HOSPITAL STATUS ASSESMENT FORM

Date: _____

1. Check-in with hospital contact person.
(Disaster Coordinator, Nursing Supervisor, E.D. Charge Nurse, etc...)

2. Check-in with Net Control.
(Report hospital name, call sign and Hospital Service Level if available)

Hospital Name _____
Tactical Call _____

3. Obtain Hospital Service Level
(Full Service = Green, Limited Service = Yellow, Emergency Services Only = Red, No Service- Shelter in Place = Black)

4. Report Hospital Level to Net control.

Time						
Service Level of Facility						

Full Service = GREEN / Limited Service = YELLOW / Emergency Services Only = RED / No Service - Shelter in Place = BLACK

5. Obtain Census / Bed Availability.
(This data may be obtained from the person who enters data into the Reddi-Net.
Ask hospital contact person for assistance in obtaining this data)

6. After initial Census / Bed availability data is acquired.
(obtain an update at the top of every subsequent hour)

Bed Availability / Census	avail total	avail total	avail total	avail total	avail total	avail total
a ICU	/	/	/	/	/	/
b Step Down	/	/	/	/	/	/
c Telemetry	/	/	/	/	/	/
d Ward	/	/	/	/	/	/
e Pediatrics	/	/	/	/	/	/
f Burn	/	/	/	/	/	/
g Other_____	/	/	/	/	/	/
h Other_____	/	/	/	/	/	/
Time Delivered						