A. Injuries that do not require hand surgery call / consult / transfer / follow-up:

1. Hand lacerations without bone/tendon/nerve/vascular injury -- Irrigation and closure with suture removal in 10-14 days

2. Uncomplicated, superficial cellulitis or superficial abscess without concern for a deep space infection or flexor tenosynovitis

3. Simple paronychia; simple felon

These patients may follow-up with their primary provider.

B. Injuries that should have hand surgery follow-up but do not require urgent call / consult / transfer:

1. Laceration with tendon involvement -- simple skin closure and f/u hand surgery within 7 days

2. Laceration with digital nerve involvement -- simple skin closure and f/u hand surgery within 7 days

3. Closed carpal / metacarpal / phalanx fractures -- appropriate splinting and f/u hand surgery within 7 days

4. Open fracture without skin/tissue loss – irrigation, simple skin closure, antibiotic, and f/u hand surgery within 7 days

5. Reducible IP/MP joint dislocations

Refer for follow-up with the on-call hand surgeon or a local hand surgeon, on an outpatient basis.

If patient is admitted for other injuries, initial hand care as above, place a routine (non-urgent) consult to coordinate care.

C. Injuries that require urgent hand surgery consult:

1. Flexor tenosynovitis

2. Deep space infection

3. Suspected septic joint in the hand / finger (for septic wrist, call ortho trauma service)

4. Median, ulnar, or radial nerve injury below the elbow
5. Compartment syndrome of hand or forearm
6. Injection injuries (paint, oil, etc.)
7. Partial or complete amputations
8. Devascularized digit
9. Degloving injuries
10. Ring avulsion injuries
11. Non-reducible IP/MP joint dislocations
12. Perilunate dislocations
13. Open fracture with skin / tissue loss (unable to close skin)

These patients should be discussed directly with the on-call hand surgeon.

***Outside facilities (including urgent care centers) must speak with the on-call hand surgeon PRIOR to transfer***