

Management

F. Special Consideration:

- Use a light crepe bandage or tubular bandage instead of adhesive tapes to fix the outer dressing.
- Avoid using wound closure strips, hydrocolloids, and transparent film which may cause traction and further trauma.
- Remove the dressing in the same direction as indicated by the arrow marked.
- Use NS to moisten the inner dressing and wound bed.
- If the flap is difficult to align, apply moistened non-woven gauze on the flap for 5-10 mins to rehydrate it.
- Inform doctor if the flap involves
 - full-thickness laceration
 - deep tissue injury
 - significant bleeding
 - haematoma formation
 - or local wound infection
- Implement pain management as indicated.

Education

- Assess patient, carer's and health care provider's skill and knowledge in wound care of skin tears.
- Implement education program regarding all prevention and management on skin tears.
- Educate the importance of report for any abnormalities and consult wound care nurse or doctor for further professional advices.
- Conduct a comprehensive training program or refresher program to different level of health care providers on skin tears prevention and management.



Reference

- LeBlanc K, et al (2018) *Best practice recommendations for the prevention and management of skin tears in aged skin*. Wounds International. Available online: www.woundsinternational.com/uploads/resources/57c1a5cc8a4771a696b4c17b9e2ae6f1.pdf
- Wounds International (2017) *Managing skin tears in practice*. Wounds International, London. Available online: www.woundsinternational.com/resources/details/managing-skin-tears-in-practice



SKIN TEAR PREVENTION & MANAGEMENT

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Definition

The International Skin Tear Advisory Panel (ISTAP) defines skin tears as “a wound caused by shear, friction, and / or blunt force resulting in separation of skin layers. A skin tear can be partial-thickness (separation of the epidermis from the dermis) or full-thickness (separation of both the epidermis and dermis from underlying structures).

The Skin Tear Framework (LeBlanc 2017)



Prevention

Perform Risk Assessment

- Past history & episode of skin tears.
- Causes of skin tears.
- Physical status including coexisting chronic diseases; vision & hearing ability; limbs and skin condition.
- Mobility level including gait; balance; use of supporting devices upon daily living.
- Psycho-social impact.
- Nutrition & Hydration status.

Prevention Strategies: Patient-Focused

- Initiate fall prevention program.
- Ensure a safe, uncluttered and adequate lighting environment.
- Pad furniture and equipment if necessary.
- Protect patient from self-injury or avoid reaching of sharp objects upon routine care, ADLs & physical restraint.
- Wear protective clothing, such as long sleeves, long trousers, knee-length socks or tailor-made protector.

Prevention Strategies: Nurse-Focused

- Collaborate with a multidisciplinary team, which including nurses, doctors, physiotherapists, dietitian and occupational therapists.
- Ensure proper patient handling techniques.
- Optimize patient’s nutritional & hydration status.
- Use hypoallergenic skin cleanser & warm water for daily hygiene care.
- Apply hypoallergenic moisturiser to manage dry skin.
- Remove dressing gently & avoid using strong adhesive tapes on skin.
- Keep patient’s fingernails short and avoid wearing of jewellery.
- Inspect patient ‘s skin regularly.
- Provide comfort socks or foot wear.
- Consider possible effects of drugs on patient’s skin.
- Educate patient and caregivers on the prevention strategies.

Management

A. Perform Comprehensive Wound Bed Assessment

- Location, duration of injury and wound dimensions.
- Classify skin tear & wound bed characteristics.
- Percentage of viable & non-viable tissue.
- Exudate characteristics.
- Presence of bleeding or haematoma.
- Signs and symptoms of wound infection.
- Surrounding skin condition.

B. Control Bleeding

- Apply pressure and elevate the affected limb if appropriate.
- Gently clean or irrigate the wound to remove any debris.
- Use bleeding control dressing, such as calcium alginate if indicated.

C. Wound Care for Type 1 Skin Tear

- Gently align skin edges with dampened cotton tip / gloved finger without undue tension.
- Apply non-adherent contact layer or silicone mesh and covered with non-adherent absorbent dressing
- Draw an arrow on the outer layer of dressing to indicate the direction of the dressing removal.
- Keep the dressing intact for 7 days if no suspected wound infection.

D. Wound Care for Type 2 Skin Tear

- Gently approximate the skin flap.
- Apply non-adherent contact layer or silicone mesh and covered with non-adherent absorbent dressing
- Draw an arrow on the outer layer of dressing to illustrate the direction of dressing removal.
- Keep dressing intact for 3-5 days according to the amount of exudate.

E. Wound Care for Type 3 Skin Tear

- Cover with silicone dressing / foam dressing / non-adherence absorbent dressing as primary dressing.
- Keep dressing intact for 3-5 days according to the amount of exudate.