

Risk factors for skin tears

- Co-morbidities/age
- Flattening of the layers between epidermis and dermis
- Barrier function decrease
- Increased water loss (dry skin)
- Decreased sebaceous secretions
- Decreased elastin
- Degreased collagen deposits

How to prevent skin tears

- Assess risk on admission
- Ensure those at risk wear long sleeves, long trousers or knee high socks
- Ensure safe patient handling techniques and equipment/environment
- Involve patients and families with prevention strategies
- Consult dietician and improve hydration and nutrition
- Keep skin well moisturised
- Ensure adequate lighting
- Upholster or pad sharp borders of furniture/bed
- Use aids when moving patients
- Use adhesive removers to remove tape
- Ensure patient is on an appropriate anti-coagulant

For further information or to contact the service:

Luton Tissue Viability Team, Luton Treatment Centre, 6 Vestry Close, Luton, LU1 1AR
 Tel: 0333 405 0048

If you require this information in a different format such as in large print or on audio tape, or in a different language please contact the service on the details above.

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If you have any compliments about this service or suggestions for improvements, contact our Patient Advice and Liaison Service on 0300 131 1000 (charges may apply depending on your network) or email: ccs-tr.pals@nhs.net.

For free, confidential health advice and information 24 hours a day, 365 days a year please contact NHS 111.

Skin Tears: prevention and treatment

Tissue Viability Service (for Professionals and Carers)



SKIN TEAR PATHWAY

STAR CLASSIFICATION SYSTEM*: CATEGORIES



Category 1a. A skin tear where the edges can be re-aligned to the normal anatomical position (without undue stretching) and the skin is not pale, dusky or darkened.



Category 1b. A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is pale, dusky or darkened.



Category 2a. A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is not pale, dusky or darkened.



Category 2b. A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened.



Category 3. A skin tear where the skin flap is completely absent.


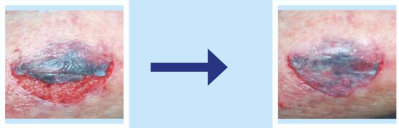

Skin Tears

Skin tears are a growing problem, partly due to the ageing population and the comorbidities associated with ageing. Without treatment, they may become chronic wounds with prolonged healing, causing unnecessary pain and distress (Jones and Millman, 1990).

What is a skin tear?

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)' *Le Blanc and Baranoski,2011.*

Treatment of Skin Tears

S Control bleeding and clean	Control bleeding (haemostasis) <ul style="list-style-type: none"> • Apply pressure and elevate the limb if appropriate. Clean the wound <ul style="list-style-type: none"> • Use warm saline or water to irrigate the wound and remove any residual haematoma or debris. Gently pat dry the surrounding skin to avoid further injury. 	
T Tissue Assessment	Approximate the skin flap <ul style="list-style-type: none"> • If the skin is viable, gently ease the skin flap back into place using a dampened cotton tip or gloved finger, tweezers or a silicone strip and use the flap as a 'dressing' if viable. • If the flap is difficult to align, consider using a moistened non-woven swab. • Apply for 5-10 minutes to rehydrate the flap, categorise the skin tear and perform a wound assessment. 	
A Assess and Dress	<ul style="list-style-type: none"> • Consider factors affecting wound healing (holistic health assessment) • Assess surrounding skin • Categorise using STAR1 classification: • In the direction of the skin flap, draw an arrow on top of the dressing 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; font-size: small;"> For full STAR classification for reassessment see chart above </div>  <div style="text-align: right;"> Product Solution ALLEVYN Gentle Border OR KERRALITE COOL </div> </div>
R Review and Reassess	<ul style="list-style-type: none"> • Report on Datix • At each dressing change, gently lift and remove the dressing, working away from the attached skin flap, as indicated by the arrow drawn on the dressing. • Consider using saline soaks or silicone-based adhesive removers to minimise trauma to the periwound skin. • When cleaning the wound take care not to disrupt the skin flap. • Monitor for changes in the wound and maintenance of skin integrity. • Observe the wound for signs and symptoms of infection (especially in patients with diabetes), including increased pain and exudate, erythema, heat, oedema and malodour. • Implement preventative skin care interventions to avoid further skin tears. 	