PATIENT ROUTING WORKSHEET

Date: _____

Tag #	Category R = Red Y = Yellow G = Green	Age Group/Injuries	Hospital	Specialized Hospital	Ambulance Service Name and Number	Time of Transport (Use Military time)	Patient Name	Called Hospital
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				
	R Y G			Trauma – Level I & II Pediatric Center Burn Center				