

## Trauma Divert Tracking Log

Complete one form each time the hospital goes on divert.

<b>On divert</b> Date: _____  Time: _____  Determining physician(s): _____
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<b>Off divert</b> Date: _____  Time: _____  Determining physician(s): _____
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### Diverted patients

No patients diverted

Date/Time: _____
Ambulance Service: _____
Chief Complaint: _____
Diversion destination: _____

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Ambulance Service: _____
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**Forward this form to the trauma program manager.**