

# SKIN TEAR PATHWAY

Skin tears are traumatic wounds caused by mechanical forces such as shear, friction and/or blunt force resulting in separation of the skin layers. Severity can vary by depth (not extending through the subcutaneous layer) (Le Blanc et al, 2018).

Skin tears most frequently occur on the hands and arms, but can occur on other areas of the body, such as lower limbs.

Early recognition of those at risk of developing skin tears is vital to help minimise the occurrence of avoidable skin tears. (See overleaf for risks and prevention strategies)

## 1. STOP BLEEDING:

- Elevate the limb (if appropriate)
- Use clean gauze and apply gentle pressure until bleeding stops

## 2. CLEANSE WOUND:

- Gently cleanse the wound using saline, removing any debris etc. carefully, and gently pat dry

## 3. RE-APPROXIMATE FLAP:

- Re-align skin flap if present – ease gently back into position with a sterile gloved finger without pulling or applying any tension
- If having difficulty re-aligning, apply moistened gauze for 5-10 minutes to help re-hydrate the area and then re-attempt alignment*

## 4. CATEGORISE THE SKIN TEAR:

- Assess skin tear as Type 1, 2 or 3 as below and treat appropriately following below pathway (*ISTAP Classification, LeBlanc et al., 2018*)

**If unable to stop the bleeding after 10 minutes of applying pressure, or there is significant loss of tissue, please seek medical assistance**

**The use of paper adhesive strips or sutures and iodine-based, film or hydrocolloid dressings are not appropriate for the management of skin tears due to the fragility of the skin**

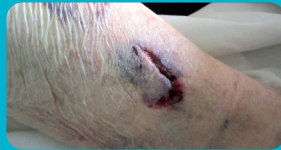
### TYPE 1

Skin tears without tissue loss



### TYPE 2

Skin tears with partial tissue loss



### TYPE 3

Skin tears with entire tissue loss



**PRIMARY DRESSING:** UrgoTul Contact Layer

**SECONDARY DRESSING:** Avoid adhesives and use a non-adherent secondary dressing i.e. Kerramax Care pad secured with K-Soft wool and K-Lite bandage and/or tubular bandaging (ensuring application is not too tight)

PLEASE NOTE: If the dressing is unable to be secured in any other way, or if the skin is NOT fragile, a silicone adhesive border dressing i.e Allevyn Gentle Border or Allevyn Life can be used in this instance only

Mark an adhesive secondary dressing with date of application and using an arrow to indicate direction for dressing removal (see example overleaf)

Review in 7 days

Review in 5 days, then twice weekly dressing changes

Review in 2-3 days, then twice weekly dressing changes

**IF NO EVIDENCE OF HEALING FOLLOWING TWO WEEKS OF TREATMENT, REFER TO THE TISSUE VIABILITY TEAM.**

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## 5. DOCUMENT:

- Ensure all care plans, documentation, and templates are completed

## 6. REVIEW AND REASSESS:

- Monitor for any changes and observe for signs of infection, including increased pain, redness, exudate, heat, oedema and/or odour
- If the wound becomes infected, change the primary dressing to UrgoTul Silver for two weeks and review
- Consider systemic antibiotics only when indicated by clinical signs e.g. spreading erythema and/or if patient becomes systemically unwell
- Refer to the tissue viability team if flap deteriorates or becomes discoloured
- For any skin tears on the lower limb, refer to the Swindon Leg Ulcer Pathway to guide appropriate assessment and management, and escalate to the case load holder.

## EXAMPLE:



Remove in the direction of the arrow

### RISKS

- Age >75 years of age
- Dry/fragile skin
- History of previous skin tears
- Impaired mobility and/or vision
- History of Falls
- Cognitive /sensory impairment e.g. Dementia
- Poor nutrition and hydration
- Other conditions (diabetes; chronic heart disease; renal failure; venous stasis etc.)
- Medication – Consider those which may directly affect the skin e.g. topical/oral steroids

### PREVENTION

- Daily skin inspection
- Use appropriate emollients to cleanse and rehydrate dry/fragile skin (i.e. Dermol 500 lotion as soap substitute/cleanser and warm water for cleansing; Doublebase Dayleve Gel as a moisturiser, applied twice daily to all at-risk skin)
- Make use of protective clothing i.e. long sleeves, trousers etc.
- Avoid sharp fingernails/jewellery for both staff and residents
- Avoid use of adhesive dressings and tapes where possible
- Ensure sensible, comfortable and correct fitting footwear
- Provide a safe environment – adequate lighting, removing any obstacles/barriers, padding for equipment and furniture
- Avoid friction and shear on skin – use slide sheets, hoists and good manual handling techniques
- Encourage adequate nutrition and hydration
- Make appropriate referrals to specialist services for support with impaired sensory impairment/perception (i.e. diabetes, visual impairment)
- Discuss reason for skin tear prevention strategies with family/carers to improve understanding and engagement