

ADULT PLASTIC SURGERY REFERRAL GUIDELINES		
Trauma clinic (Mon/Wed/Fri mornings)	Discuss with plastic surgery team regarding admission	Urgent admission
Skin & nail injuries/infection		
<ul style="list-style-type: none"> • Pulp loss of distal phalynx > 1cm 	<ul style="list-style-type: none"> • Amputation distal to DIPJ • Human / animal bites penetrating the epidermis • Complex lacerations with tissue loss 	<ul style="list-style-type: none"> • Cellulitis of any part of the upper limb requiring admission • Abscess of upper limb req I&D (if ACF, rule out pseudo/aneurysm) • Necrotising fasciitis of any part of the upper limb
Phalangeal fractures +/- dislocation		
<ul style="list-style-type: none"> • Angulated or rotated • Comminuted or unstable 	<ul style="list-style-type: none"> • Open (not distal phalynx/nailbed) 	<ul style="list-style-type: none"> • Unsuccessful dislocation reduction • Vascular compromise • Amputation of large area of tissue loss
Metacarpal fractures +/- dislocation		
<ul style="list-style-type: none"> • Angulated or rotated • Comminuted or unstable 	<ul style="list-style-type: none"> • Open 	<ul style="list-style-type: none"> • Unsuccessful dislocation reduction • Vascular compromise
Tendon or ligament injury of upper limb		
<ul style="list-style-type: none"> • Closed collateral ligament/volar plate/ mallet finger • Extensor or flexor disruption with isolated digital nerve injury 	<ul style="list-style-type: none"> • Extensor or flexor disruption with radial and ulnar nerve disruption 	<ul style="list-style-type: none"> • Vascular compromise • Flexor tendon sheath infection
Neurovascular injury of upper limb		
<ul style="list-style-type: none"> • Isolated digital nerve injuries proximal to midpoint of distal phalanx 	<ul style="list-style-type: none"> • Radial and ulnar digital nerve injury 	<ul style="list-style-type: none"> • Uncontrollable bleeding despite external pressure, pressure dressing and elevation • Compartment syndrome of the hand
Other upper limb injuries		
		<ul style="list-style-type: none"> • Severe crush or degloving injuries • High pressure injection injuries
Facial injuries		
	<ul style="list-style-type: none"> • Complex lacerations with tissue loss and/or nerve injury 	

This is a guide and will not encompass all possible scenarios. If in doubt, please discuss with the ED senior in the department. Many presentations will be able to be dealt with by ED

For trauma clinic referrals, please contact plastic surgery junior (pg 13245); if uncontactable or delay to review, plastic surgery registrar or consultant should be contacted in theatres (tel no. 29411) or through switchboard.

Paediatric cases should be referred to the paediatric plastics team at RHC.

Burns should be referred to the burns teams as per protocol.