

Triage Hand-off and Summary (CERT FORM BCF-501)

Purpose. The Triage Hand-Off and Summary form organizes information regarding a field triage including patient ID, triage color, START(Simple Triage and Rapid Treatment) data and summary information of the scene.

Preparation. A Triage Hand-off and Summary form is initiated and completed by the team performing the field triage.

Distribution. When completed, Give the Triage Hand-Off page to the Medical Agency receiving the patients from the triage scene. Keep the Triage Summary page for team activity documentation or deliver it to the teams sponsor, if requested.

Block Number	Block Title	Instructions
1	Team ID	Enter the Tactical name assigned to your Team.
2	Date	Enter the current date in MM / DD / YYYY format.
3	Start Time	Enter the time the triage started, using a twenty-four hour clock in the format of HH:MM.
4	End Time	Enter the time the triage ends, using a twenty-four hour clock in the format of HH:MM.
5	Number Green	Using tick-marks, enter the number of Green/Minor patients triaged.
6	Number Yellow	Using tick-marks, enter the number of Yellow/Delayed patients triaged.
7	Number Red	Using tick-marks, enter the number of Red/Immediate patients triaged.
8	Number Zebra	Using tick-marks, enter the number of Zebra/Deceased patients triaged.
9	MAP	Indicate the location of the patients by status.
10	NOTES	Enter any information deemed pertinent to the triage scene
11	Prepared by	Enter the name of the person entering the data on the Summary form.

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12	Team ID	Enter the Tactical name assigned to your Team.
13	Agency	Enter the name of the sponsoring agency associated with your team. If your team is made up of members from more than one sponsoring agency, enter the name of the team lead's sponsoring agency.
14	Time	Enter the current time using a twenty-four hour clock in the format of HH:MM.
15	Date	Enter the current date in MM / DD / YYYY format.
16	ID	Enter a patient's name, triage tag number or other information that would uniquely identify that patient.
17	Resp.	Circle the symbol that corresponds to the respiratory condition of the patient. 🔄 for "repositioned the head to aid breathing", ↔ for "breathing normally", ↑ for "breathing above twenty-nine breaths per minute".
18	Cap Refill	Circle the symbol that corresponds to the time to accomplish capillary refill. ≤ for two seconds or less or > for more than two second.
19	Mental Status	Circle the letter that corresponds to the mental status of the patient. N for the patient not being able to follow simple commands or A for the patient able to follow simple commands. A Confused patient would be listed as an N .
20	Triage Color	Circle the triage color assessed for that patient (R for Red/Immediate, Y for Yellow/Delayed, G for Green/Minor).
21	Mechanism of Injury	Mechanism of Injury refers to how the patient was injured. Enter how the patient was injured. (i.e. Fall, Crushed, Stabbed, Automobile accident, etc.)
22	Chief Complaint	Chief Complaint refers to what the patients says bothers them or hurts them the most. Enter what the patient states is bothering them the most, if anything.
23	Hand-Off by	Enter the Name of the Team Lead handing the patient information to a medical provider. The medical provider could be a hospital, ambulance crew, MRC, CERT medical treatment team, etc.
24	Received by	Enter the name of the person receiving the patients and the patient's information from the Team Lead