST Name)	LOCATION					LOCATION		STATUS	
			RED	YEL	GRE	BLK	O.R.	UPDATE	UPDATE	D/C	MEDVAC

# Initial Patient Assessment

Patient - Initial Disaster Assessment

Date \_\_\_\_\_ Time \_\_\_\_\_

<p><b>Initial Assessment</b>-Major deviations from normal require immediate intervention:</p> <p>A=Airway and cervical spine stabilization          B=Breathing          C=Circulation          D=Disability (neurologic status)</p>	<p><b>Secondary Assessment</b>-Identify <u>All</u> injuries in order to determine the priorities for the planning and intervention phases of the nursing process:</p> <p>E=Expose patient for Exam          F=Fahrenheit-Keep patient warm          G=Get vital signs          H=History/Head to toe examination          I=Inspect posterior surfaces</p>	<p><b>Patient Care Notes</b></p>
<p><b>Exam Components</b></p> <p><b>Neurological</b> - Level of consciousness: eye opening, motor response, mental orientation, speech, movement, sensation</p>	<p><b>Criteria for Normal Limits</b></p> <p>Patient alert, oriented to person, place and time. Behavior appropriate to situation. Peds LOC appropriate for age</p>	
<p><b>Cardiovascular</b> - Heart rate, rhythm, blood pressure, edema.</p>	<p>HR and BP are within patients normal limits. Regular rhythm. No edema. No chest pain.</p>	
<p><b>Respiratory</b> - Inspect chest: symmetry, observation of accessory muscles. Auscultate lungs. Respiratory rate. Color. Presence of cough, sputum.</p>	<p>Airway clear. Respirations quiet and regular, breath sounds clear, no cough. Absence of SOB on exertion.</p>	
<p><b>Gastrointestinal</b> - Abdominal appearance, palpation, and auscultation of bowel tones. Diet tolerance and bowel tones.</p>	<p>Abdomen soft and nontender. Bowel sounds active. No pain w/ palpation. No nausea, vomiting. Normal bowel movements.</p>	
<p><b>Genitourinary</b> - Voiding patterns, bladder distention, and urine characteristics.</p>	<p>Voiding adequate amount of clear, amber urine w/o frequency, urgency, dysuria, hematuria, or nocturia. No bladder distention after voiding.</p>	
<p><b>Musculoskeletal</b> - Ability to perform activities of daily living, range of motion, muscle strength, condition of tissues.</p>	<p>Gait, posture and ROM within normal limits with symmetrical movement and strength of extremities. Peds-appropriate for age.</p>	
<p><b>Neurovascular</b> - Neurovascular integrity; including color, temp, cap refill, edema, peripheral pulses, sensation, motion, and pain of affected extremity.</p>	<p>Pt's extremities are pink and warm with capillary refill &lt;2 seconds. Peripheral pulses palpable and equal bilaterally. No edema. Sensation and movement intact.</p>	
<p><b>Psychosocial</b> - Communication patterns, mood, and affect, coping mechanism, behavior.</p>	<p>Thought processes intact. Realistic perception of what is happening. Perceives adequate support systems. Verbalizes basic understanding of current condition.</p>	
<p><b>IV Sites</b> - Inspection of solution/container, admin set, flow rate, and pump. Inspection of site. Inspection of dressing. Determination of gauge of catheter.</p>	<p>Equipment is set up correctly and functioning properly. IV site is without redness, swelling, drainage, or pain. IV cath is changed q 72 hrs. Dressing clean, dry, intact.</p>	

**Notify MD for:**  
 Systolic BP <90 or >160, Diastolic BP >90; Heart Rate <60 or >120  
 Temperature >100 ; Blood Sugar <80 or >120



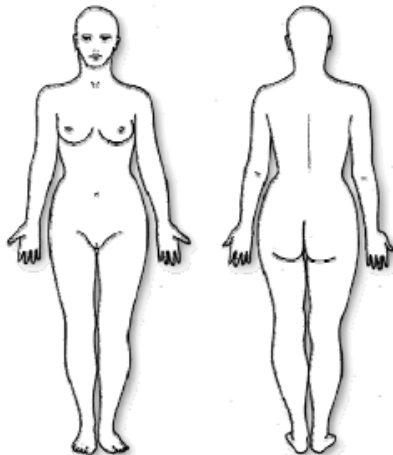
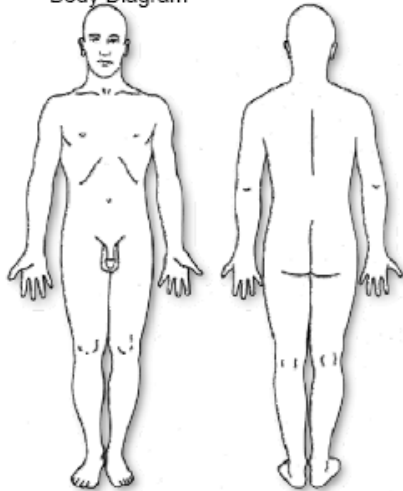
# Disaster Triage Form

Ketchikan General Hospital  
**DISASTER -- TRIAGE FORM**

Disaster  
 Patient ID #

PRE-HOSPITAL	Date: / /	Time In:	Time Out:	Sex: M / F	Patient Name:
	Brought by: KFD NT ST Airlift Guardian SEARHC OTHER				
	Chief Complaint: _____				
	Assessment: _____				
	Treatment: _____				
V. S. _____					
UPDATES: _____					
<b>DISPOSITION:</b> <b>RED</b> <b>YELLOW</b> <b>GREEN</b> <b>BLACK</b> <b>SURGERY</b> Immediate            Delayed            Minor            Grave Prognosis            Immed surgery					

Body Diagram



Vital Signs: BP	P	R	T	GCS
-----------------	---	---	---	-----

HEAD:
-------

NECK:
-------

CHEST:
--------

ABDOMEN:
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BACK:
-------

GENITO-URO:
-------------

UPPER EXTREMITY:
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LEFT
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RIGHT
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LOWER EXTREMITY:
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LEFT
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RIGHT
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