## Skin Tear Assessment Tool

### Date

**Location of Skin Tear:**

<table>
<thead>
<tr>
<th>Skin Tear Category: (tick box)</th>
<th>Category 1a</th>
<th>Category 1b – check within 24-48hrs</th>
<th>Category 2a</th>
<th>Category 2b – check within 24-48hrs</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1a</td>
<td>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.</td>
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<tr>
<td>Category 1b</td>
<td>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.</td>
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<td>Category 2a</td>
<td>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.</td>
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<td>Category 2b</td>
<td>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.</td>
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<td>Category 3</td>
<td>A skin tear where the skin flap is completely absent.</td>
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### Week 1

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<tr>
<th>Date</th>
<th>Treatment</th>
<th>Date For Next Dressing Change</th>
<th>Initials</th>
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### Week 2

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### Week 3

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### Week 4

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If skin tear not healed within four weeks refer for specialist assessment

**Note:** Dressings should stay in situ for 5-7 days or unless strikethrough 75%
# Skin Tear Prevention Guide

## Definition

A skin tear is a traumatic wound as a result of friction alone or shearing and friction which separates the epidermis from the dermis (partial-thickness wound), or separates both the epidermis and dermis from underlying structures (full-thickness wound).

## Risk factors for skin tears:

- History of previous skin tears
- Presence of bruising or discoloured skin
- Advanced age
- Poor nutritional status
- Cognitive impairment/dementia
- Dependency
- Multiple medications
- Impaired mobility
- Dry skin/dehydration
- Presence of friction, shearing, pressure
- Impaired sensory perception
- Disease processes (renal failure, heart disease, stroke)

## Prevention Strategies:

- Assess/recognize fragile, thin, vulnerable skin
- Use soap-free bathing products to avoid drying the skin
- Apply moisturiser to the skin twice daily
- Use proper lifting, positioning and transfer techniques
- Use caution when bathing and dressing
- Avoid wearing rings that may snag the skin
- Keep fingernails trimmed
- Avoid direct contact that will pull the skin. Use assistive devices such as slide sheets
- Protect fragile skin – use limb protectors and/or use clothing that has long sleeves or pants
- Consider padding or cushioning equipment and furniture. For example, bed rails and wheelchairs to reduce risk of injury
- Use pillows (satin or silk covers help to reduce the risk of friction and shear) to position people who are less mobile or restricted to bed or chairs
- Avoid using tapes or adhesives. If dressings or tapes are required, use paper tapes or soft silicone dressings to avoid tearing the skin upon removal
- Provide a safe environment
- Optimise nutrition and hydration

## References:


### SKIN TEAR ALERT

**Resident name:**

**Location of skin tear:**

**Skin Tear Category:** (tick box)

<table>
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**Treatment:**

**Incident report Completed:** (tick box)  
☐ Yes  ☐ No

**Date of review**  
**Signature:**
Skin Tear Management Guidelines

1. Control bleeding
2. Clean wound with warm normal saline, warm water or in shower. Pat dry
3. Realign (if possible) any skin or flap using a moist cotton-tip
4. Assess and document the skin tear using the Skin Tear Assessment Tool
5. Assess the surrounding skin for swelling, discolouration or bruising. If flap colour is pale, dusky or darkened reassess in 24-48 hours or at first dressing change
6. Apply a soft-silicone dressing (e.g. Mepilex Border™, Mepitel™ or Allevyn Gentle™) to wound overlapping the wound by at least 2cm
7. Draw arrows on the dressing to indicate the direction the dressing should be removed and date that dressing was applied
8. Apply a limb protector (e.g. Tubifast™) to prevent further injury
9. If you are not the RN notify the RN and document what you have done
10. Leave dressing on for 5 to 7 days or if 75% strike through
11. Remove dressing slowly in direction of arrows, moisten with water for easy release
12. If wound is healed leave open and moisturise
13. If wound has not healed apply a new soft silicone dressing and leave on for 5 to 7 days

References: