

DIVERSION ALERT STATUS FORM

Diversion Alert Status Form: To be completed by designated hospital representative and faxed to Medical Command immediately after phone notification.

Date:	Hospital:		
Time Initiated:		Time Cancelled:	
Charge Physician:		Charge Nurse:	
Representative Requesting Diversion:			
Alert Status Requested and Criteria: (i.e. Red Alert, Yellow Alert, Criteria 1-5)			
Medical Command Operator:			
Number of Patients in ED:		Number of Critical Patients:	
Number of Monitor Beds in ED:		Number in Use:	
Number of Monitor Beds In-House:		Number in Use:	
Number of Beds In-House:		Number in Use:	
Signature of Designated Representative:			