Skin Tear Management Flow Chart

Assessment

- All clients should have a risk assessment for skin tears on admission
- Assess and document skin tears using a recognised assessment and classification system e.g. STAR
- Assess the surrounding skin for swelling, discoloration or bruising

If skin flap is pale, dusky or darkened:

- Reassess in 24-48 hours or at the first dressing change
- Assessment should only be undertaken by trained staff

Management

- Control bleeding
- Cleanse the wound gently with warm water or normal saline, pat dry
- Realign edges if possible
- Do not stretch the skin
- Use a moist cotton-tip to roll skin into place
- Apply a low adherent, soft-silicone dressing to wound, overlapping the wound by at least 2 cm
- Draw arrows on the dressing to indicate the direction of dressing removal
- Mark the date on the dressing
- Apply limb protector

Prevention

- Assess skin regularly and implement a prevention protocol for those at risk
- Use soap-free bathing products
- Apply moisturiser twice daily
- Use correct lifting and positioning techniques
- Avoid wearing rings that may snag the skin
- When repositioning use assistive devices such as slide sheets
- Protect fragile skin with either limb protectors or long sleeves or pants
- Pad or cushion equipment and furniture
- Avoid using tapes or adhesives, use tubular retention bandages to secure dressings

Risk factors for a Skin Tear

- History of previous skin tears
- Bruising, discoloured, thin or fragile skin
- Cognitive impairment/dementia
- Impaired sensory perception
- Dependency
- Multiple or high risk medications e.g. steroids, anticoagulants
- Impaired mobility
- Poor nutritional status
- Dry skin/dehydration
- Presence of friction, shearing and/or pressure

References:


LeBlanc K, Baranoski S. Skin tears: Adv Skin Wound Care, 2011. 24(9S): 2-15


Wounds UK. Best Practice Statement: Care of the Older Person’s Skin Wounds UK 2012, 2nd ed.

STAR classification system

Category 1a
A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour 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.

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