

# Skin Tear Pathway – for Care Leaders in Residential Homes

## Application of 1<sup>st</sup> Aid Dressing



**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
- 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”.



# 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.

70-80% occur on the hands or arms.



# Common causes of skin tears.

- > Shearing/Frictional forces
- > Blunt trauma
- > Falls
- > Poor handling
- > Equipment injury
- > Removal of dressings



# 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.

# 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).

# 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.

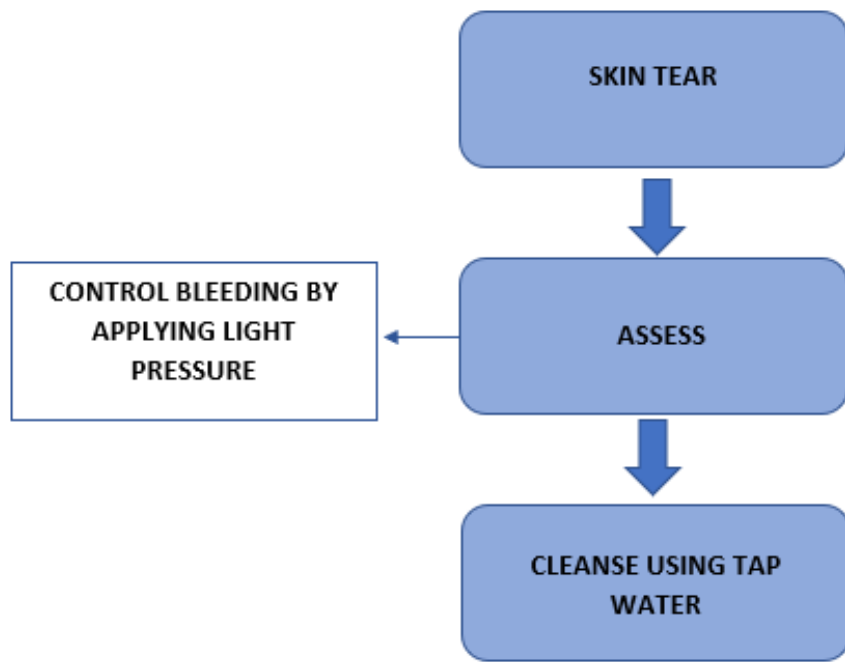
Emollient therapy should be seen as a vital part of skincare in patients with aged skin. Use of emollients promotes general skin health and twice-daily application has been proven to reduce incidence of skin tears by 50% (Carville et al, 2014).



# What are we asking you to do?

1. Identify the skin tear & classify it
2. Escalate if necessary to 111 otherwise apply emergency dressing
3. Refer to district nurses to follow up

## Skin Tear Pathway



# Skin tear assessment – Classification of Skin Tear

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

**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



# When do you need to escalate to 111?

- Injury larger than the largest dressing
- Unable to stop bleeding
- Unable to remove foreign body
- Wound is visibly deeper than a skin tear
- Beyond your competence to manage

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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.

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



Skin tear



Arrow to indicate direction of dressing removal



Remove in the direction of the arrow

# What Next?

- Training today
- Skin Tear box to be delivered by Pete Kingsley from H&R
- Start working on the competency – videos to watch & resources
- You sign when you are competent in an element
- Your assessor (DHCT Nurse Trainer, CHSS or appropriate Health Care Professional) signs when they are satisfied that you are competent in an element (if it states N/A in the column it means that the competency does not require to be signed off by an assessor)
- Please keep these competencies safe as they are a record of your competence & send a copy to [DHCTnursetrainer@oxfordhealth.nhs.uk](mailto:DHCTnursetrainer@oxfordhealth.nhs.uk)



Thank you

Any Questions???

