GUIDELINE SUMMARY May 2016

Assess & Diagnosis Skin Tears

Client Concerns

- Understanding of skin tear healing and risk factors.
- Ability to participate in care plan & treatment.
- Impact on daily life/body image.
- Client environment on level of risk (e.g., cluttered room).
- Psychosocial/ financial / mental health issues & supports.
- Client/family preferences for treatment acknowledging culture and traditions.

Assessment of Risk Factors Impacting the Occurrence and Healability of Skin Tears

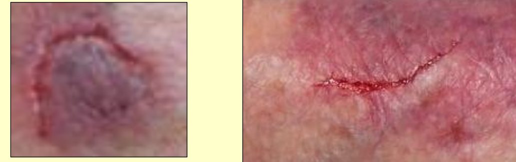
- Impaired nutritional status.
- Dehydration, difficulty swallowing, inability to feed self.
- Pain: acute / chronic / surgical / procedural.
- Smoking / impaired O^2 status / substance use.
- Chronic diseases (comorbidities)
- Medications – NSAIDs, systemic steroids, anticoagulants, vasopressors.
- The use adhesive tapes, transparent dressings e.g., for IV lines, ECG pads, anchoring devices, splints, braces, donning & doffing of compression stockings.
- Friction/shear forces (in the absence of pressure) and trauma to the extremities.
- Skin Assessment
  - a. Lack of a daily or twice daily skin moisturizing schedule
  - b. Thin translucent skin, dry skin / xerosis, bruising, senile purpura, & pruritus (itch)
  - c. Confirm and document date of last Tetanus vaccine
- Environmental assessment causing trauma to extremities
  - a. Cluttered environment.
  - b. Equipment e.g., side-rails, wheelchair components.
  - c. Risk for falls – lighting, rugs, or equipment.

Skin Tear Assessment & Categorize Skin Tear

- History of skin tears / evidence of healed skin tears on the arms and legs.
- Identify the cause of current skin tear (if able).
- Location of skin tear(s).
- Measurement of the tear(s).
- Condition of skin flap, if present.
- Presence of hematoma(s) in/surrounding the skin tear.
- Characteristics/amount of exudate and/or bleeding from the skin tear.
- Wound edge appearance.
- The integrity of the peri-wound skin (e.g., intact, bruised, inflamed)

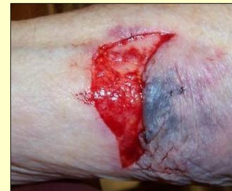
Categorize Skin Tears according to amount of tissue loss:

Type 1 Skin Tear - No skin loss.
The linear or flap tear can be repositioned to cover the entire wound bed.



Type 2 Skin Tear - Partial flap loss.
There is a partial loss of the flap such that when the flap is repositioned on the wound bed, not all of the wound bed is covered.

Type 3 Skin Tear - Total flap loss.
There is no flap, the entire wound bed is exposed.



Assessment of Wound Infection

- Date of last tetanus booster
- Onset of new or ↑ pain
- Wound odour after cleansing
- Friable granulation tissue
- Poor wound healing and/or ↑ size
- Induration / erythema 2 cm or greater
- Presence of or ↑ purulent exudate
- Malaise / fever
- Change in blood glucose / elevated WBC levels

2 or more S&Ss or 1 or more S&S for a diabetic client warrants notification of Physician or NP.

An ↑ WBC or fever may not be present with an infected skin tear in a client with diabetes due to a blunted inflammatory response; therefore these are not reliable indicators of wound infection in clients with DM

Go to: Prevent & Treat Skin Tears

GUIDELINE SUMMARY May 2016 cont'd

Prevent & Treat Skin Tears

Return to Assess and Treat Skin Tears

Client Care Management

Client Concerns

- Care plan reflects client abilities, concerns & Tx. Preferences.
- Consult with SW, Facility Liaison, or Clinical Lead.
- Consult with Dietitian, OT/PT.
- Develop care plan & Tx. based on client concerns and client's ability to participate.

