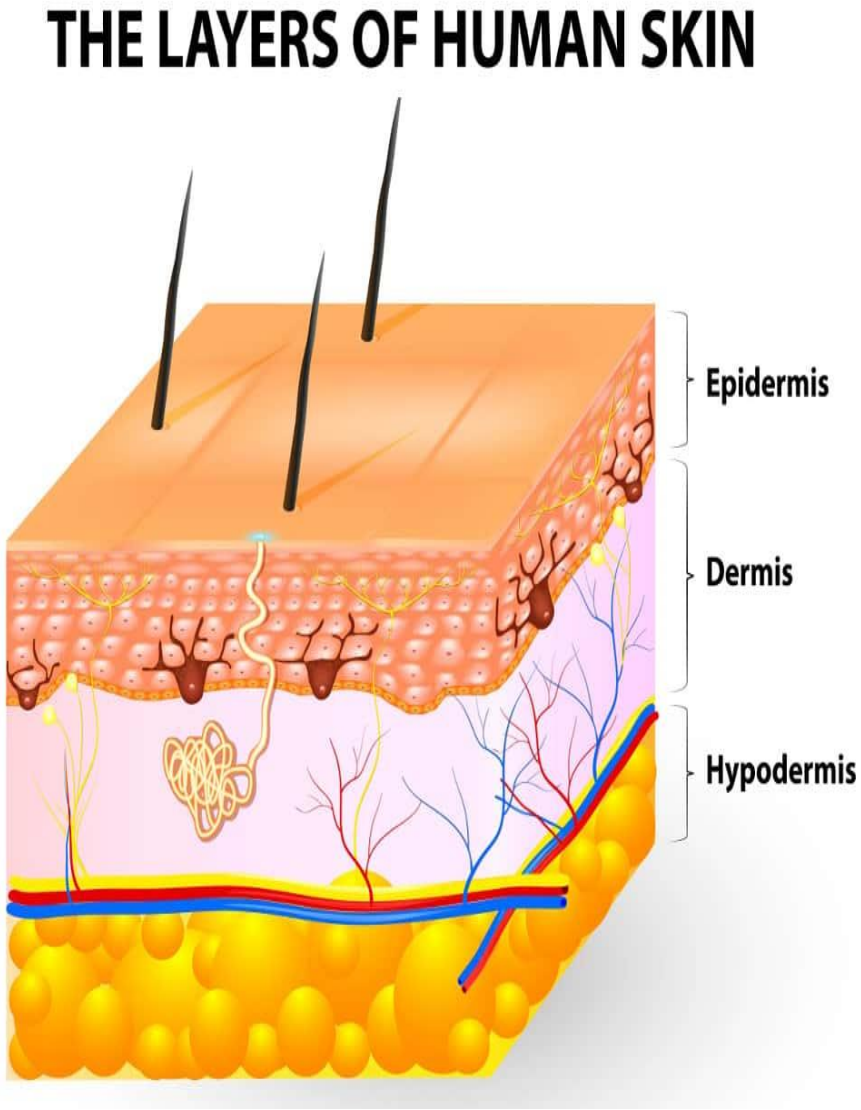
Glasgow City Care Home Team

Practice Development Nurses, Care Home Nursing Team
Glasgow City Health and Social Care Partnership

SKIN TEARS

Session Aims – To improved your understanding and knowledge in regards to:

- Anatomy of the skin
- What is a skin tear and what causes them?
- Who is at risk of a skin tear?
- Classification of Skin Tears
- Treatment and Management



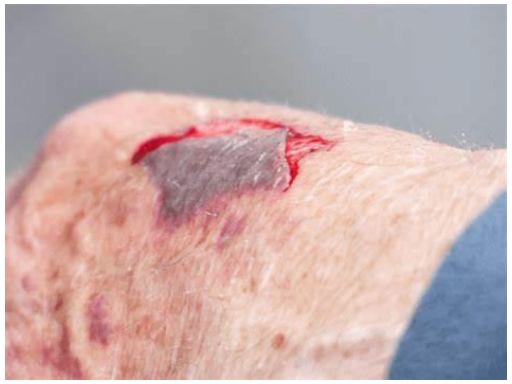
THE SKIN IS THE LARGEST ORGAN IN THE HUMAN BODY

