

Management of isolated upper limb injuries, including hand.

Following an AER raised summer 2024 and a few other cases, clarification on the management of isolated hand injuries was requested.

Patients in UHS MTC

The Orthopaedic Hand surgeons at UHS would see and assess any isolated upper limb injury referred or transferred to UHS, this includes soft tissue only injuries (e.g penetrating hand injuries). If advice from Salisbury Plastic Surgery Department is required, or the injury requires management at Salisbury, the Orthopaedic team will liaise with the team at Salisbury.

Hospital Bypass

A crushed, degloved or mangled limb will trigger the Wessex Trauma Network Trauma Triage Tool and will arrive directly to UHS. On arrival the patient should be assessed by the Orthopaedic team who will lead on discussions regarding ongoing treatment at UHS or Salisbury. Once at the MTC the Plastics team should be alerted to attend as able.

Hospital bypass to the MTC does not apply to isolated, simple injuries below the elbow. This includes self-harm wounds with tendon injuries or where an arterial injury is suspected. There is no agreed vascular bypass tool and so patients should be assessed at their local hospital and discussed with plastics at Salisbury as appropriate.

Patients transferred to Trauma Units

Finger and hand amputation.

These patients may not trigger the WTN Trauma Triage Tool. Unseen trauma needs to be ruled out prior to referral / transfer to Plastic Surgery for treatment of the amputation. As a Trauma unit Salisbury is not resourced to manage complex Major Trauma. For this reason, it would be expected that a patient would be assessed in their closest trauma unit prior to referral to Salisbury for Plastic Surgery advice. There is no micro-surgery facility at UHS for implantation below the elbow.

Patients requiring specialist plastic surgery can be transferred to the specialist plastic surgery unit from the TU after unseen trauma has been ruled out.

In a small number of cases, after HEMS assessment, where direct admission to Salisbury might be appropriate, this will only be considered after a direct conversation between the HEMS consultant on scene and plastics on-call at Salisbury. This does not apply to the Ambulance service.