

# Skin Tears



These guidelines have been developed for health professionals caring for clients with impaired skin integrity or those at risk of loss of skin integrity. Assessment, management and prevention of skin tears should be undertaken by health professionals with expertise in the area.

For this summary, all recommendations have had their levels of evidence classified using the National Health and Medical Research Council levels of evidence, as follows:

Level I	Evidence from a systematic review or meta-analysis of at least two level II studies
Level II	Evidence from a well designed randomised controlled trial (for interventions), or a prospective cohort study (for prognostic studies)
Level III	Evidence from non-randomised studies with some control or comparison group (pseudo-randomised controlled trial; non-randomised experimental trial, cohort study, case-control study, time series studies with a control group; historical control study, retrospective cohort study)
Level IV	Evidence from studies with no control or comparison group

An additional rating of Expert Opinion (EO) has been added, for guideline recommendations which are consensus statements provided by a National or International Panel of experts in the area.

This is a summary of guidelines from the following sources, which should be accessed for further details as required:

1. Ayello E, Sibbald R, *Preventing pressure ulcers and skin tears, in Evidence-based geriatric nursing protocols for best practice*, Capezuti E et al., Editors. 2008, Springer Publishing Company: New York. 403-29.
2. LeBlanc K, Baranoski S: Skin tears: state of the science: consensus statements for the prevention, prediction, assessment, and treatment of skin tears. *Advances in Skin & Wound Care* 2011, 24:2-15.
3. Ratliff C, Fletcher K: Skin Tears: A review of the evidence to support prevention and treatment. *Ostomy Wound Management* 2007, 53. [www.o-wm.com/article/6968](http://www.o-wm.com/article/6968)
4. Carville K, Lewin G, Newall N et al.: STAR: A consensus for skin tear classification. *Primary Intention* 2007, 15:18-28.
5. Joanna Briggs Institute: Topical skin care in aged care facilities. *Best Practice* 2007, 11. <http://connect.jbiconnectplus.org/ViewSourceFile.aspx?0=4346>
6. Best Practice Statement: *Care of the Older Person's Skin Wounds* UK 2012; 2nd Edition: [www.woundsinternational.com/pdf/content\\_10608.pdf](http://www.woundsinternational.com/pdf/content_10608.pdf).



## Assessment

1. All clients should have a risk assessment for skin tears on admission <sup>1,2</sup> (EO)
2. Risk factors include:
  - limited mobility and use of wheelchairs or other mobility aids <sup>2,3</sup> (IV)
  - cognitive impairment <sup>2,3</sup> (IV)
  - poor nutrition <sup>2,3</sup> (IV)
  - polypharmacy <sup>2,3</sup> (IV)
  - sensory loss <sup>2,3</sup> (IV)
3. A recognised skin tear assessment and classification system should be utilised <sup>1,2,4</sup> (EO)
4. Assess the size of the skin tear and document the assessment <sup>1</sup> (EO)

## Management

5. Gently clean the wound <sup>1,2,4</sup> (EO)
6. Approximate any skin tear flap if possible <sup>1-4</sup> (EO)
7. Air or gently pat the skin dry <sup>1</sup> (EO)
8. Use non-adherent dressings <sup>1,3</sup> (EO)
9. Use tubular non-adhesive wraps, stockinettes or flexible netting to secure dressings rather than tape <sup>1,3</sup> (EO)
10. Place an arrow to indicate the direction of the skin tear on the dressing <sup>1,3</sup> (EO)

## Prevention

11. A prevention protocol should be in place for clients identified as at risk for skin tears, including regular skin assessments <sup>1-3</sup> (EO)
12. An emollient soap substitute should be used for dry or vulnerable skin and is more effective than a non-emollient soap in preventing skin tears <sup>1,3,5,6</sup> (IV)
13. Moisturise skin at least twice daily <sup>1,3,6</sup> (EO)
14. Dry skin thoroughly after washing. Dry skin by patting, not rubbing<sup>6</sup> (EO)
15. Gently smooth on the moisturizer or barrier cream in the direction of body hair, don't rub<sup>6</sup> (EO)
16. Pad wheelchair arms, footrests, bedrails, walking frames <sup>1-3</sup> (EO)
17. Provide adequate lighting to prevent bumping into furniture <sup>1,3</sup> (EO)
18. Long sleeves and pants should be worn to protect extremities <sup>1-3</sup> (EO)
19. Employ correct lifting and manual handling techniques <sup>1-3</sup> (EO)
20. Maintain optimal nutrition and hydration status <sup>1,2</sup> (EO)