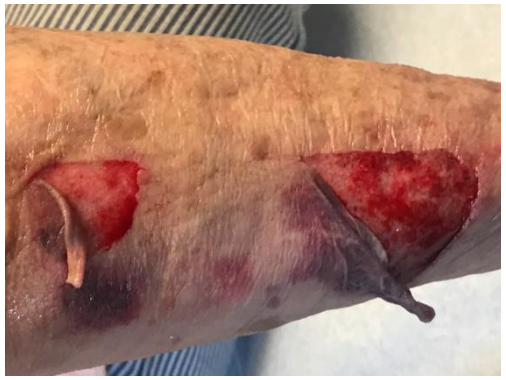
Epidermis - protects us from microbes, provides a waterproof layer, regulates our temperature, melanin (which determines skin colour).

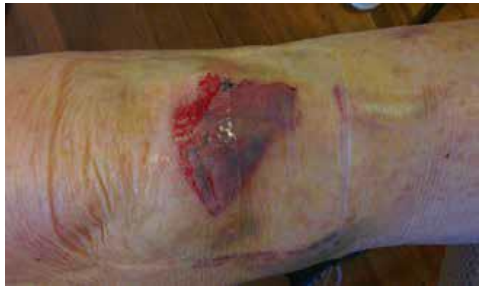
Dermis – contains tough connective tissue, contains receptors and nerve endings. Contains hair follicles, sweat glands and blood vessels and lymph glands.

Hypodermis - fat and connective tissue. Insulates to protect us from cold

Glasgow City HSCP
Health and Social Care Partnership







WHAT IS A SKIN TEAR?

PARTIAL THICKNESS - where the epidermis breaks away from the dermis or
FULL THICKNESS – both epidermis and dermis separate from underlying tissues

- Usually found on hands, arms, lower legs – 70-80% of skin tears are on the hands and arms
- Can be very painful and distressing
- are preventable but if not treated correctly, can develop into a chronic wound
- More common in long term care – no definitive figures but can be as much as 57% **(le Blanc 2016**)

"skin tears are common wounds and occur more frequently than pressure ulcers" (Carville et al 2011 in NHS Education for Scotland "Skin Care Awareness")

NHS Greater Glasgow and Clyde

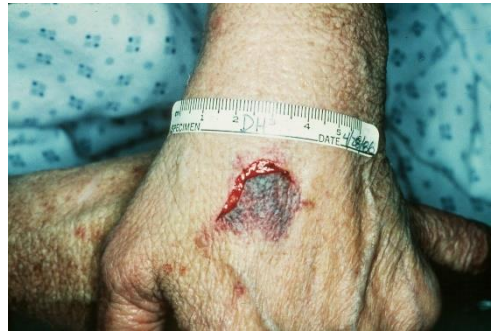
Glasgow City Council

WHAT CAUSES SKIN TEARS?

- Trauma from a “bump” – wheelchair, fall, doorknob, furniture
- Scratching – long nails
- Falls
- Catheter straps, bags, zips, buttons
- **DRESSINGS** – especially adhesive dressings!
- Vigorously drying skin
- Think of your current workplace and clients. What else do you think can cause skin tears?

Glasgow City HSCP
Health and Social Care Partnership

WHO IS AT RISK?

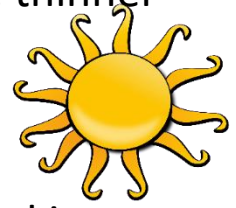


PREVIOUS SKIN TEARS

- Skin never goes back to 100% function and so more susceptible to tearing

ADVANCED AGED SKIN

- 20% loss in dermal thickness, fatty layer becomes thinner, collagen reduces and blood vessels become thinner and so skin becomes “fragile”. Skin dries as we age and so more susceptible to “tearing”



SUN DAMAGE

- over time UVA and UVB rays kill or damage our cells which never fully repair and results in thinning of skin

