

# MEDCOM Transfer Form

## PEDIATRIC (Age <17)

**MEDCOM** should be activated by calling 210-233-5815 within 30min of ED arrival when Trauma Alert (1-R or 2-B) criteria are met.

**Place Patient Sticker Here**

### Reason for Transfer:

**Does NOT** meet Trauma Criteria (meeting trauma criteria is not required for transfer, please indicate reason for transfer):

Needs Specialty Care (indicate what specialty):  
 ENT    OMF    Ophthalmology    Other  
 Or, Services not available at referring facility (explain): \_\_\_\_\_

**Meets Trauma Criteria** - circle the below applicable red/blue criteria (meeting criteria is not required for transfer)

### PEDIATRIC RED CRITERIA

(circle all that apply)

**R1** Unable to follow commands (GCS Motor Score < 6)  
**R2** Respiratory distress or need for airway/ventilation support (more than supplemental O2) or room air pulse ox < 90%  
**R3** Weak carotid/femoral pulse or absent distal pulses  
**R4** ANY (BP < 90 age > 10)  
**R5** Pelvic instability or chest wall instability or crepitus  
**R6** Acute paralysis, loss of sensation, or suspected spinal cord injury  
**R7** Amputation proximal to wrist or ankle  
**R8**  $\geq$  5 BSA partial/full thickness burns  
 Penetrating injury (i.e. GSW, stabbed, impalement) to head,  
**R9** neck, torso, extremities proximal to elbow or knee, excluding superficial wounds  
**R10** Crushed, degloved, mangled, or pulseless injured extremity  
**R11** Two or more proximal long bone fracture sites  
**R12** Any active bleeding requiring a tourniquet or wound packing with continuous pressure  
**R13** Skull deformity

### PEDIATRIC BLUE CRITERIA

(circle all that apply)

**B1** Reliable history of any LOC and/or amnesia  
**B5** Pregnancy >20 weeks  
**B6** Single closed long bone fracture site  
**B7** Falls > 2X the child's height or > 10 feet  
**B9** Ejection from vehicle (excludes open vehicles)  
**B10** Driver with deformed steering wheel  
**B11** Death in same vehicle  
**B12** Pedestrian, Bicycle/Scooter rider struck, run over or with significant impact  
**B14** Weight <10kg (22lbs) or RED or PURPLE Broselow Tape Zone  
**B15** Suspicion of non-accidental trauma  
**B16** Rider separated from transport vehicle w/ significant impact (motorcycle, ATV, horse, scooter, ect.)  
**B17** Child ages 0-9 years unrestrained or in an unsecured child safety seat (with injuries)

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

**M** 1. Age/Sex  
**M** 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

### Receiving Facility Information for Memorandum of Transfer:

#### UNIVERSITY HOSPITAL

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

#### BROOKE ARMY MEDICAL CENTER (AKA SAMMC)

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

<b>ADMIN USE ONLY</b>	
MEDCOM Case#	
Time MEDCOM Notified:	

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

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

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

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



## MEDCOM Transfer Form

### ADULT (Age >18 to <65)

MEDCOM should be activated by calling 210-233-5815 within 30min of ED arrival when Trauma Alert (1-R or 2-B) criteria are met.

**ADMIN USE ONLY**

MEDCOM Case#

Time MEDCOM Notified:

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

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

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

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

**Place Patient Sticker Here**

#### Reason for Transfer:

**Does NOT** meet Trauma Criteria (meeting trauma criteria is not required for transfer, please indicate reason for transfer):

Needs Specialty Care (indicate what specialty):

ENT  OMF  Ophthalmology  Other \_\_\_\_\_

Or, Services not available at referring facility (explain): \_\_\_\_\_

**Meets Trauma Criteria** - circle the below applicable red/blue criteria (meeting criteria is not required for transfer)

#### ADULT RED CRITERIA

(circle all that apply)

**R1** Unable to follow commands (GCS Motor Score < 6)

**R2** Respiratory distress or need for airway/ventilation support (more than supplemental O<sub>2</sub>) or room air pulse ox < 90%

