



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)

Patient Name: _____

or Place Patient Sticker Here

Date: _____

Time of Injury: _____

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 or (800) 418-4262

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 O ₂), 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 the child's height or > 10 feet
R5 Pelvic instability or chest wall instability or crepitus	B9 Ejection from vehicle (excludes open vehicles)
R6 Acute paralysis, loss of sensation, or suspected spinal cord injury	B10 Driver with deformed steering wheel
R7 Amputation proximal to the wrist or ankle	B11 Death in same vehicle
R8 ≥ 5% BSA partial/full thickness burns	B12 Pedestrian or bicyclist struck; or motorcyclist thrown, run over, or with significant impact
R9 Penetrating injury to head (or depressed skull fracture), neck, torso, extremities proximal to elbow or knee (excluding superficial wounds)	B14 Weight < 10kg (< 22lbs) or RED or PURPLE Broselow Tape Zone
R10 Crushed, degloved, mangled, or pulseless extremity	B15 Suspicion of non-accidental trauma
R11 Two or more proximal long bone fracture sites	

Patient does not meet Red or Blue Criteria, services not available at transferring facility.

Services Needed: ENT OMF Ophthalmology Other: _____

<p>The following information should be discussed during Physician to Physician report:</p> <p>M 1. Age/Sex</p> <p>I 2. Mechanism of injury</p> <p>S 3. Injuries (list head to toe); or Inspections (include pertinent medical history like use of anticoagulants)</p> <p>S 4. Vital Signs</p> <p>T 5. Treatment</p>	<p style="text-align: center;">Facility Information for Memorandum of Transfer</p> <p style="text-align: center;">UNIVERSITY HOSPITAL</p> <p style="text-align: center;">4502 Medical Drive San Antonio, TX 78229 University Hospital Patient Report: (210) 743-5652</p> <hr/> <p style="text-align: center;">SAN ANTONIO MILITARY MEDICAL CENTER</p> <p style="text-align: center;">3551 Roger Brooke Drive Fort Sam Houston, TX 78234 (San Antonio) SAMMC Patient Report: (210) 916-0808</p> <p style="text-align: right; font-size: small;">Rev 11/21, 11/12/2021</p>
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Red/Blue Trauma Criteria

ADULT (≥ 18 to < 65 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 or (800) 418-4262

RED CRITERIA	BLUE CRITERIA
R1 GCS ≤ 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 ≥ 30 or ≤ 10
R3 No radial pulse AND heart rate ≥ 120	B3 Sustained heart rate ≥ 120 with radial pulse and BP ≥ 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	B6 Fracture to humerus or femur due to motor vehicle crash
R7 Amputation proximal to wrist or ankle	B7 Fall from ≥ 20 feet
R8 $\geq 10\%$ BSA partial/full thickness burns	B9 Ejection from vehicle (excludes open vehicles)
R9 Penetrating injury to head (or depressed skull fracture), 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 fractures sites	B12 Pedestrian or bicyclist struck; or motorcyclist thrown, run over, or with significant impact
	B13 Patient on anticoagulant with a suspected TBI

Patient does not meet Red or Blue Criteria, services not available at transferring facility.

Services Needed: ENT OMF Ophthalmology Other: _____

<p>The following information should be discussed during Physician to Physician report:</p> <p>M 1. Age/Sex</p> <p>I 2. Mechanism of injury</p> <p>S 3. Injuries (list head to toe); or Inspections (include pertinent medical history like use of anticoagulants)</p> <p>T 4. Vital Signs</p> <p>5. Treatment</p>	<p style="text-align: center;">Facility Information for Memorandum of Transfer</p> <div style="background-color: #cccccc; padding: 2px;">UNIVERSITY HOSPITAL</div> <p>4502 Medical Drive San Antonio, TX 78229 University Hospital Patient Report: (210) 743-5652</p> <div style="background-color: #cccccc; padding: 2px;">SAN ANTONIO MILITARY MEDICAL CENTER</div> <p>3551 Roger Brooke Drive Fort Sam Houston, TX 78234 (San Antonio) SAMMC Patient Report: (210) 916-0808</p> <p style="text-align: right; font-size: small;">Rev 11/21, 11/12/2021</p>
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Red/Blue Trauma Criteria GERI (≥ 65 years of age)

Admin Use Only
MEDCOM Case #
Time MEDCOM Notified

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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 or (800) 418-4262**

RED CRITERIA	BLUE CRITERIA
R1 GCS ≤ 13 or change in baseline 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 ≥ 30 or ≤ 10
R3 No radial pulse	B3 Sustained heart rate ≥ 100
R4 BP <110 systolic	B4 Best motor response = 5
R5 Pelvic instability or chest wall instability or crepitus	B6 Fracture to humerus or femur due to motor vehicle crash
R6 Acute paralysis, loss of sensation, or suspected spinal cord injury	B7 Fall from ≥ 3 feet
R7 Amputation proximal to wrist or ankle	B8 Age ≥ 65
R8 $\geq 5\%$ BSA partial full/thickness burns	B9 Ejection from vehicle (excludes open vehicles)
R9 Penetrating injury to head (or depressed skull fracture), 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 fractures sites	B12 Pedestrian or bicyclist struck; or motorcyclist thrown, run over, or with significant impact
	B13 Patient on anticoagulant with a suspected TBI*(includes daily ASA use)
	B15 Significant injuries to two or more body-systems

Patient does not meet Red or Blue Criteria, services not available at transferring facility.

Services Needed: ENT OMF Ophthalmology Other: _____

<p>The following information should be discussed during Physician to Physician report:</p> <p>M 1. Age/Sex</p> <p>I 2. Mechanism of injury</p> <p>S 3. Injuries (list head to toe); or Inspections (include pertinent medical history like use of anticoagulants)</p> <p>T 4. Vital Signs</p> <p>5. Treatment</p>	<p style="text-align: center;">Facility Information for Memorandum of Transfer</p> <p style="background-color: #cccccc; padding: 2px;">UNIVERSITY HOSPITAL 4502 Medical Drive San Antonio, TX 78229 University Hospital Patient Report: (210) 743-5652</p> <p style="background-color: #cccccc; padding: 2px;">SAN ANTONIO MILITARY MEDICAL CENTER 3551 Roger Brooke Drive Fort Sam Houston, TX 78234 (San Antonio) SAMMC Patient Report: (210) 916-0808</p> <p style="text-align: right; font-size: small;">Rev 11/21, 11/12/2021</p>
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