Skin Tear Pathway

Tissue Viability Service

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Aim. Through education and introduction of the skin tear pathway, improve the management and reduce the prevalence of skin tears.

Learning objectives:

> Describe skin tears through explanation, definition and visual aids.

> Understand those at risk of skin tears.

> Discuss ways of preventing skin tears and how to follow a treatment pathway when identifying a skin tear.

> Consider the effect of skin tears on the patient and organisation.

What are skin tears?

Definition. “A skin tear is a traumatic wound caused by mechanical forces including, removal of adhesives (ISTAP, 2018). A skin tear is a partial or complete separation of the outer skin layers from the inner tissue”.

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Where do skin tears occur?

Skin tears can be on any part of the body, but most often are on;

> Upper or lower limbs.

> Dorsal aspect of the hands.

<u>70-80% occur on the hands or arms.</u>

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Common causes of skin tears.

> Shearing/Frictional forces

> Blunt trauma

> Falls

> Poor handling

> Equipment injury

> Removal of dressings

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Those at higher risk.

> Elderly- The normal ageing process causes changes in the skin which make it more fragile, therefore more vulnerable to damage-including skin tears. Less force is required to cause traumatic injury and so incidence is increased, (Voegeli, 2007).

> Individual's requiring assistance- ADLs; bathing, dressing, mobility, (Wounds UK, 2015).

> Dry and/or thin (tissue paper) skin.

> History of skin tears (may have scarring, usually crescent shaped).

> Acutely unwell.

> Confused and/or aggressive.

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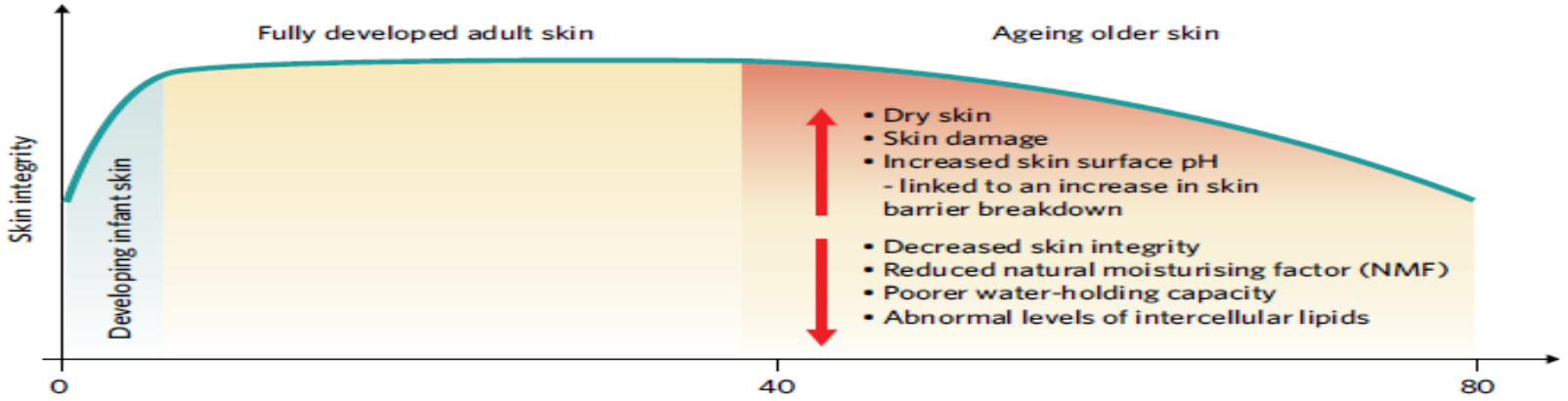
Ageing skin.



EXTRINSIC RISK FACTORS

Patients who require assistance with activities of daily living – such as mobility, washing, dressing – are at increased risk of skin tears due to handling and force or trauma (Wounds UK, 2015). These extrinsic, or environmental, risk factors may be combined with the intrinsic risks of aged skin detailed above.

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Prevention of skin tears.

