

Quick Guide: Intake for Ortho & Plastics injuries

Communication Requirements

When to call Ortho for intake from referring hospital

- **Communication:**

There must be receiving/accepting attending (Trauma/ED/PICU) to Ortho attending direct communication at the time of intake for the following orthopedic injuries, including discussion of OSH image findings and diagnostics:

- **Open fracture w extensive degloving or vascular injury**
 - **Gustilo Type III open fractures-**
 - **Type III A-** >10 cm, high energy with adequate tissue for coverage. Includes segmental /comminuted fractures even if wound is <10cm. Farm/barnyard injuries are automatically Gustilo III
 - **Type III B-** extensive periosteal stripping and requires free soft tissue transfer
 - **Type III C-** vascular injury requiring vascular repair
- **Complex pelvic fracture** – if unsure call
- **Displaced acetabular fracture**
- **At risk limb** (*evaluate need for microvascular coverage)
- **Lower extremity compartment syndrome after trauma** (or concern for)
- **Unstable spine fracture**
- **Skeletally mature patient with a displaced fracture (≥16 years of age)**
- **Femur fracture**
- **Foot & Ankle trauma- Pilon, talus, and calcaneus fractures**
- **Displaced supracondylar humerus fracture**

When to call Plastics for intake from referring hospital

- **Communication:**

There must be receiving/accepting attending (Trauma/ED/PICU) to Plastics attending direct communication at the time of intake for the following injuries:

- **Severe degloving, with or without bony injury** (include Ortho as appropriate)
- **All severe injuries of the hand and wrist**
- **Complex/extensive lacerations**
- **At risk limb-** includes upper extremity compartment syndrome (include Ortho if lower extremity issue)
- **Complex facial trauma**

****Note:** Consider calling Orthopedic attending with any concerns outside the parameters of the above algorithm.