Skin Tear Guidance

NHS Lothian

A skin tear is a traumatic wound caused by mechanical forces, including the removal of adhesives (Le Blanc K et al, 2018)

Assess

1. Stop the Bleeding

• Apply clean gauze and gentle pressure until the bleeding stops.

• Elevate the limb where possible

• Consider alginate to stop bleeding if required.

Important - if the bleeding does not stop after 10 minutes of pressure please seek medical assistance.

2. Cleanse the Wound

• Use an aseptic technique

• Gently cleanse the wound with saline or drinkable water

• Remove debris.

Important - depending on healthcare setting, a tetanus injection may be required. Contact your medical team for advice.

3. Approximate

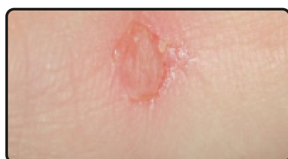
• If a flap is present ease it back into position without pulling or applying tension

• If difficult to align, use moistened gauze and apply to the area for 5-10 minutes to rehydrate the area first.

Important - the use of paper adhesive strips, sutures or glue may cause additional damage to fragile skin. DO NOT USE

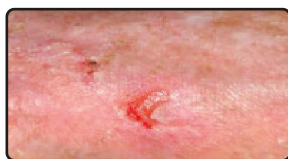
4. Categorise the Skin Tear:

Type 1: No Skin Loss



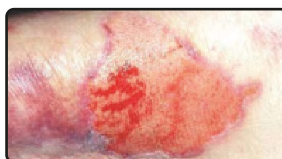
Linear or flap tear which can be repositioned to cover the wound bed

Type 2: Partial Flap Loss



Partial flap loss which cannot be repositioned to cover the wound bed

Type 3: Total Flap Loss



Total flap loss exposing entire wound bed

(NES, 2018)

5. Measure and Document

• Measure wound length, width and depth in centimetres

• Document accordingly in notes and report as per local policies

• Where possible obtain regular photographs as per local policy.

Treat

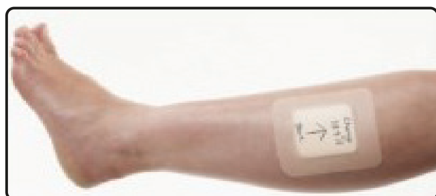
6. Dress the Wound

• Apply a wound contact layer such as Mepitel One ensuring a 2cm border around the wound margins. **DO NOT** use Jelonet

• Apply secondary dressing such as a foam adhesive, ensure there is a 2cm overlap of the wound edges

• Mark the dressing with an arrow to indicate the direction of removal to reduce the risk of flap disturbance or reopening along with the date of the dressing change

• **Leave in place for 5-7 days** to minimise disturbance to the wound bed unless there are clinical signs of infection or the secondary dressing is saturated.



7. Treat The Causes

General Health

• Assess cognitive, sensory, visual, auditory impacts

•Assess for critical disease and polypharmacy

Ambulation

• Assess history of falls and impaired mobility

•Assess that the person is able to undertake activities of daily living

Assess Skin

• Check for previous skin tears or other trauma

• Check if skin is dry or fragile and prescribe appropriate emollients.

8. Person Centred Goals

Pain

• Assess for pain and treat appropriately, consider PRN analgesic prior to cleansing and approximating wound edges

Other

• Advise the use of long sleeves and long trousers to reduce the risk of further skin tear trauma

• Educate person and care giver on prevention

Leg Assessment

• If the skin tear does not heal within 2 weeks the diagnosis of leg ulcer should be made

• Staff should undertake an ABPI and full lower limb assessment

•Apply compression as soon as available if suitable following a full holistic assessment and ABPI.

Review

• Gently lift the dressing, working away from the skin flap

• Monitor for changes. i.e. infection or discolouration

• Cleanse and redress, if on leg, wash leg and apply emollients.

• Monitor for haematoma (collection of blood)

No Improvement?

• If haematoma is present refer to the NATVNs Haematoma pathway

• If underlying structures are visible, spreading infection or delayed healing refer to the appropriate services

Tissue Viability Service, NHS Lothian. Updated: April 2023 Review Date: April 2027 Medical Photography, NHS Lothian. 23_03418

NHS Lothian

Skin Tear Guidance