

Plastic Referrals Update

Aim

It is planned to relaunch the plastics referral system. The aim is to streamline the process, save the time of both patients and care providers both in the ED and the plastics team and ensure the patients are seen in the right time, right place, right person. In order to ensure success it is vital that this process is followed for every patient.

What is the process?

Patients who do not require emergency admission or immediate specialist review but do require urgent plastics review/surgical management will be referred via email.

1. Complete the \aeplas proforma on trak and then paste into an email.
2. Email plastics.hands.trauma@nhslothian.scot.nhs.uk the proforma.
3. Put plastics order on trak prior to discharging the patient.
4. Give patient discharge leaflets and advise they will be contacted the following day by the plastics team.

What treatment should I do in the meantime?

Patients should have initial treatment performed by the ED staff prior to discharge eg: examination, wound washout, exploration, wound closure/suture, x-rays, antibiotics, tetanus, simple dressing. The following day these referrals will be reviewed by the plastics team and they will contact the patient to make a treatment plan.

When should I do this?

This process is in place Sunday to Thursday from 1600 until 0800. Overnight Friday/Saturday all patients should be referred to the on-call bleep via HAN but should only be reviewed by Plastics in the department if clinically indicated ie: there is doubt about treatment plan or the on call team may be able to manage the case there and then. Otherwise, a plan should be made on the phone.

What if I don't know what to do?

Your first point of contact should be the senior ED Doctor on shift, if you are unsure following this or need further clinical advice then this can be discussed with the on-call plastics doctor. They may advise you to use the email system.

What about patients who need admitted?

If you think your patient needs admitted overnight then refer via the plastics bleep as normal. Examples of patients who would need admitted would be, please note this list is not exhaustive and you should use your clinical judgement.

- Emergencies (severe infections incl. necrotising fasciitis, devascularised limbs/digits, major burns)

- Cases needing admission (infections needing IV antibiotics, bites animal/human, open fractures excluding distal phalanx – again for IV, burns meeting admission criteria)
- Patients who need admission for other reasons (frailty, comorbidities, extent of injuries..., unreliable patient, pain management)
- Pragmatic approach with patients presenting early morning (offer patient to call the bleep as might not be worth sending home to bring back shortly after).

What about children?

Children should be referred via the bleep as usual as they will need follow up or admission to RHSC.

What if the department is very busy?

If we are overwhelmed with patients and there are patients in the queue who could be seen directly by the plastics doctor then they will still be available for this following discussion with Site/HAN.