

Red/Blue Trauma Criteria
ADULT (≥18 years of age)

Admin Use Only
MEDCOM Case #
Time MEDCOM Notified

MEDCOM should be activated by calling 210-233-5815 within 30min of arrival to ED when Trauma Alert (1-R or 2-B 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: (210) 233-5822

RED CRITERIA	BLUE CRITERIA
R1 GCS ≤ 13 due to trauma	B1 Reliable loss of consciousness > 5 minutes
R2 ACTIVE airway assistance required (i.e., more than supplemental O2 without airway adjunct)	B2 Sustained respiratory rate ≥ 30 or ≤ 10
R3 No radial pulse AND heart rate ≥ 120	B3 Sustained heart rate ≥ 120 with radial pulse and BP ≥ 90 systolic
R4 BP < 90 systolic	B4 Best motor response = 5
R5 Pelvic fracture or flail chest	B5 Pregnancy > 20 weeks
R6 Acute paralysis, loss of sensation, or suspected spinal cord injury	B6 Fracture to humerus or femur due to motor vehicle crash
R7 Amputation proximal to wrist or ankle	B7 Fall from ≥ 20 feet
R8 ≥ 15% BSA 2nd and 3rd degree burns	B8 Age ≥ 55
R9 Penetrating injury to head (or depressed skull fracture), neck, torso, extremities proximal to elbow or knee (excluding superficial wounds)	B9 Ejection from vehicle (excludes open vehicles)
R10 Crushed, degloved, mangled or pulseless injured extremity	B10 Driver with deformed steering wheel or intrusion > 12 inches to occupant or 18 inches at any site
R11 Two or more long bone fractures (on different extremities)	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 T.B.I.

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

Rev 10/15,
 10/17, 5/18,
 9/18