Skin Tears

This guidelines summary has 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.

GUIDELINES SUMMARY

For this summary, all recommendations have had their levels of evidence classified 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
EO	Consensus statements provided by a National or International Panel of experts in the area.

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

1. LeBlanc K, et al. International Skin Tear Advisory Panel: a tool kit to aid in the prevention, assessment, and treatment of skin tears using a Simplified Classification System. Adv Skin Wound Care 2013; 26: 459-76.
2. Wounds UK. Best Practice Statement: Maintaining Skin Integrity. 2018, London: Wounds UK. https://www.wounds-uk.com/resources/details/maintaining-skin-integrity
3. Lewin G, et al. Identification of risk factors associated with the development of skin tears in hospitalised older persons: a case-control study. Int Wound J 2016; 13: 1246-1251.
4. Serra R, et al. Skin tears and risk factors assessment: a systematic review on evidence-based medicine. Int Wound J 2018; 15: 38-42.
5. Carville K, et al. The effectiveness of a twice-daily skin-moisturising regimen for reducing the incidence of skin tears. Int Wound J 2014; 11: 446-53.
6. Munro E, et al. Malnutrition is independently associated with skin tears in hospital inpatient setting. Int Wound J 2018; 15: 527-533.
7. Rayner R, et al. A risk model for the prediction of skin tears in aged care residents: A prospective cohort study. Int Wound J 2019; 16: 52-63.
8. LeBlanc K, et al. Best practice recommendations for the prevention and management of skin tears in aged skin. 2018, Wounds International. www.woundsinternational.com

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Assessment

1. All clients should have a risk assessment for skin tears and head-to-toe skin assessment on admission and on any change in condition [1,2] (EO)
2. Risk factors include:
   - limited mobility, use of mobility aids, or history of falls [1,3,4] (III)
   - dependence with repositioning and ADLs [1,3,5] (III)
   - cognitive impairment, including communication difficulties [1,4] (IV)
   - malnutrition and dehydration [1,6] (IV)
   - polypharmacy [1] (EO)
   - sensory loss (e.g. tactile, visual or hearing impairment) [1,4] (IV)
   - male gender [7] (III)
   - skin changes related to comorbidities, critical illness and extremes of age [1,8] (EO)
   - previous skin tears, bruising, haematoma, senile purpura, oedema, elastosis or dry/scaly skin [3,7] (II)
3. A recognised skin tear assessment and classification system should be utilised [1,8] (EO)
4. Assess the person with a skin tear, including: health, medical history, previous skin tears, medications, mobility, nutrition and hydration, and psychosocial factors [8] (EO)
5. Assess the skin tear: cause, location, duration, dimensions, wound bed, exudate, bleeding, haematomas, skin flap, surrounding skin, signs of infection, pain; and document the findings [1,8] (EO)

Management

6. Control bleeding, then gently clean the wound [8] (EO)
7. Approximate any skin tear flap if possible, without tension [1,8] (EO)
8. Air or gently pat the skin dry [8] (EO)
9. Use non-adherent, flexible dressings that promote moisture balance in the wound [1,8] (EO)
10. Avoid use of strong adhesive dressings or tapes, iodine-based dressings, film or hydrocolloid dressings, skin closure strips and gauze [1,8] (EO)
11. Mark an arrow on the dressing to indicate the direction of removal and document [8] (EO)
12. Control any pain [8] (EO)

Prevention

13. A prevention protocol should be in place for clients identified as at risk for skin tears, including daily skin assessments [1,2] (EO)
14. An emollient soap substitute should be used for dry or vulnerable skin [8] (EO)
15. Moisturise skin at least twice daily [5] (II)
16. Dry skin thoroughly after washing. Dry skin by patting, not rubbing. [8] (EO)
17. Gently smooth on the moisturiser or barrier cream in the direction of body hair, don’t rub [2] (EO)
18. Pad wheelchair arms, footrests, bedrails, walking frames [1,8] (EO)
19. Provide adequate lighting and remove obstacles to prevent bumps and falls [1,8] (EO)
20. Protective clothing (e.g. long sleeves, pants) should be worn to protect extremities [1,8] (EO)
21. Employ correct lifting and manual handling techniques [1,8] (EO)
22. Maintain optimal nutrition and hydration status [2,6,8] (IV)
23. Prevent skin trauma from adhesives, dressings and tapes [2,8] (EO)
24. Avoid sharp fingernails or jewellery during patient contact [2,8] (EO)
25. Review medications to avoid polypharmacy [8] (EO)
26. Minimise falls risk [8] (EO)

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