Complete a holistic assessment and consider the following;

> Moving and Handling risk assessment - correctly fitted equipment, remove unnecessary hazards/furniture, pad protectors over bed rails, wheelchair arms and leg supports.

> Skin condition - checking history, medication and physical appearance of the skin.

> Fluid and nutrition - are they hydrated? (Consider MUST and balance charts).

> Use paper tape on skin to reduce trauma.

> Consider using long sleeve tops and trousers.

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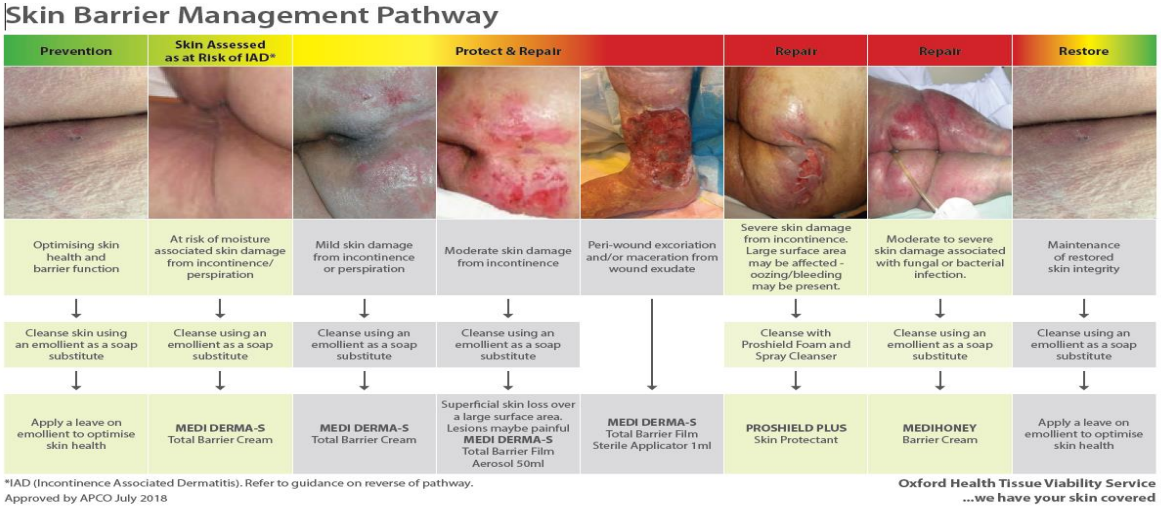
Prevention of skin tears.

> Use emollient as a substitute for soap when washing.

> Moisturise the skin twice daily. Emollient therapy should be seen as a vital part of skincare in patients with aged skin. Use of emollients promotes general skin health and twice-daily application has been proven to reduce incidence of skin tears by 50% (Carville et al, 2014).



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Skin tear assessment using TIMES.

Skin tears need to be correctly identified on presentation and documented in order to set appropriate treatment goals and optimise management.

Assessment and reassessment of the skin tear should be based on the TIMES framework. Document your findings and escalate any concerns appropriately.

> Tissue. Epithelisation, granulation, slough, necrosis.

> Infection. Different to inflammation. Use the AMBL tool for guidance.

> Moisture. Managing the balance. Don't want a very dry or a very wet wound.

> Edge. Damage, vulnerability, maceration, dry.

> Skin. Check the rest of the surrounding skin. Integrity, skin conditions or allergies.

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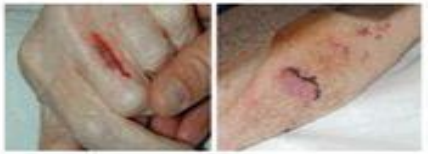
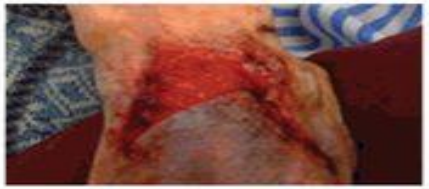
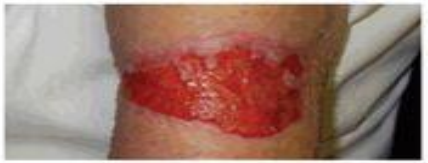
Classification of skin tears.

