

# ADULT (>16 years of age)

Admin Use Only
MEDCOM Case #
Time MEDCOM Notified

**MEDCOM should be activated within 30 minutes of arrival to ED**

Trauma Alert = One RED or Two BLUE Criteria

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

*or Place Patient Sticker Here*

Time of ED Admit: \_\_\_\_\_

Time MEDCOM Notified: \_\_\_\_\_

**Circle all Red/Blue Criteria that apply (or check box patient does not meet Red/Blue Criteria)**

**FAX Red/Blue Criteria & Face Sheet to: (800) 418-4262 or (210) 233-5822**

### RED CRITERIA

- R1 GCS  $\leq$  13 due to trauma
- R2 ACTIVE airway assistance required (i.e., more than supplemental O2 without airway adjunct)
- R3 No radial pulse AND heart rate  $\geq$  120
- R4 BP < 90 systolic
- R5 Pelvic fracture or flail chest
- R6 Acute paralysis, loss of sensation, or suspected spinal cord injury
- R7 Amputation proximal to wrist or ankle
- R8  $\geq$  15% BSA 2nd and 3rd degree burns
- R9 Penetrating injury to head (or depressed skull fracture), neck, torso, extremities proximal to elbow or knee (excluding superficial wounds)
- R10 Crushed, degloved, mangled or pulseless injured extremity
- R11 Two or more long bone fractures (on different extremities)

### BLUE CRITERIA

- B1 Reliable loss of consciousness > 5 minutes
- B2 Sustained respiratory rate  $\geq$  30 or  $\leq$  10
- B3 Sustained heart rate  $\geq$  120 with radial pulse and BP  $\geq$  90 systolic
- B4 Best motor response = 5
- B5 Pregnancy > 20 weeks
- B6 Fracture to humerus or femur due to motor vehicle crash
- B7 Fall from  $\geq$  20 feet
- B8 Age  $\geq$  55
- B9 Ejection from vehicle (excludes open vehicles)
- B10 Driver with deformed steering wheel or intrusion > 12 inches to occupant or 18 inches at any site
- B11 Death in same vehicle
- B12 Auto vs pedestrian/bicyclist or motorcyclist thrown, run over, or with significant (> 20mph) impact
- B13 Patient on anticoagulation with a suspected TBI

**Patient does not meet Red or Blue Criteria, services not available at transferring facility.**

**The following information should be discussed during Physician to Physician report:**

- M** 1. Age/Sex
- I** 2. Mechanism of injury
- S** 3. Injuries (list head to toe); or Inspections (include pertinent medical history like use of anticoagulants)
- T** 4. Vital Signs
5. Treatment

Facility Information for Memorandum of Transfer

#### UNIVERSITY HOSPITAL

4502 Medical Drive  
San Antonio, TX 78229  
University Hospital Patient Report: (210) 743-5652

#### SAN ANTONIO MILITARY MEDICAL CENTER

3551 Roger Brooke Drive  
Fort Sam Houston, TX 78234 (San Antonio)  
SAMMC Patient Report: (210) 916-0808

# Red/Blue Trauma Criteria

## PEDI (≤16 years of age)

Admin Use Only
MEDCOM Case #
Time MEDCOM Notified

**MEDCOM should be activated within 30 minutes of arrival to ED**

Trauma Alert = One RED or Two BLUE Criteria

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Time of Injury: \_\_\_\_\_

or Place Patient Sticker Here

Time of ED Admit: \_\_\_\_\_

Time MEDCOM Notified: \_\_\_\_\_

**Circle all Red/Blue Criteria that apply (or check box patient does not meet Red/Blue Criteria)**

**FAX Red/Blue Criteria & Face Sheet to: (800) 418-4262 or (210) 233-5822**

RED CRITERIA	BLUE CRITERIA
<b>R1</b> Patient NOT awake and appropriate	<b>B1</b> Reliable history of any LOC and/or Amnesia
<b>R2</b> ACTIVE airway assistance required (i.e., more than supplemental O2 without airway adjunct)	<b>B2</b> Weight <10kg (22lbs) or RED or PURPLE Broselow Tape Zone
<b>R3</b> Weak carotid/femoral pulse or Absent distal pulses	<b>B3</b> Single closed long bone fracture site
<b>R4</b> Degloving injury, major flap avulsion	<b>B4</b> Ejection from vehicle (excludes open vehicles)
<b>R5</b> Acute paralysis, loss of sensation, or suspected spinal cord injury	<b>B5</b> Death in same vehicle
<b>R6</b> Amputation proximal to wrist or ankle	<b>B6</b> Falls > 2X the child's height or > 10 feet
<b>R7</b> ≥10% BSA 2nd and 3rd degree burns	<b>B7</b> Auto vs pedestrian/bicyclist thrown, run over, or with significant (>20mph) impact
<b>R8</b> Penetrating injury to head (or depressed skull fracture), neck, torso, extremities proximal to elbow or knee (excluding superficial wounds)	<b>B8</b> Pregnancy >20 weeks
<b>R9</b> Crushed, degloved, mangled or pulseless injured extremity	<b>B9</b> Intrusion > 12 inches to occupant or 18 inches at any site
<b>R10</b> Two or more closed long bone fracture sites	
<b>R11</b> Any open long bone fracture	
<b>R12</b> Pelvic fracture or flail chest	

**Patient does not meet Red or Blue Criteria, services not available at transferring facility.**

**The following information should be discussed during Physician to Physician report:**

- |          |   |
|----------|---|
| <b>M</b> | 1. Age/Sex  |
| <b>I</b> | 2. <b>Mechanism</b> of injury   |
| <b>S</b> | 3. <b>Injuries</b> (list head to toe); or <b>Inspections</b> (include pertinent medical history like use of anticoagulants) |
| <b>T</b> | 4. Vital <b>Signs</b>   |
|          | 5. <b>Treatment</b>   |

Facility Information for Memorandum of Transfer

**UNIVERSITY HOSPITAL**  
 4502 Medical Drive  
 San Antonio, TX 78229  
 University Hospital **Patient Report: (210) 743-5652**

**SAN ANTONIO MILITARY MEDICAL CENTER**  
 3551 Roger Brooke Drive  
 Fort Sam Houston, TX 78234 (San Antonio)  
 SAMMC **Patient Report: (210) 916-0808**