

ASSH/ACEP GUIDELINES FOR HAND SURGERY CONSULTATION AND TRANSFER

DOES NOT necessitate hand surgery consultation during the initial encounter, and may not require hand surgery follow-up:

- Infection
 - Uncomplicated cellulitis or abscess without concern for deep space infection or flexor tenosynovitis
 - Paronychia
- Lacerations without bone, tendon, muscle, nerve, or vascular injury
- Sprains, contusions, or mild hand edema
- Uncomplicated foreign bodies that have been removed without deep/structural involvement

MAY NOT necessitate hand surgery consultation during the initial encounter but most often requires hand surgery follow-up:

- Single digit injury with tendon and/or digital nerve involvement.
- Closed carpal, metacarpal, or phalangeal fractures
- Closed non-displaced distal radius or ulnar fractures; displaced fractures that have been reduced without soft tissue compromise
- Mallet finger injuries
- Open tuft (distal phalanx) fractures
- CMC/MP/PIP joint dislocations that have been reduced
- Foreign bodies unable to be easily removed
- Felon (if decompressed)
- Nail and nailbed injuries

- These guidelines are not intended to replace bedside physician clinical judgement, practitioners must rely on their own judgment. Local practice patterns and resources availability may affect transfer and referral decisions
- Transfers and follow-up should not be based on financial considerations
- These guidelines should not be construed as requiring an exclusive course of management, nor does the use of such information or recommendations guarantee a particular outcome

MAY necessitate immediate hand surgery consultation (or transfer if unavailable):

- Infection
 - Suspected-deep space or necrotizing infections
 - Suspected flexor tenosynovitis
 - Suspected septic wrist, CMC, MP, PIP, or DIP joints
- Injury to multiple digits with tendon and/or nerve involvement
- Injuries with vascular compromise
- Amputations
- Injuries with extensive soft tissue trauma
- Open wrist, hand, or digital fractures and open joint injuries (other than distal phalanx tuft fractures)
- Closed carpal dislocations (i.e. peri-lunate dislocations)
- Displaced, non-reducible distal radius fractures
- Closed fractures with soft tissue compromise
- Non-reducible or open radiocarpal, carpal, CMC, MP, or IP joint dislocations
- Uncontrolled bleeding from an upper extremity
- High pressure injection injuries
- Suspected or confirmed compartment syndrome of the hand or forearm (for those cases that cannot be decompressed by an available surgeon at the presenting hospital)*

* Compartment Syndrome is a time sensitive diagnosis and immediate surgical release performed by a surgeon is likely to provide clinical benefit in excess of that associated with transfer to a higher level of care, given the risks associated with delayed decompression.