Type 1: No Skin Loss	Linear or Flap Tear which can be repositioned to cover the wound bed	
Type 2: Partial Flap Loss	Partial Flap Loss which cannot be repositioned to cover the wound bed	
Type 3: Total Flap Loss	Total Flap Loss exposing entire wound bed	

ISTAP
INTERNATIONAL SKIN TEAR ADVISORY PANEL
www.skintears.org

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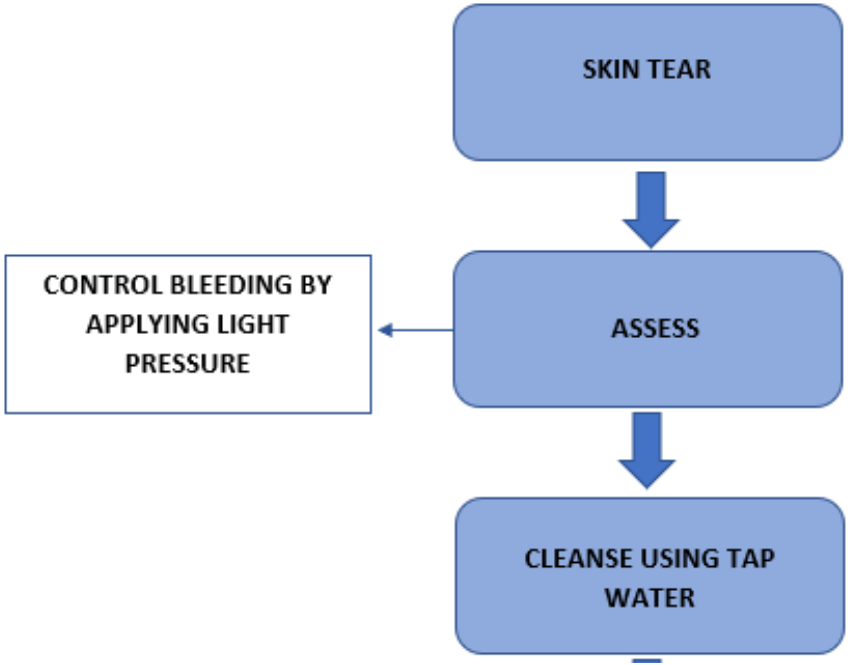
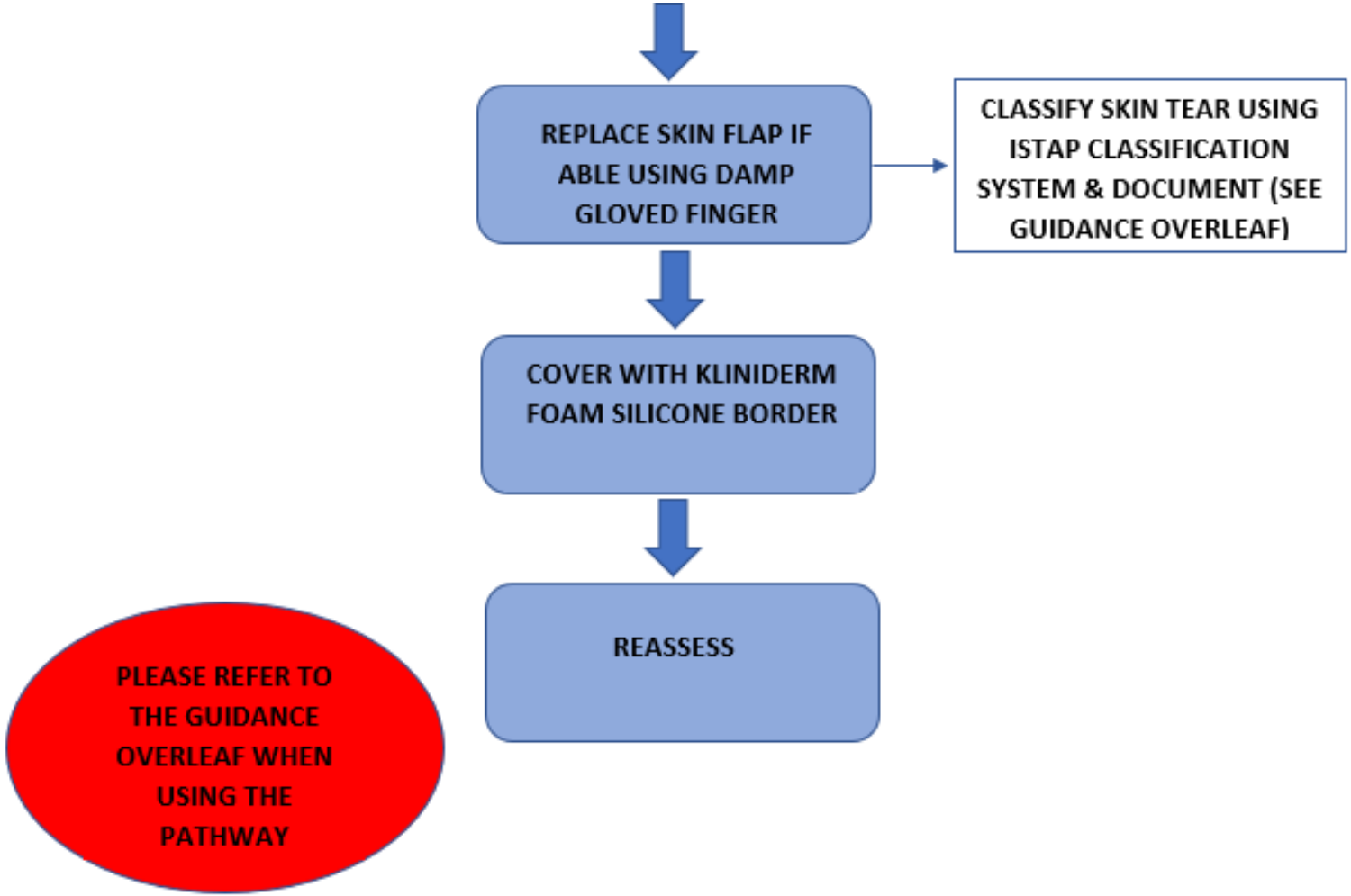
Skin Tear Pathway