Manage Pain

- Manage client's pain.

Client Education & Resources

- Routine skin care measures.
- Early recognition & prompt risk prevention & treatment plan.
- Medication adherence & chronic disease management.

Prevention of Skin Tears

- Protect extremities from trauma.
- Moisturize the skin twice daily.
- Use long sleeves & pants, knee high socks, shin guards.
- Consult OT/PT/Wound Clinician for sizing of arm/leg protective garments: limb sleeves, cotton bandages/netting.
- Consider use of donning and doffing devices for client's wearing compression garments.
- Avoid tape on the skin, if tape is required use silicone tape (if available), and a hydrocolloid may be used as a 'landing pad' for non-silicone tapes. If not available then apply a skin barrier under tape being used.
- Remove any tape by rolling it gently off the skin, do not pull it off; use adhesive remover.
- Educate client/caregivers re: need for short fingernails & to not wear jewellery
- Pad bedrails, wheelchair arms / legs / furniture & equipment
- Support dangling arms & legs with pillows or blankets
- Remove leg rests / foot pedals from wheelchair when transferring
- Remove environmental risk factors for falls
- Use proper positioning, transferring, & turning techniques to reduce trauma, friction & shear forces; use a lift or transfer sheet, do not drag client.

Wound Management

Treatment of Skin Tears: Objective and Options

Avoid: Staples, sutures, and hydrocolloids, transparent dressings, telfa-like dressings, or gauze.
May use skin glue products within 24hrs of the injury for those skin flaps where at least 75% of the flap is viable and under the direction of a Wound Clinician or physician/NP
Cleansing Gently cleanse beneath the skin tear flap to remove surface bacteria, necrotic tissue and blood clots, if present, use at least 100 ml of solution.

Description	Treatment Objective	Treatment Options
Type 1: No skin loss	1. Roll the viable flap back over wound bed using either a: • moistened, sterile, cotton-tipped applicator, or • sterile gloved hand, or • moistened sterile gauze. 2. Control bleeding. 3. Maintain moisture balance by managing exudate. 4. Protect the skin tear & peri-wound skin. 5. Prevent infection. 6. Prevent the cause.	**Control bleeding**: • Cover the wound with an absorbent pad, elevate the limb & apply pressure until bleeding is controlled. If bleeding does not stop, apply a calcium alginate dressing. • Contact a Physician/NP if bleeding does not stop within 15 minutes for clients on anticoagulants, or within 5-7 minutes for clients not on anticoagulant medication. **Dressings:** The following dressings/dressing combinations can be used for all skin tears. For Types 1 & 2 the dressing should be left in place for 5-7 days unless otherwise indicated: • A contact layer with an appropriate cover dressing e.g., silicone mesh contact layer or hydrofibre contact layer or calcium alginate with bordered foam covered dressing. • A cover dressing on its own e.g., a silicone foam dressing or an acrylic dressing (for wounds with small amount of exudate i.e., upper arm) • If required, antimicrobial dressings • A borderless cover dressing may be secured with a gauze wrap & then a tubular stocking or similar bandage. Ensure tape does not come in contact with the skin. Monitor for slippage.
Type 2: Partial flap loss	Roll the remaining viable flap back over the wound bed using step 1 & follow treatments '2-6' above.	
Type 3: Complete flap loss	**No flap present.** Protect exposed wound bed. Follow steps '2-6' above.	
For all Skin Tear Types: Moisturizer upper & lower extremities twice daily		

Wound Infection

Consult with Physician/NP re: need for tetanus booster.

- Monitor for S& S of infection e.g., new or ↑ pain.
- Refer to Physician/NP if S&S of infection present.
- Treat the wound infection.
- Teach client/ caregivers S&S of infection, e.g., new onset or increasing pain

Client Outcomes

- Intended outcomes met → Discharge Planning
- Intended outcomes not met → Return to Assess and Treat Skin Tears

Discharge Planning

- Initiate D/C planning during initial client encounter, except LTC
- Ensure continuity of care across sectors