Today we are learning what to do when somebody cuts their fingertip off. So how do we treat them? And how do we know when we CAN treat them, versus when we need to refer to our hand surgery colleagues? Knowing the following 5 referral criteria, and 5 steps to follow when repairing fingertip injuries, will impress your attending and help your patient.

5 referral criteria: refer a fingertip laceration to hand surgery if the wound...

- 1. Is Old or Infected
- 2. Is Contaminated
- 3. Is Associated with Fracture
- 4. Has exposed bone present
- 5. Involves proximal nail fold (cuticle)

If your patient DOES NOT meet any of the criteria above, you can follow these 5 steps and fix the wound yourself:

Step 1: Does your patient need a **Tetanus shot**?

- > 5 years since their last Tdap → pt needs Tdap

Step 2: Order an Xray

- r/o fracture, foreign body

Step 3: Anesthetize finger

- look up digital nerve block on youtube

Step 4: **Repair** - 3 scenarios

- 1. Partial amputation (tip dangling): Sew it back on. Acts as wound dressing
- 2. Full amputation (tip in good condition): Sew it on! Good biologic dressing
- 3. Full amputation (tip in poor condition): Wrap the finger

Step 5: **Follow-up** (meets 5 criteria above)

- Consult hand surgery