

**CLINICAL CENTER NURSING & PATIENT CARE SERVICES
EMERGENCY PREPAREDNESS DATA SHEET**

Unit/Day Hospital/Clinic: _____

Charge Nurse: _____

Date: _____

Time: _____

SECTION 1 : PATIENT INFORMATION

| Rm # | Patient Name (last, first) | Ambulatory Status (Walks, W/C, Stretcher, etc.) | Off unit (location) | Rm # | Patient Name (last, first) | Ambulatory Status (Walks, W/C, Stretcher, etc.) | Off unit (location) |
|------|----------------------------|---|---------------------|------|----------------------------|---|---------------------|
| 1. | | | | 16. | | | |
| 2. | | | | 17. | | | |
| 3. | | | | 18. | | | |
| 4. | | | | 19. | | | |
| 5. | | | | 20. | | | |
| 6. | | | | 21. | | | |
| 7. | | | | 22. | | | |
| 8. | | | | 23. | | | |
| 9. | | | | 24. | | | |
| 10. | | | | 25. | | | |
| 11. | | | | 26. | | | |
| 12. | | | | 27. | | | |
| 13. | | | | 28. | | | |
| 14. | | | | 29. | | | |
| 15. | | | | 30. | | | |

SECTION 2: UNIT SUMMARY

| # Patients | | # Discharges | | # Available Beds | # Guests |
|--|----------|------------------|-----------|------------------|----------|
| On unit | Off unit | Actual | Potential | | |
| | | | | | |
| # Isolations (patients requiring private room) | | # 1:1 Assignment | | # Non-ambulatory | |
| | | | | | |

SECTION 3: EQUIPMENT/SUPPLIES REQUIRED FOR EVACUATION

| O ₂ Tanks | Portable Suction | Cardiac Monitor | W/C | Stretcher | Other |
|----------------------|------------------|-----------------|-----|-----------|-------|
| | | | | | |

SECTION 4: STAFF RESOURCE

| | RN | RSA | PCT |
|--------------------------------|----|-----|-----|
| Staff to remain on unit | | | |
| Staff available for deployment | | | |
| Staff needed | | | |

EMERGENCY PREPAREDNESS DATA SHEET INSTRUCTIONS

**This tool will provide a quick snapshot of the unit at the time the data sheet is completed.*

SECTION 1: PATIENT INFORMATION

List all patients currently assigned to your unit. If there are more than 30 patients on your unit, continue on a second sheet and note the page number on the upper right hand corner of each page. Record the following patient information:

- ♦ Room number
- ♦ Name (last, first)
- ♦ Ambulatory status (walks independently, uses wheel chair, needs stretcher, etc)
- ♦ Current location if patient is off unit (x-ray, cat scan, etc).

SECTION 2: UNIT SUMMARY

Record the number of:

- ♦ Patients currently both on and off the unit (under # of patients)
- ♦ Planned actual discharges
- ♦ Potential discharges (patients that could be discharged if extra bed capacity is needed)
- ♦ Current available beds
- ♦ Guests (e.g., family, visitors, etc.) on the unit
- ♦ Isolations or patients requiring private rooms
- ♦ 1:1 patients (e.g., behavioral health units, ICUs, etc.)
- ♦ Non-ambulatory patients currently on the unit (e.g., wheelchair, stretcher, etc.)

SECTION 3: EQUIPMENT/SUPPLIES REQUIRED FOR EVACUATION

Indicate the number of items that will be necessary for patient transport should evacuation be necessary:

- ♦ Oxygen tanks
- ♦ Portable suction
- ♦ Cardiac monitors
- ♦ Wheel chairs
- ♦ Stretchers
- ♦ Other equipment or supply specific to the needs of your patients

SECTION 4: STAFF RESOURCE

Record the following information:

- ♦ Total number of staff that is necessary to care for the patients you currently have on the unit.
- ♦ Total number of staff that is currently available for deployment to other areas.
- ♦ Total number of staff currently needed that are not present on your unit.

_____ copy – stays on unit for use by the Charge Nurse
_____ and _____ copies - sent to Nursing and Patient Care Services Command Center