REPLACE SKIN FLAP IF ABLE USING DAMP GLOVED FINGER
CLASSIFY SKIN TEAR USING ISTAP CLASSIFICATION SYSTEM & DOCUMENT (SEE GUIDANCE OVERLEAF)
COVER WITH KLINIDERM FOAM SILICONE BORDER
REASSESS
PLEASE REFER TO THE GUIDANCE OVERLEAF WHEN USING THE PATHWAY

Skin tear pathway.

Once the dressing is applied, draw an arrow on it to show the direction in which it should be removed.
This should be with the direction of the skin flap so that you don’t pull it back on removal.

Skin tear pathway.

> Date the dressing on application as it should be left in place for 7 days.

> Only change the dressing if exudate/blood is not being contained and has reached the border of the dressing OR if there are clear signs of wound bed infection whereby the dressing regime needs to be changed.

> Reassess the wound every 2-3 days by gently peeling the dressing back in the direction of the arrow but not removing it completely. You can then re-apply the dressing after assessment of the wound.

Products not recommended for use with skin tears.

> Iodine-based dressings. Iodine causes drying of the wound and peri-wound skin. As dry skin is a major risk factor for skin tear development, iodine-based products should not be used for the management of skin tears or for those who are deemed at risk of skin tears (LeBlanc et al, 2016).

> Films and hydrocolloid dressings. They have a strong adhesive component and have been reported to contribute to medical-adhesive related skin tears (McNichol et al, 2013). Films and hydrocolloid dressings are not recommended for use in those who have, or are at high risk of, a skin tear.

> Skin closure strips. Expert opinion suggests that adhesive strips are no longer a preferred treatment option of choice for skin tears (LeBlanc et al, 2016; Holmes et al, 2013; Wounds UK, 2015).

