

1. Introduction and who this guideline applies to

This guideline is aimed at **all health care professionals** who manage **Hand Trauma**.

The hand is defined as:

- *Soft Tissue* below the elbow.
- *Bone* distal to the carpometacarpal (CMC) joints.

2. Guideline Standards and Procedures

Assessment

- Detailed and accurate neurovascular, tendon, vessel status (specify structure tested) documented
- Deformity described and documented
- Appropriate radiographs (x-rays) ordered - usually PA, oblique, lateral views of the hand

First-Aid Management

- Appropriate closed reduction of any joint dislocations
- Photograph wounds and deformity - uploaded to NerveCentre
- Wounds should be cleaned and closed by ED under local anaesthetic block (+/- Entonox/Penthrox)
- Appropriate non-adherent dressings and splint/cast applied for support
- Appropriate tetanus/antibiotic prophylaxis administered (see UHL Micro Guideline)

UHL on-call (acute/urgent) decision making referral guideline

- Refer to **Orthopaedics** on call on Monday, Tuesday, Wednesday, Thursday
- Refer to **Plastics** on call on Friday, Saturday, Sunday (*8am Fri – 8am Mon*)
- Plastics take **replants** and **burns** all week.
- Even if there is significant soft tissue loss, the patient should still be assessed by the hand team on call, who will take ownership, and, if appropriate, refer on to Plastics
- The '10cm rule' for wounds does *not* apply to 'the hand'
- If an urgent/acute on call referral is made, the patient ownership and follow up care belongs to the team that provided the opinion

UHL outpatient (non-acute/urgent) hand trauma referral guideline

Appropriate cases can be managed via the fracture clinic referral pathway. If unsure, please discuss with the appropriate on-call team.

A growing number of hand pathways can be found on the Intranet (UHL Connect), for example, for 4th/5th metacarpal neck fractures, and suspected scaphoid fractures, which should be followed.

‘Same day review’ by the Fracture clinic ANP’s should be utilized on the days in which this is available (please liaise with the orthopaedic ANPs in fracture clinic triage if you have any questions).

Requests for outpatient fracture clinic follow up

- *Inpatient/within UHL:* Made via ICE by the clinician that has reviewed the patient.
- *GP:* Via PRISM.
- *External:* Via email to **fractureclinicreferrals@uhl-tr.nhs.uk** (e.g. other hospitals, UCC).

Hand injuries reviewed by Orthopaedics for ambulatory surgery

Non-emergency (same-day) trauma maybe suitable for discharge home and ambulatory day-case admission for a suitable scheduled hand trauma list. Please speak to a hand/on-call consultant if you are unsure about triage.

After review by the on-call team, the patient should be:

- Discussed with Hot Consultant/Hand Consultant (daytime), or at the Trauma MDT. The outcome should be clearly documented on DIT3 (internal note) or NerveCentre.
- The patient should be digitally consented, clerked or ‘green for go’ booklet completed, MRSA swabs sent, bloods and ECG undertaken (as appropriate).
- A pink booking form should be completed, and the notes and form given to the trauma theatre schedulers, either directly or via the tray in the triage office in fracture clinic.
- Do not promise the patient a specific date or time for surgery without liaising with the trauma theatre schedulers first.

Kettering and Northampton referral guidelines:

- Regional referral pathways are evolving so the guidance below may change. Please check with one of the Hand team if you have any queries.
- *Kettering* has one dedicated Orthopaedic Hand and Wrist surgeon, so should manage most hand trauma in-house. Please ensure that all KGH referrals are first discussed with the local hand surgeon and the referral to UHL has their approval.
- *Northampton* has one dedicated Orthopaedic Hand and Wrist surgeon, so should manage most hand trauma in-house. Please ensure all NGH referrals are first discussed with the local hand surgeon and that the referral to UHL has their approval.
- In general, UHN (KGH and NGH) referrals should be discussed with either a UHL Orthopaedic/Plastic Hand Surgeon or the Orthopaedic/Plastics Consultant On-call before being accepted so that appropriate management can be delivered in a safe and timely manner.
- In the rare event that acute referrals to the UHL hand team are required, they should follow the same protocol as above. Once accepted for transfer to UHL, information should be exchanged between on-call teams before transfer. Urgent cases need an on-call Registrar/Consultant review in either the Orthopaedic fracture clinic triage or plastics clinic (daylight hours) or ED (out of hours). Wounds should be cleaned and closed in Kettering/Northampton before patient transfer, with appropriate first aid and antibiotics/tetanus prescribed. If patients need surgery in UHL, they will need to be clerked, consented, and MRSA swabs taken in UHL before surgery can be scheduled.
- Non-urgent referrals can be sent to the Orthopaedic Fracture clinic mailbox (**fractureclinicreferrals@uhl-tr.nhs.uk**). GP referrals should be sent via PRISM to the above mailbox.

3. Training

No training provided. Please refer to guidance as above. Please discuss any issues with the UHL hand team.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Delays To Referrals & Review	No Delays In Referrals or Review	Mr Aamer Ullah	3 Months	Formal Report every 3 Months

5. Supporting References

NONE

6. Key Words

Hand, Arm, Upper Limb, Trauma, Fracture, Injury, Services, Referral

CONTACT AND REVIEW DETAILS	
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Details of Changes made during review: Awaiting Review	