

EGS Wound Evaluation and Management Guidelines

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 for wounds below the knee), EGS will ensure communication with that team has been facilitated if the appropriate team was not contacted.
 - If NSTI is distal to elbow, hand surgery should be on initial transfer call
 - If NSTI is distal to knee, vascular surgery should be on initial transfer call
 - EGS should not accept NSTIs distal to the elbow or knee without communicating with hand surgery or vascular surgery
 - If an ED consult has been placed for an NSTI in these locations to EGS, it is our practice to ensure patient stability and facilitate communication to the appropriate team

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
- If hardware is involved, vascular may involve orthopedics at their own discretion

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

Frostbite:

- Acute frostbite (<72 hours since cold exposure):
 - Admit to trauma
 - Consult orthopedics for management and outpatient follow-up
 - Consult hand for upper extremity frostbite and outpatient follow-up
- Chronic wounds secondary to frostbite (\geq 72 hours since cold exposure):
 - If no other injuries or hypothermia, admit to primary home admitting service (Hospital Medicine, UNMC family medicine, or Clarkson Family Medicine)
 - Consult orthopedics for management and outpatient follow-up
 - Consult hand for upper extremity frostbite and outpatient follow-up
- Frostbite re-admissions:
 - Admit to primary home admitting service (Hospital Medicine, UNMC family medicine, or Clarkson Family Medicine), NOT trauma
 - Consult orthopedics for management and outpatient follow-up
 - Consult hand for upper extremity frostbite and outpatient follow-up

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 11/19/2025 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)

Revision #2

Created 4 November 2024 17:25:24 by Hillman Terzian

Updated 19 November 2025 19:33:04 by Maggie Baumann