**R3** No radial pulse AND heart rate ≥ 120, or heart rate greater than systolic BP (shock index > 1)

**R4** ANY BP < 90 systolic

**R5** Pelvic instability or chest wall instability or crepitus

**R6** Acute paralysis, loss of sensation, or suspected spinal cord injury

**R7** Amputation proximal to wrist or ankle

**R8** > 10% BSA partial / full thickness burns

Penetrating injury (i.e. GSW, stabbed, impalement) to head,

**R9** neck torso, extremities proximal to elbow or knee, excluding superficial wounds.

**R10** Crushed, degloved, mangled or pulseless injured extremity

**R11** Two or more proximal long bone fracture sites

**R12** Any active bleeding requiring a tourniquet or wound packing with continuous pressure

**R13** Skull deformity

#### ADULT BLUE CRITERIA

(circle all that apply)

**B1** Reliable loss of consciousness > 5 minutes

**B2** Sustained respiratory rate ≥ 30 or ≤ 10

**B5** Pregnancy > 20 weeks

**B6** Fracture to humerus or femur due to motor vehicle crash

**B7** Fall from ≥ 10 feet

**B9** Ejection from vehicle (excludes open vehicles)

**B10** Driver with deformed steering wheel

**B11** Death in same vehicle

**B12** Pedestrian, Bicycle/Scooter rider struck, run over or with significant impact

**B13** Patient on anticoagulation with a suspected TBI

**B16** Rider separated from transport vehicle w/ significant impact (motorcycle, ATV, horse, scooter, etc..)

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

**M** 1. Age/Sex

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

**Receiving Facility Information for Memorandum of Transfer:**

**UNIVERSITY HOSPITAL**

4502 Medical Drive

San Antonio, TX 78229

University Hospital Patient Report: 210-743-5652

**BROOKE ARMY MEDICAL CENTER (AKA SAMMC)**

3551 Roger Brooke Drive

Fort Sam Houston, TX 78234 (San Antonio)

BAMC Patient Report: 210-916-0808

Version 01/2026

**FAX Red/Blue Criteria and Face Sheet to: 210-233-5822 or 210-610-9584**

# MEDCOM Transfer Form

## GERIATRIC (Age >65)

**MEDCOM** should be activated by calling 210-233-5815 within 30min of ED arrival when Trauma Alert (1-R or 2-B) criteria are met.

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### Reason for Transfer:

**Does NOT** meet Trauma Criteria (meeting trauma criteria is not required for transfer, please indicate reason for transfer):

Needs Specialty Care (indicate what specialty):  
 ENT    OMF    Ophthalmology    Other  
 Or, Services not available at referring facility (explain): \_\_\_\_\_

**Meets Trauma Criteria** - circle the below applicable red/blue criteria (meeting criteria is not required for transfer)

### GERIATRIC RED CRITERIA

(circle all that apply)

**R1** Unable to follow commands (GCS Motor Score < 6)  
**R2** Respiratory distress or need for airway/ventilation support (more than supplemental O2) or room air pulse ox < 90%  
**R3** No radial pulse, or heart rate heart rate greater than systolic BP (shock index > 1)  
**R4** ANY BP < 90 systolic  
**R5** Pelvic instability, chest wall instability or crepitus  
**R6** Acute paralysis, loss of sensation, or suspected spinal cord injury  
**R7** Amputation proximal to wrist or ankle  
**R8**  $\geq 5\%$  BSA partial/full thickness burns  
 Penetrating injury (i.e. GSW, stabbed, impalement) to head,  
**R9** neck torso, extremities proximal to elbow or knee, excluding superficial wounds  
**R10** Crushed, degloved, mangled or pulseless injured extremity  
**R11** Two or more proximal long bone fracture sites  
**R12** Any active bleeding requiring a tourniquet of wound packing with continuous pressure  
**R13** Skull deformity

**B1** Reliable loss of consciousness > 5 minutes  
**B2** Sustained respiratory rate > 30 or < 10  
**B6** Fracture to the humerus or femur due to motor vehicle crash  
**B7** Fall from >3 feet  
**B8** Age >65  
**B9** Ejection from vehicle (excludes open vehicles)  
**B10** Driver with deformed steering wheel  
**B11** Death in same vehicle  
**B12** Pedestrian, Bicycle/Scooter rider struck, run over or with significant impact  
**B13** Patient on anticoagulation with a suspected TBI (includes daily ASA use)  
**B15** Significant injuries to two or more body systems  
**B16** Rider separated from transport vehicle w/ significant impact (motorcycle, ATV, horse, scooter, etc.)

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

**M** 1. Age/Sex  
**M** 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

### Receiving Facility Information for Memorandum of Transfer:

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<b>ADMIN USE ONLY</b>	
MEDCOM Case#	
Time MEDCOM Notified:	

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

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

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

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