

T 5. Treatment

## **MEDCOM Transfer Form**

ADMIN USE ONL
MEDCOM Case#

Southwest Texas Regional Advisory Council ADULT (Age <u>&gt;</u> 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.  Date:							
			Time of Injury:				
F	Place Patient Sticker He	re	Time of ED Admit:				
			Time MEDCOM Notified:				
Rea	son for Transfer:						
	<u>Does NOT</u> 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,	) <i>:</i>					
Ш	Meets Trauma Criteria - circle the below applicable red/bl	ue cri	teria (meeting criteria is not required for transfer)				
	ADULT RED CRITERIA (circle all that apply)		ADULT BLUE CRITERIA (circle all that apply)				
R1	$GCS \leq 13$ due to trauma	<b>B1</b>	Reliable loss of consciousness > 5 minutes				
R2	Active airway assistance required (i.e. more than supplemental O2 w/out airway adjunct)	B2	Sustained respiratory rate $\geq$ 30 or $\leq$ 10 per minute				
R3	No radial pulse AND heart rate $\geq$ 120	В3	Sustained heart rate $\geq$ 120 with radial pulse and BP $\geq$ 90 systolic				
R4	BP < 90 systolic	B4	Best motor response = 5				
R5	Pelvic instability or chest wall instability or crepitus	B5	Pregnancy > 20 weeks				
R6	Acute paralysis, loss of sensation, or suspected spinal cord injury	В6	Fracture to humerus or femur due to motor vehicle crash				
<b>R7</b>	Amputation proximal to wrist or ankle	<b>B7</b>	Fall from ≥ 20 feet				
R8	≥ 10% BSA partial/full thickness burns	В9	Ejection from vehicle (excludes open vehicles)				
R9	Penetrating injury to head (or depressed skull fx), neck, torso, extremities proximal to elbow or knee (excluding superficial wounds)	B10	Driver with deformed steering wheel				
R10	Crushed, degloved, mangled, or pulseless injured extremity	B11	Death in same vehicle				
R11	Two or more proximal long bone fracture sites	B12	Pedestrian or bicyclist struck; or motorcyclist thrown, run over, or with significant impact				
		B13	Patient on anticoagulant with a suspected TBI				
The	following information should be discussed		eiving Facility Information for Memorandum of Transfer:				
duri	ing Physician to Physician report:		IVERSITY HOSPITAL 4502 Medical Drive				
	1. Age/Sex		San Antonio, TX 78229				
M	2. <b>Mechanism</b> of injury		University Hospital Patient Report: 210-743-5652				
I	3. <b>Injuries</b> (list head to toe); or <b>Inspections</b> (include pertinent medical history like use of anticoagulants)	BRO	DOKE ARMY MEDICAL CENTER (AKA SAMMC)				
S	4. Vital <b>Signs</b>		3551 Roger Brooke Drive				
_	- U -		Eart Care Harreton TV 70224 (Care Automia)				

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



## **MEDCOM Transfer Form** PEDIATRIC (Age <17)

ADMIN USE ONLY
MEDCOM Case#
Time MEDCOM Notified:

MEDCOM should be activated by calling 210-233-5815 with rrival when Trauma Alert (1-R or 2-B) criteria are met.	hin 30min of ED  Date:  Time of Injury:						
Place Patient Sticker He	Time of FD Admit:  Time MEDCOM Notified:						
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)	PEDIATRIC BLUE CRITERIA  (circle all that apply)						
Patient not awake and appropriate  Active airway assistance required (i.e. more than supplemental	B1 Reliable history of any LOC and/or amnesia  B5 Pregnancy > 20 weeks						
R3 Weak carotid/femoral pulse or absent distal pulses	<b>B6</b> Single closed long bone fracture site						
R4 BP <70 plus 2X Age (BP <90 age >10)  R5 Pelvic instability or chest wall instability or crepitus	<ul><li>B7 Falls &gt;2X child's height or &gt;10 feet</li><li>B8</li></ul>						
<ul><li>Acute paralysis, loss of sensation, or suspected spinal cord injury</li><li>Amputation proximal to wrist or ankle</li></ul>	<ul><li>B9 Ejection from vehicle (excludes open vehicles)</li><li>B10 Driver with deformed steering wheel</li></ul>						
Penetrating injury to head (or depressed skull fx), neck, torso,	<ul> <li>B11 Death in same vehicle</li> <li>B12 Pedestrian or bicyclist struck; or motorcyclist thrown, run over, or with significant impact</li> </ul>						
210 Crushed, degloved, mangled, or pulseless injured extremity	B13 B14 Weight <10 kg (<22lbs) or RED or PURPLE Broselow Tape Zone						
	<b>B15</b> Suspicion of non-accidental trauma						
The following information should be discussed furing Physician to Physician report:  1. Age/Sex 2. Mechanism of injury 3. Injuries (list head to toe); or Inspections (include pertinent medical history like use of anticoagulants)  4. Vital Signs  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						



## **MEDCOM Transfer Form** GERIATRIC (Age <a>65)</a>

ADMIN USE ONLY
MEDCOM Case#
Time MEDCOM Notified:

ED	COM should be activated by calling 210-233-5815 wit	Time MEDCOM Notified:							
rival when Trauma Alert (1-R or 2-B) criteria are met.			Date:						
			Time of Injury:						
F	Place Patient Sticker He	re	Time of ED Admit:						
_			Time MEDCOM Notified:						
ea	son for Transfer:								
	<u>Does NOT</u> 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,	) <i>:</i>							
	$\underline{\text{Meets}}$ Trauma Criteria - circle the below $\underline{\textit{applicable}}$ red/bl	ue cri	teria (meeting criteria is not required for transfer)						
	GERIATRIC RED CRITERIA		GERIATRIC BLUE CRITERIA						
	(circle all that apply)		(circle all that apply)						
1	GCS ≤13 or change in baseline due to trauma	B1	Reliable loss of consciousness >5 min						
2	Active airway assistance required (i.e. more than supplemental O2)	B5	Sustained respiratory rate ≥30 or ≤10						
3	No radial pulse	В3	Sustained heart rate ≥100						
4	BP <110 systolic	B4	Best motor response = 5						
5	Pelvic instability or chest wall instability or crepitus	В6	Fracture to humerus or femur due to motor vehicle crash						
6	Acute paralysis, loss of sensation, or suspected spinal cord injury	B7	Fall from >3 feet						
7	Amputation proximal to wrist or ankle	В8	Age >65						
8	≥ 5% BSA partial/full thickness burns	В9	Ejection from vehicle (excludes open vehicles)						
9	Penetrating injury to head (or depressed skull fx), neck, torso, extremities proximal to elbow or knee (excluding superficial wounds)	B10	Driver with deformed steering wheel						
10	Crushed, degloved, mangled, or pulseless injured extremity	B11	Death in same vehicle						
Ι1	Two or more proximal long bone fracture sites	B12	Pedestrian or bicyclist struck; or motorcyclist thrown, run over, or with significant impact						
		B13	Patient on anticoagulant w/ suspect TBI (includes daily ASA use)						
		B15	Significant injuries to two or more body systems						
ne following information should be discussed			eiving Facility Information for Memorandum of Transfer:						
	ing Physician to Physician report:		IVERSITY HOSPITAL						
1. Age/Sex			4502 Medical Drive San Antonio, TX 78229						
2. Mechanism of injury			University Hospital Patient Report: 210-743-5652						

- 3. Injuries (list head to toe); or Inspections (include pertinent medical history like use of anticoagulants)
- 4. Vital Signs

T 5. Treatment

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

3551 Roger Brooke Drive

Fort Sam Houston, TX 78234 (San Antonio)

BAMC Patient Report: 210-916-0808