

A pathway for
treating a person with a:

Skin tear

Australia Version 1.0



An evidence-based step-by-step guide
developed by clinicians for clinicians

Developed by clinicians for clinicians

This pathway was developed with feedback and input from over 2200 health care professionals in the field of wound care. It offers a unique evidence-based approach to managing skin tears and lets you put the latest evidence in wound care to use in real life.

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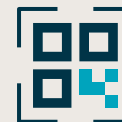
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Take a shorter way to wound healing

By following the steps in this pathway, you can provide an optimal healing environment for skin tears and reduce the risk of complications that could lead to delayed healing or worse.

Any advice included here needs to work in conjunction with your local protocols and your individual scope of practice.



Whenever a QR icon appears you can scan the correlating QR code at the bottom of the page.



To access helpful tools, scan the blue QR codes.



To dive deeper into subjects, scan the light blue QR codes.




The guidance provided in this book, is best understood in combination with the detailed guidance available to you in [The Wound Care Pathway](#). Whenever the book icon appears you can look up further information there.

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The Wound Care Pathway



What is a skin tear?

A skin tear is a traumatic wound caused by mechanical forces, including removal of adhesives. Severity may vary by depth (not extending through the subcutaneous layer).¹ 

Skin tears are traditionally categorised as acute but without the appropriate treatment they can become chronic, hard to heal wounds.

What does it look like?



Type 1 skin tear



Type 2 skin tear
on the lower leg



Scan to learn more about
skin tears

Step 1

How to **assess** a skin tear

- Begin your holistic wound assessment on patient. Ensure you consider:
 - Age
 - Skin dryness
 - Fragile skin
 - Medications that make the skin thinner such as steroids
 - Bruising
- Explore the cause of the skin tear

Screen for safety factors to reduce the risk of further skin trauma
- Assess and administer first aid if necessary, and determine if Tetanus vaccination is required (recommended for patients who have not received Tetanus during the last 10 years).
- Assess blood loss and determine if the patient is on anti-coagulants.
- Screen for associated fractures, especially if the patient fell, etc.



Keep in mind! In all wound types and skin conditions, it is important to be aware of how signs and symptoms may present in a range of skin tones²

How to **classify** a skin tear

- In order to classify a skin tear refer to the classification system that your organisation uses, this could be ISTAP^{3,4} or STAR. Below are images of the ISTAP classification system, for STAR please see QR code below.

Type 1

No skin loss where flap can be repositioned to cover the wound bed.

**Type 2**

Partial flap loss where flap can not be repositioned to cover the wound bed.

**Type 3**

Total flap loss exposing the entire wound bed.





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ISTAP resources and downloads




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STAR resources and downloads

Step 2

How to develop a **treatment & care plan**

- Proceed by making an assessment about the duration of the skin tear:
 - Is the wound new/fresh?
 - Is the skin flap still viable?
- You also need to measure and document the wound size 
 - Width
 - Length
 - Depth
- Next, assess the wound bed characteristics 
 - Percentage of viable and non-viable tissue
 - Type and amount of exudate
 - Look for signs of infection
- Finally, consider the location of wound and assess its implications:
 - If the tear is located in the leg area, assess vascular status and look for ischemia and chronic oedema

- Develop your treatment plan taking the age of the wound into consideration – as well as several other factors.
- Consider pain control.
- Consider skin integrity, and the need for nutrition and hydration – moisturising twice daily is recommended.⁵
- Develop prevention protocols to manage risks – environmental hazards and infection risk. 



Keep in mind. Associated large haematomas / deep dissecting haematomas should be evacuated or referred. You can determine the depth and extent of a haematoma by palpating the area, assessing the range of motion, assessing distal circulation and identifying severity of pain.⁶



Large haematoma with suspected extension



Large haematoma restricting blood flow, causing local oedema and inflammation



Large haematoma requiring evacuation



Scan to access
the ISTAP best practice recommendations



Scan to access
the IWII Infection Continuum
& Management Guide (page 56)

Step 3

How to **manage** a skin tear

In case you are dealing with a **new skin tear** (at time of injury)

- Administer first aid.
- Stop bleeding with gentle pressure.
- Clean wound with non-irritating cleansers, potable water or saline.
- Re-approximate the skin flap by gently rolling the flap back into place using dampened sterile cotton tip applicators or gloved fingers⁷
- Check flap after 24 hours for type 1 and 2.



