

Skin Tears



This guidelines summary has been developed for health professionals caring for people 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 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
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 evidence from the following sources, which should be accessed for further details as required:

1. Wounds UK. Best Practice Statement: Maintaining Skin Integrity. 2018. <https://www.wounds-uk.com/resources/details/maintaining-skin-integrity>
2. Lewin GF 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; 13:1246-51.
3. Beekman D et al. Best practice recommendations for holistic strategies to promote and maintain skin integrity. *Wounds International*, 2020. <https://woundsinternational.com/>
4. Serra R, et al. Skin tears and risk factors assessment: a systematic review. *Int Wound J*, 2018; 15:38-42.
5. LeBlanc K, et al. Risk factors associated with skin tear development in the Canadian long-term care population. *Adv Skin Wound Care*, 2021;34:87-95.
6. Carville K et al. Effectiveness of a twice-daily skin-moisturising regimen for reducing the incidence of skin tears. *Int Wound J*, 2014; 11:446-53.
7. Soh Z et al. Risk of skin tears and its predictors among hospitalized older adults in Singapore. *Int J Nurs Practice*, 2019; 25:e12790-n/a.
8. Munro EL et al. Malnutrition is independently associated with skin tears in hospital inpatient setting. *Int Wound J*, 2018; 15:527-33.
9. 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.
10. LeBlanc K et al. Best practice recommendations for the prevention and management of skin tears in aged skin. *Wounds International*, 2018. www.woundsinternational.com.
11. Moola S. Skin Tears (Community Setting): Assessment. JBI Database 2021. JBI-ES-1932-1.
12. Wounds UK. Best Practice Statement: Management of lower limb skin tears in adults. 2020. <http://www.wounds-uk.com/>
13. Bellman S. Skin Tears (Older Adults): Management. JBI EBP Database, 2023. JBI-ES-2007-6.
14. Lichterfeld-Kottner A et al. Maintaining skin integrity in the aged: A systematic review. *Int J Nurs Stud*, 2020; 103:103509-23.
15. Finch K et al. Skin tear prevention in elderly patients using twice-daily moisturiser. *Wound Pract Res*, 2018; 26:99-109.



Assessment

1. All people should have a comprehensive risk assessment for skin tears and head-to-toe skin assessment on admission and on any change in condition.¹ (EO)
2. Risk factors include:
 - Impaired mobility, use of mobility aids, or history of falls²⁻⁴ (III)
 - Dependence with repositioning and ADLs^{2,5,6} (III)
 - Cognitive impairment, including communication difficulties,⁴ or dementia⁷ (IV)
 - Displaying aggressive behaviour⁵ (IV)
 - Malnutrition and dehydration,^{4,8} being underweight⁷ (IV)
 - Polypharmacy,³ use of corticosteroids or anticoagulants⁴ (EO)
 - Sensory loss (e.g., tactile, visual or hearing impairment)⁴ (IV)
 - Male gender⁹ (III)
 - Skin changes related to comorbidities, or critical illness^{1,10} (EO)
 - Extremes of age^{3,10} (EO)
 - Previous skin tears,^{2,9} bruising,^{2,5} haematoma,^{2,5} purpura,^{2,9} oedema,² elastosis or dry/scaly skin⁹ (III-IV)
3. Assess the person's health, medical history, skin tear history, medications, vascular status, pain, mobility, nutrition and hydration, home environment and psychosocial factors.^{11,12} (EO)
4. Use a recognised skin tear assessment and classification system.¹⁰⁻¹² (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.¹⁰ (EO)
6. Accurately document a holistic assessment, involving the person.¹² (EO)

Management

7. Control bleeding, then gently clean the wound according to protocol.¹⁰ (EO)
8. Approximate any skin tear flap if possible, without tension.¹⁰ (EO)
9. Air or gently pat the skin dry.¹⁰ (EO)
10. Use non-adherent, flexible dressings that promote moisture balance.¹⁰ (EO)
11. Soft silicone dressings are recommended.¹³ (II)
12. Avoid use of strong adhesive dressings or tapes, iodine dressings, hydrocolloid or film dressings, adhesive skin strips or gauze.^{10,12} (EO)
13. Mark an arrow on the dressing to indicate the direction of removal and date when dressing should next be changed.^{10,12} (EO)
14. Manage any pain.^{3,10} (EO)
15. Consider low levels of compression (10mmHg) for people with lower limb skin tears. Compression garments should be removed at least daily and the skin assessed. Higher levels of compression may be considered dependent on vascular assessment.¹² (EO)
16. Assess progress in healing and document at each dressing change,^{10,12} with a formal assessment every 14 days.¹² (EO)
17. If the wound has not progressed in healing after two weeks, reassess and refer for wound specialist care.¹² (EO)



Prevention

- 18.** Put a prevention program in place for those identified as at risk for skin tears, including daily skin assessments.¹ (EO)
- 19.** An emollient, pH balanced, soap substitute should be used for cleansing dry or vulnerable skin.^{10,14 3} (III - EO)
- 20.** Moisturise skin regularly,³ consider twice daily.^{6,15} (III)
- 21.** Use pH-balanced, non-perfumed moisturising products.³ (EO)
Products containing glycerin and petrolatum may reduce incidence of skin tears.¹⁴ (III)
- 22.** Dry skin thoroughly after washing by patting, not rubbing.¹⁰ (EO)
- 23.** Gently pat or smooth on moisturizer or barrier cream in the direction of body hair, don't rub.^{1,3} (EO)
- 24.** Pad wheelchair arms, footrests, bedrails, walking frames.^{1,10} (EO)
- 25.** Provide adequate lighting and remove obstacles to prevent bumps and falls.¹⁰ (EO)
- 26.** Protective clothing (e.g. long sleeves, pants) should be worn to protect extremities.^{1,10} (EO)
- 27.** Employ correct lifting and manual handling techniques.¹⁰ (EO)
- 28.** Maintain optimal nutrition and hydration status.^{1,8} (IV)
- 29.** Prevent skin trauma from adhesives, dressings and tapes.^{1,10} (EO)
- 30.** Avoid sharp fingernails or jewellery during contact.^{1,10} (EO)
- 31.** Review medications to avoid polypharmacy.¹⁰ (EO)
- 32.** Minimise falls risk.¹⁰ (EO)
- 33.** Involve person and family in person-centred care.^{3,12} (EO)
- 34.** Educate health professionals on risk factors and skin tear prevention, assessment and classification, management and outcome evaluation.¹² (EO)