

Except for wounds and acute infections located in specific anatomic locations managed by other services such as (but not limited to) urology, ENT, breast surgery, and neurosurgery, many of the wounds and acute infections at UNMC will be evaluated and managed by EGS. The decision to defer management to another specialty or subspecialty (e.g., colorectal) may be made at the discretion of the EGS team, but EGS is expected to ensure that proper communication has occurred with that team and, if there is ultimately disagreement over whose responsibility it is to manage that wound or acute infection, EGS will initiate an attending-to-attending discussion to resolve the disagreement. EGS may also be asked by the bed desk (through the trauma phone) to engage in conversations between UNMC inpatient medical services and outside facilities regarding the transfer of inpatients for surgical evaluation.

#### Necrotizing soft tissue infections:

- EGS is usually consulted early; if another service is better served based on below criteria (e.g., hand surgery or vascular surgery), EGS will ensure communication with that team has been facilitated

#### Wounds distal to elbow:

- Forearm:
  - Superficial infections or simple abscesses of the forearm can be managed by EGS (EGS may consult hand surgery with concern)
  - Deep or complex infections of the forearm to be managed by hand surgery
- Wrist or hand:
  - Any wound or infection in this location to be managed by hand surgery

#### Wounds distal to knee:

- Vascular surgery to evaluate and manage

#### Sacral wounds:

- EGS to manage acutely infected sacral wounds with support from wound care at EGS' discretion
- Chronic sacral wounds that are not infected may be managed by wound care without an EGS consultation
- Plastic surgery referral is generally done outpatient when reconstruction can be considered
- If plastic surgery operated on a sacral wound within the last six months, plastic surgery should be consulted inpatient to evaluate wound

#### Post-op infected or dehisced surgical wounds:

- The surgical service that performed the operation should be initially consulted prior to EGS evaluation
- EGS is available to assist with evaluation and management of all post-op surgical wound complications at the operating surgeon's discretion or if a patient is presenting from an outside facility

#### Osteomyelitis:

- Orthopedics consultation is not mandatory if the problem can be managed by another service such as EGS, hand, or vascular surgery since orthopedics' role is largely limited to aggressive debridement and/or amputation

#### Wound clinic referrals:

- If a patient needs to be expediated to wound clinic, please contact Drs. Sean Figy, James Willcockson, or Kai Yang directly or through EPIC to discuss

Approved 11/4/2024 by W. T. Hillman Terzian, MD (EGS Medical Director), John Tierney, MD (EGS), Sara Putnam, MD (Orthopedics), Jonathan Thompson, MD (Vascular), Sean Figy, MD (Plastics), James Willcockson, MD (Plastics/Hand), Kai Yang, MD (Plastics/Hand), Daniel Firestone, MD (Hand), Joseph Morgan, MD (Hand), Tabatha Matthias, DO (Hospital Medicine), and Morgan Walgren, MD (Hospital Medicine)