> Gauze. Using gauze is not recommended, as it does not secure the flap and there is increased risk of flap displacement when changing the secondary dressing, increasing the risk of skin necrosis (Nursing Times, 2003).

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The effect of skin tears on patients.

> Pain & distress.

> Affect quality of life.

> Potential infection.

> Increase health care costs (Rayner et al, 2015).

> Prolonged hospitalisation (Carville et al; LeBlanc et al, 2016).

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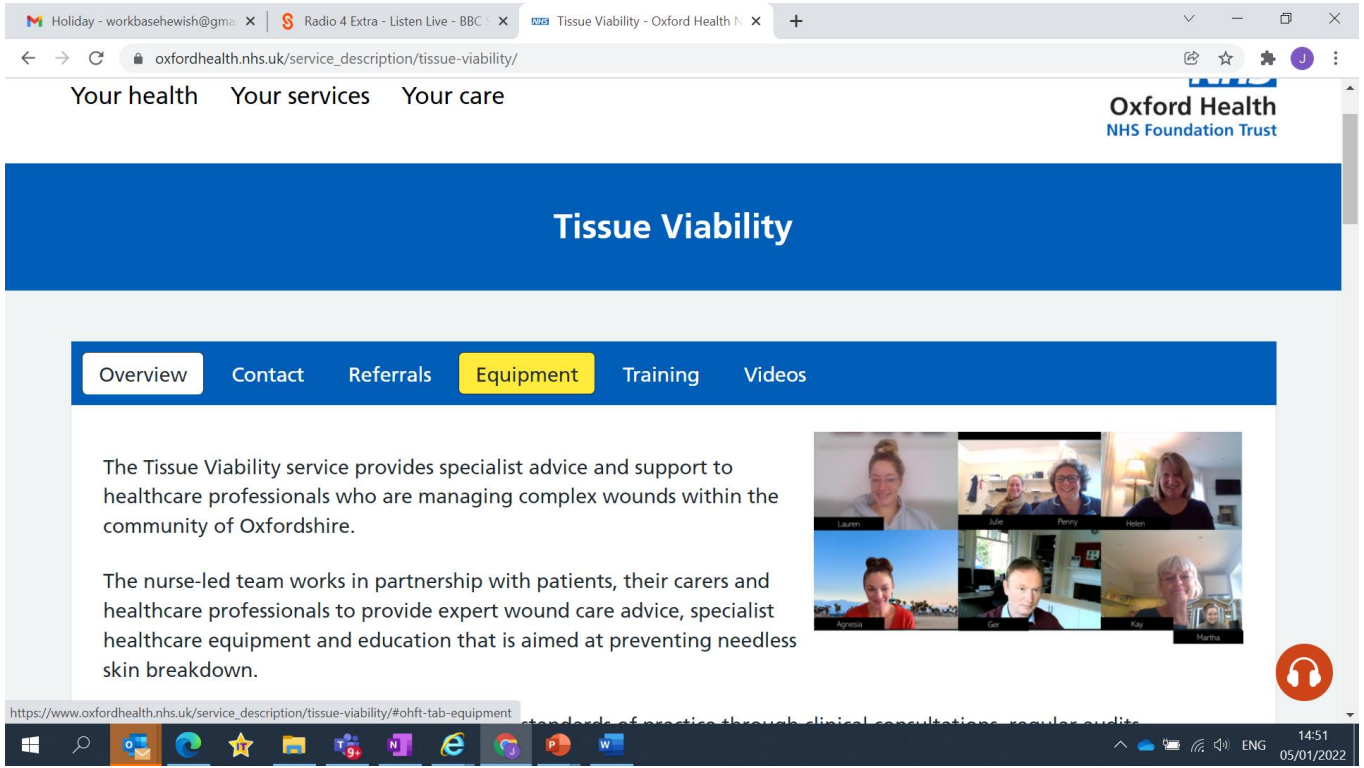
Useful resource.



https://www.oxfordhealth.nhs.uk/service_description/tissue-viability/

Thank you

Any Questions???

Reference list.

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