

REFERRAL REQUEST TO: **PLASTIC SURGERY SOFT TISSUE TRAUMA ASSESSMENT CLINIC, CUH**

PATIENT
LABEL

PATIENT CONTACT NUMBERS:

DATE OF REFERRAL: / /

REFERRING HOSPITAL (BLOCK CAPITALS):

REFERRING DOCTOR (BLOCK CAPITALS):

NAME OF DOCTOR ACCEPTING REFERRAL (BLOCK CAPITALS):

DATE OF INJURY: / /

DATE OF (SUSPECTED) DIAGNOSIS: / /

DETAILS OF INJURY & EXAMINATION:

X-RAY / IMAGING RESULTS:

(SUSPECTED) DIAGNOSIS:

TREATMENT TO DATE:

REASON FOR REFERRAL : **CONSULT APPROPRIATE REFERRAL GUIDELINES** (ATTACHED)

ANY OTHER INJURIES:

ANY SPECIAL REQUIREMENTS / KNOWN INFECTIONS (E.G. MRSA) ETC.:

NAME & ADDRESS OF PATIENT'S GENERAL PRACTITIONER:

HOW TO MAKE A REFERRAL TO THE S.T.T.A.C.

- REFERRING DOCTOR MUST DISCUSS THE REFERRAL WITH THE ON-CALL PLASTIC SURGERY DOCTOR
- WHEN PATIENT HAS BEEN ACCEPTED, THE ABOVE DETAILS WILL BE REQUESTED BY THE ACCEPTING DOCTOR AND AN APPOINTMENT TIME WILL BE GIVEN
- ONLY PATIENTS WITH APPOINTMENTS WILL BE SEEN AT THE S.T.T.A.C.
- THE PATIENT MUST BRING THIS REFERRAL FORM WHEN THEY PRESENT TO THE S.T.T.A.C.
- FURTHER FORMS AVAILABLE AT http://emed.ie/Administration/Plastics_Trauma_Clinic.php

REFERRAL GUIDELINES FOR : PLASTIC SURGERY SOFT TISSUE TRAUMA ASSESSMENT CLINIC, CUH

<p>IMMEDIATE REFERRAL TO PLASTIC SERVICE CASES REQUIRING POSSIBLE REVASCULARISATION OF HAND / DIGIT CASES REQUIRING POSSIBLE RE-PLANTATION OF AMPUTATED PART HIGH-PRESSURE INJECTION INJURIES TO HAND</p>	
APPROPRIATE REFERRALS	INAPPROPRIATE REFERRALS
<p><u>FACIAL TRAUMA</u></p> <ul style="list-style-type: none"> Complex wounds with skin loss Possible involvement of facial nerve or parotid duct Significant wounds involving the eyelid only (if associated with globe injury, refer to Ophthalmology) Significant wounds involving the vermillion border of lip Associated bony injury 	<p><u>FACIAL TRAUMA</u></p> <ul style="list-style-type: none"> Simple skin wounds not involving eyelid or vermillion border of lip Eyelid wounds – with associated globe injury (refer to Ophthalmology) Scalp wounds not involving loss of tissue
<p><u>UPPER LIMB TRAUMA</u></p> <ul style="list-style-type: none"> Complex wound with skin loss Associated nerve or tendon injury Complex fingertip injuries e.g. bone exposed 	<p><u>NECK TRAUMA</u></p> <ul style="list-style-type: none"> All penetrating neck wounds Simple superficial skin wounds
<p><u>LOWER LIMB TRAUMA</u></p> <ul style="list-style-type: none"> Complex wounds involving skin loss Possible associated major nerve injuries i.e. not digital nerve injuries (except for big toe) 	<p><u>UPPER LIMB TRAUMA</u></p> <ul style="list-style-type: none"> Simple superficial skin wounds Simple fingertip injuries Closed fractures of the hand Possible compartment syndrome – in association with bony injury
<p><u>CELLULITIS / ABSCESS FORMATION</u></p> <ul style="list-style-type: none"> Of the face / upper limb 	<p><u>LOWER LIMB TRAUMA</u></p> <ul style="list-style-type: none"> Simple superficial skin wounds Digital nerve injury to the toe(s) (except for the big toe) Possible compartment syndrome – in association with bony injury
<p><u>FOREIGN BODIES</u></p> <ul style="list-style-type: none"> Of the face / upper limb / lower limb (which are readily palpable) 	<p><u>CELLULITIS / ABSCESS FORMATION</u></p> <ul style="list-style-type: none"> Of the chest / abdomen
<p><u>BURN TRAUMA</u></p> <ul style="list-style-type: none"> Cf. separate Burn Protocol (EMed.ie) 	<p><u>FOREIGN BODIES</u></p> <ul style="list-style-type: none"> All impalpable foreign bodies Foreign bodies of the chest / abdomen / perineum
	<p><u>CHEST / ABDOMINAL TRAUMA</u></p>
	<p><u>PERINEAL TRAUMA</u></p>