

### PATIENT'S LIST, ADMISSION STATUS FORM FOR DISASTERS

Hospital Name:

Ward: Day: Date: / / 14 H Time: Am/Pm Charge Nurse On Duty: Sign:

S.N	BED	ID NO	PATIENT'S NAME	MRN	AGE/SEX	NAT	CONSULTANT	DIAGNOSIS	AMBULATORY STATUS	PATIENT'S STABILITY
1									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
2									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
3									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
4									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
5									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
6									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
7									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
8									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
9									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
10									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
11									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
12									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
13									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
14									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
15									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
16									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
17									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
18									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
19									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL
20									<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N	<input type="checkbox"/> STABLE <input type="checkbox"/> CRITICAL

\* Ambulatory Status : A : Ambulatory S: Semi – Ambulatory N: Non - Ambulatory