Be aware! Suturing of skin tears is not generally recommended.⁸ And the maximum length to width ratio of a skin flap on the extremities should be 1:1, flaps beyond this have a higher risk of failure.⁹ !

In case you are dealing with an **older skin tear**

- Clean wound with saline.
- Debride non-viable tissue.
- Watch/observe for signs of infection.
- Use topical antimicrobials in case of local infection and systemic antibiotics in case of spreading infection.
- Implement prevention protocols.

Step 4

How to **choose dressing** & additional therapy

- Always use a dressing that is appropriate for the level of exudate, the size of the skin tear and the skin type.
- Select a dressing that will be atraumatic upon removal, and will not cause any further damage to the wound bed and/or any remaining skin flap or the periwound skin.⁴



Remember! Avoid iodine-based dressings (drying affect) and film/hydrocolloid dressings (strong adhesives).

- Make sure the dressing facilitates moisture balance and protects periwound skin. Generally, skin tears are not heavily exuding wounds; however, in some cases, depending on the location and co-morbidities such as peripheral oedema, skin tears may be heavily exuding. Choose a dressing accordingly.

- Always draw an arrow on dressings to indicate correct direction of removal and write either the date for review or the date dressed. Minimise trauma by slowly removing dressing in the direction of the arrow, adhesive removers can also be used.




Keep in mind! Compression therapy should be considered as an additional therapy if the wound is on an extremity. (Before applying compression on a lower leg, a full leg assessment including vascular assessment should be carried out.¹⁰ Light compression or support can be considered for an arm.)



Scan to learn more about
dressing a Skin Tear

Step 5

How to **monitor** progression

- Conduct regular reassessments at time intervals that are appropriate for the severity of wound. A skin tear should not take more than 4 weeks to heal.
- 
- Assess risk factors, including screening for co-morbidities which can increase the risk of chronicity (i.e. peripheral arterial disease, venous insufficiency, etc.)
 - Discuss prevention strategies with patients based on risk factors.¹¹
 - Encourage them to consider protective sleeves and pads for injury prone areas (i.e. elbows and shins)
 - Discuss need for hydration and nutrition
 - Suggest application of pH neutral, perfume-free moisturiser applied twice daily, that can substantially reduce skin tears among aged care residents⁵
 - All patients may benefit from moisturising twice a day to manage the risk of skin damage. However it has been found that the physiological properties of skin differ depending on skin tone and dry skin can be more problematic for those with dark skin tones.²



Remember! Extra care should be taken to avoid Medical Adhesive Related Skin Injuries (MARSI), as they can affect skin integrity, cause pain, increase risk of infection and potentially increase wound size and delay healing.¹² MARSI can be hard to identify when it occurs in patients, especially those with dark skin tones.²

When to **refer or contact** a specialist

- ❗ Refer if a skin tear has not healed after 4 weeks or expected time frame and has become hard to heal/chronic
- ❗ Refer large haematomas / deep dissecting haematomas for evacuation if they are outside your scope of practice.
- ❗ Refer if tissue debridement or vascular assessment etc. is required that is beyond your scope of practice



Scan to access
the self care check list and
risk reduction guide (page 19)

Glossary of skin tear terms

Haematoma – is an abnormal collection of blood outside of a blood vessel, causing swelling. A bruise is bleeding under the skin without swelling. The skin over a haematoma often feels spongy, rubbery and lumpy. Severity of haematoma depends on the size and depth. Refer patients if the haematoma is large, tense, painful, infected, over a joint or airway or is expanding.

Peripheral arterial disease (PAD) – is a narrowing or blockage of the vessels that carry blood from the heart to the legs.

Venous insufficiency – is a condition in which the veins fail to return blood efficiently to the heart. Symptoms include swelling of the legs and pain in the extremities.

MARSI – stands for Medical Adhesive Related Skin Injury. It occurs when superficial layers of skin are removed by medical adhesive, resulting in skin trauma such as formation of vesicles, bulla, skin erosion, and skin tears, that persist longer than 30 minutes after removal of the adhesive.



For a glossary of general
wound care terms consult
The Wound Care Pathway



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