

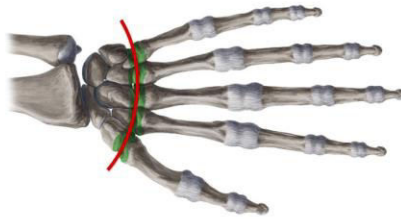
# LRI Emergency Department

Clinical guideline for:  
**Hand Injuries Referrals**

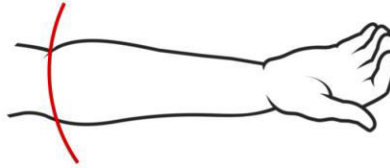
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# 'Hand injuries' for the purpose of this guideline are:

**Bony injury or condition distal to (and excluding) the carpometacarpal (CMC) joints**

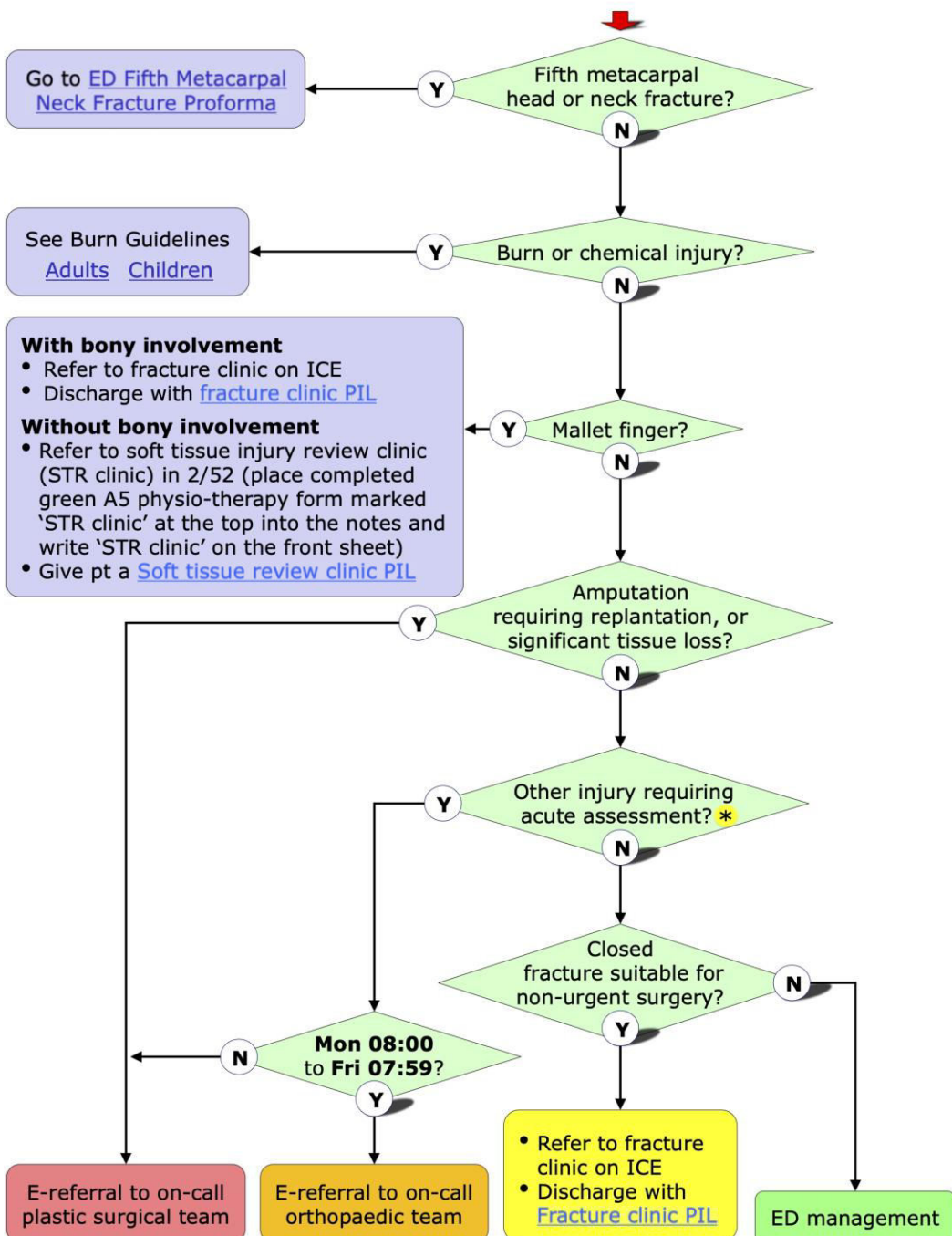


**Soft tissue injury or infection below elbow**



## Injuries that do not require specialist referral

- Paronychia
- No evidence of tendon injury/structural damage with wounds that do not need specialist input
- Wounds with nerve injuries distal to distal interphalangeal joint
- Subungual haematoma
- Finger tip amputations with wound size < 1cm<sup>2</sup> and no exposed bare bone or tendon
- Gout / scleroderma / rheumatoid arthritis
- Chronic conditions



### \* Bony injuries

- Open fractures
- Significantly rotated or displaced fractures
- Failed joint reductions
- Amputation requiring terminalisation

### Soft tissue injuries

- Degloving, crushed or mangled finger/hand
- Thumb ulnar collateral ligament injury
- Nerve injuries proximal to DIP joint
- Tendon injuries (excludes Mallet finger)
- Complex wounds and those >10cm
- Nailbed injury requiring repair

### Infections

- Septic arthritis
- Cellulitis Class III & IV (for adults, see ED cellulitis proforma)
- Necrotising fasciitis (see UHL guideline)
- Deep space infection
- Collar button abscess
- 'Fight bite'
- Pyogenic flexor tenosynovitis

### Other

- Closed tendon rupture