

## Red/Blue Trauma Criteria PEDI (≤17 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
<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:**

**M** 1. Age/Sex

**I** 2. **Mechanism** of injury

**I** 3. **Injuries** (list head to toe); or **Inspections** (include pertinent medical history like use of anticoagulants)

**S** 4. **Vital Signs**

**T** 5. **Treatment**

**Facility Information for Memorandum of Transfer**

<b>UNIVERSITY HOSPITAL</b>
4502 Medical Drive San Antonio, TX 78229 University Hospital <b>Patient Report: (210) 743-5652</b>
<b>SAN ANTONIO MILITARY MEDICAL CENTER</b>
3551 Roger Brooke Drive Fort Sam Houston, TX 78234 (San Antonio) SAMMC <b>Patient Report: (210) 916-0808</b>