

ADMIN USE ONLY
MEDCOM Case#
Time MEDCOM Notified:

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

Date: _____

Time of Injury: _____

Time of ED 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 <i>(circle all that apply)</i>	PEDIATRIC BLUE CRITERIA <i>(circle all that apply)</i>
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), or respiratory distress	B5 Pregnancy > 20 weeks
R3 Weak carotid/femoral pulse or absent distal pulses	B6 Single closed long bone fracture site
R4 BP <70 plus 2X Age (BP <90 age >10)	B7 Falls >2X child's height or >10 feet
R5 Pelvic instability or chest wall instability or crepitus	B8
R6 Acute paralysis, loss of sensation, or suspected spinal cord injury	B9 Ejection from vehicle (excludes open vehicles)
R7 Amputation proximal to wrist or ankle	B10 Driver with deformed steering wheel
R8 ≥ 5% BSA partial/full thickness burns	B11 Death in same vehicle
R9 Penetrating injury to head (or depressed skull fx), neck, torso, extremities proximal to elbow or knee (excluding superficial wounds)	B12 Pedestrian or bicyclist struck; or motorcyclist thrown, run over, or with significant impact
R10 Crushed, degloved, mangled, or pulseless injured extremity	B13
R11 Two or more proximal long bone fracture sites	B14 Weight <10 kg (<22lbs) or RED or PURPLE Broselow Tape Zone
	B15 Suspicion of non-accidental trauma

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**

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