Skin Tears
Management and Prevention
Management

• Control bleeding
• Apply pressure
• Elevate limb above level of heart if possible and appropriate
• Gently clean wound with warm normal saline or water
Management

- Realign any skin flap if possible
- Gently realign skin flap by rolling skin with moist sterile cotton bud
- Do not stretch skin to try to make it fit, leave wound open where skin is absent
- Pat skin dry

**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™, Mepitape™ 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% strikethrough
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

**Figure 1:** Remove dressing in direction of arrow 5 to 7 days after application or if 75% strikethrough

**Figure 2:** Limb protector to prevent further trauma

References:
Management

• Apply non-adherent dressing
• Apply tubular non-adhesive wraps to secure dressing
• If flap is pale, dusky or discoloured, reassess in 24–48 hours, or first dressing change
• Document assessment, classification and management
• Monitor
Prevention

• Use an emollient soap substitute
• Moisturise skin at least twice daily
• Pad wheelchair arms, footrests, bedrails, walking frames
• Provide adequate lighting to prevent bumping into furniture
• Wear long sleeves and pants to protect extremities
• Employ correct lifting and manual handling techniques
• Maintain optimal nutrition and hydration status
Holistic and Patient Focused

- “whole” not “hole”
- individual risk factors
- individual circumstances
Further Information

Wounds Australia  www.woundsaustralia.com.au
International Wound Infection Institute www.woundinfection-institute.com
National Institute for Health and Clinical Excellence (NICE)  http://www.nice.org.uk/
EWMA Consensus Documents http://ewma.org/english/position-documents.html
Scottish Intercollegiate Guidelines Network (SIGN)  http://www.sign.ac.uk/
Wounds International  http://www.woundsinternational.com/clinical-guidelines
Wounds UK  http://www.wounds-uk.com/
The Joanna Briggs Institute  http://joannabriggs.org/

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References


