

## **MSF Bar Elias Hospital Admission Criteria**

### **GENERAL CRITERIA**

- Patients is 15 years of age or older
- Patient is referred from a Primary healthcare facility, hospital or a Mobile Medical Clinic
- Beds are available for admission.

### **LIGHT RECONSTRUCTIVE SURGERY (Wound Management)**

- Chronic wounds (Infected or non-infected post-traumatic ulcers, diabetic ulcers, pressure ulcers, venous stasis ulcers, arterial ulcers and post-surgical infected wounds) requiring debridement, skin auto-grafting, simple Flap coverage, skin plasty and/or dressing.
- Burn wounds requiring further wound care after the initial emergency management of the burn.

### **GENERAL ELECTIVE SURGERY**

- Hernia - both elective and emergency secondary to incarceration and strangulation; inguinal, midline, epigastric, femoral
- Hemorrhoids – both elective and emergency as prolapse, bleeding, thrombosis
- Anal fistula and anal fissures
- Abscesses
- Closure of colostomies or Ileostomies
- Revision of amputation stump
- Removal of external fixators.

### **EXCLUSION CRITERIA**

1. Patients less than 15 years old or younger.
2. Internal medicine without a correlated surgical condition as highlighted above.
3. Emergency surgical condition except for Hernia and Hemorrhoid patients as highlighted above
4. Orthopedic conditions needing surgery or manipulations not highlighted above.
5. General surgical conditions requiring Laparotomy or Laparoscopy.



Bar Elias Hospital

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## REFERRAL FORM from Health structures

**Referral Facility(✓):** Al Farouk PHC   Saadnayel Youth Association   Rafic Harrir PHC   Taalabaya PHC  
Bar Elias PHC   SHRO   URDA   MoSA SDC Marj   MAPS(Giras Al Khayr)   Qab Elias Health Center  
Amel Association   Others (Specify): .....

**Full Name of patient:**

**Age:** .....

**Address:**

**Sex (✓):** Female / Male   **Nationality (✓):** Lebanese   Syrian   Palestinian   Others

**Reason for referral (✓):** chronic wound management   Hernia Surgery   Haemorrhoid Surgery

Anal fistula/Fissure surgery   Colostomy/ileostomy closure   Removal of external fixator

Revision of amputation stump   Incision and drainage of Cutaneous abscesses

Others(specify):.....

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Date and signature Doctor or Responsible for referrals:

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