

4.25 Replantation Services—TYPE II

Applicable Levels

LI, LII, PTCI, PTCII

Definition and Requirements

Level I and II trauma centers must have replantation capability continuously available or must have in place a triage and transfer process with a replant center.

Additional Information

“Replantation capability” in this context refers to the replantation of a severed limb, digit, or other body part (e.g., ear, scalp, or penis). It may also include critical revascularization or care of a mangled extremity.

A triage and transfer process should ensure optimal care with a view toward minimizing time to replantation. The triage process might include diverting selected patients directly to a replant center if replantation is unavailable at the trauma center.

“Continuously” is defined as 24/7/365 and implies there are no gaps in coverage.

Measures of Compliance

- Specialty surgeon trauma call schedules
- Documentation of a regional and/or state triage and transfer process (for centers without capability or continuous coverage)

Resources

Trauma centers reporting that they provide 24/7/365 coverage for severe hand injuries—including replantation, revascularization, and care of the mutilated hand—are listed as part of the National Hand Trauma Center Network, an initiative of the American Society for Surgery of the Hand: <https://www.assh.org/s/hand-trauma-center-network>.

References

None