

ADULT (>16 years of age)

Admin Use Only
MEDCOM Case #
Time MEDCOM Notified

MEDCOM should be activated by calling 800-247-6428 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: (800) 418-4262 or (210) 233-5822

RED CRITERIA

BLUE CRITERIA

- | | |
|---|--|
| R1 GCS \leq 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 \geq 30 or \leq 10 |
| R3 No radial pulse AND heart rate \geq 120 | B3 Sustained heart rate \geq 120 with radial pulse and BP \geq 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 \geq 20 feet |
| R8 \geq 15% BSA 2nd and 3rd degree burns | B8 Age \geq 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 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)

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

- | | |
|----------|---|
| 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 |

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