This is a guide only and does not replace clinical judgment

Products listed or pictured are examples only and do not represent an endorsement of any company or particular product

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This Project is funded by the Australian Government Department of Health and Ageing under the Encouraging Better Practice in Aged Care (EBPAC) program.

Skin Tears

Information for **health professionals**

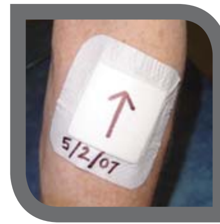
Skin Tears

What is a skin tear?

A skin tear is "a traumatic wound ... as a result of friction alone or shearing and friction forces which separate the epidermis from the dermis (partial thickness wound), or which separate both the epidermis and dermis from underlying structures (full-thickness wound)"
(Payne & Martin 1993).

Risk factors for skin tears

- History of previous skin tears
- Bruising, discoloured, thin or fragile skin
- Advanced age
- Poor nutritional status
- Cognitive impairment or dementia
- Dependency
- Many or certain medications e.g. steroids
- Impaired mobility
- Dry skin / dehydration
- Presence of friction, shearing, pressure
- Impaired sensory perception
- Cormorbidities e.g. renal, cardiovascular disease



Skin tear management

- Control bleeding
- Gently irrigate the wound with warm clean water or saline. Clean under the flap to remove debris or clots. Pat dry surrounding skin
- Realign any skin or flap by rolling skin with moist cotton bud. Do not stretch to 'make it fit'
- Classify the wound using a skin tear classification system
- If bruised, broken or discoloured skin is present, reassess within 48 hours
- Apply a low-adherent dressing to avoid trauma e.g. soft silicones. Avoid using tape
- Extend dressing over wound edge by at least 2cm. Draw an arrow on top of the dressing to indicate direction for removal
- Leave in place for 5—7 days, or change if there is 75% strikethrough leakage visible
- Apply limb protector or tubular retention bandage to hold dressing in place
- Document skin tear category, location, treatment and prevention strategies

Skin tear prevention strategies

- Assess skin regularly and implement a prevention protocol for those at risk
- Use an emollient soap substitute
- Apply moisturiser to the skin twice daily
- Use proper lifting and transfer techniques
- Use caution when bathing and dressing
- Avoid direct contact that will pull the skin, e.g. use slide sheets
- Protect fragile skin—use limb protectors and/or long sleeves or pants
- Pad or cushion equipment and furniture (e.g. bed rails, wheelchairs)
- Use pillows (satin or silk covers reduce friction and shear) to position people who are less mobile
- Avoid tapes or adhesives, use tubular retention bandages and soft silicone dressings to avoid tearing the skin
- Provide a safe environment