POOR NUTRITION

- lack of fatty acids, vitamins, minerals cause weakness, dryness and thinning of skin

NHS Greater Glasgow and Clyde

Glasgow City Council

WHO IS AT RISK? CONTINUED

MEDICATIONS

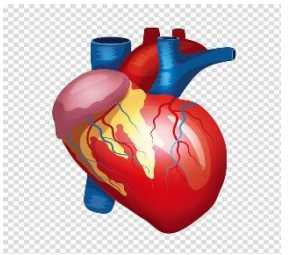
- creams such as steroids can reduce the cells in the epidermis if used too long This can make the skin fragile and prone to breaking

IMPAIRED MOBILITY

- someone with a history of falls can mean they may be susceptible to damaged skin

DISEASE PROCESS

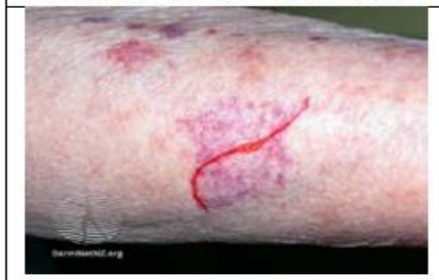
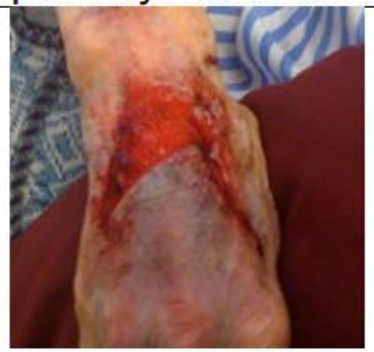
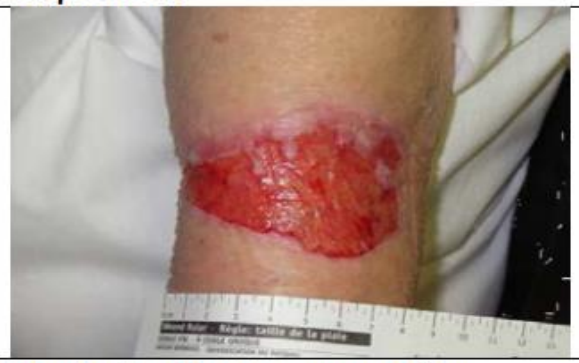
- kidney failure, stroke, heart disease etc can impair our skins ability to heal



TREATMENT & AIMS

HOW DO WE TREAT SKIN FLAP WOUNDS? VERY CAREFULLY!

- **PAIN CONTROL**
- Investigating the cause
- Implement prevention protocols
- Moist wound healing
- Protect periwound margins
- Manage exudate
- Avoid infection
- **DOCUMENT, DOCUMENT DOCUMENT!**

What type of skin tear does the patient have?		
Type 1 No skin loss Skin can be repositioned to cover the wound bed	**Type 2** Partial flap loss. Skin tear can be realigned to partially cover the wound	**Type 3** Total flap loss, where the entire wound bed is exposed.
		
Hydrate, realign and cover with dressing.	Hydrate to help flap be realigned as much as possible, then cover with dressing.	Hydrate then cover with dressing.

Control bleeding at site and elevate the limb if possible
Gently cleanse with “potable” tap water only
Realign skin flap if possible – you will need time and patience! May need to soak for 5-10 minutes in order to make flap pliable enough to realign

Glasgow City HSCP
Health and Social Care Partnership

DRESSING CHANGE AND MANAGEMENT

1. Kliniderm Foam Silicone Border or Kliniderm Silicone Foam (some residents may not be able to tolerate adhesives (avoid film dressings or hydrocolloids – can be very sticky)

2. Mark the dressing with an arrow to indicate direction of removal to reduce risk of flap disturbance

3. Leave dressing in place for 5 days unless over 70% strike through evident or signs of infection

4. Document type of skin tear, wound assessment and management plan on Wound Assessment and Management chart.

5. Review after 5 days, reassess wound, monitor for signs of infection or deterioration. If no improvement refer to Care Home Liaison Nurse

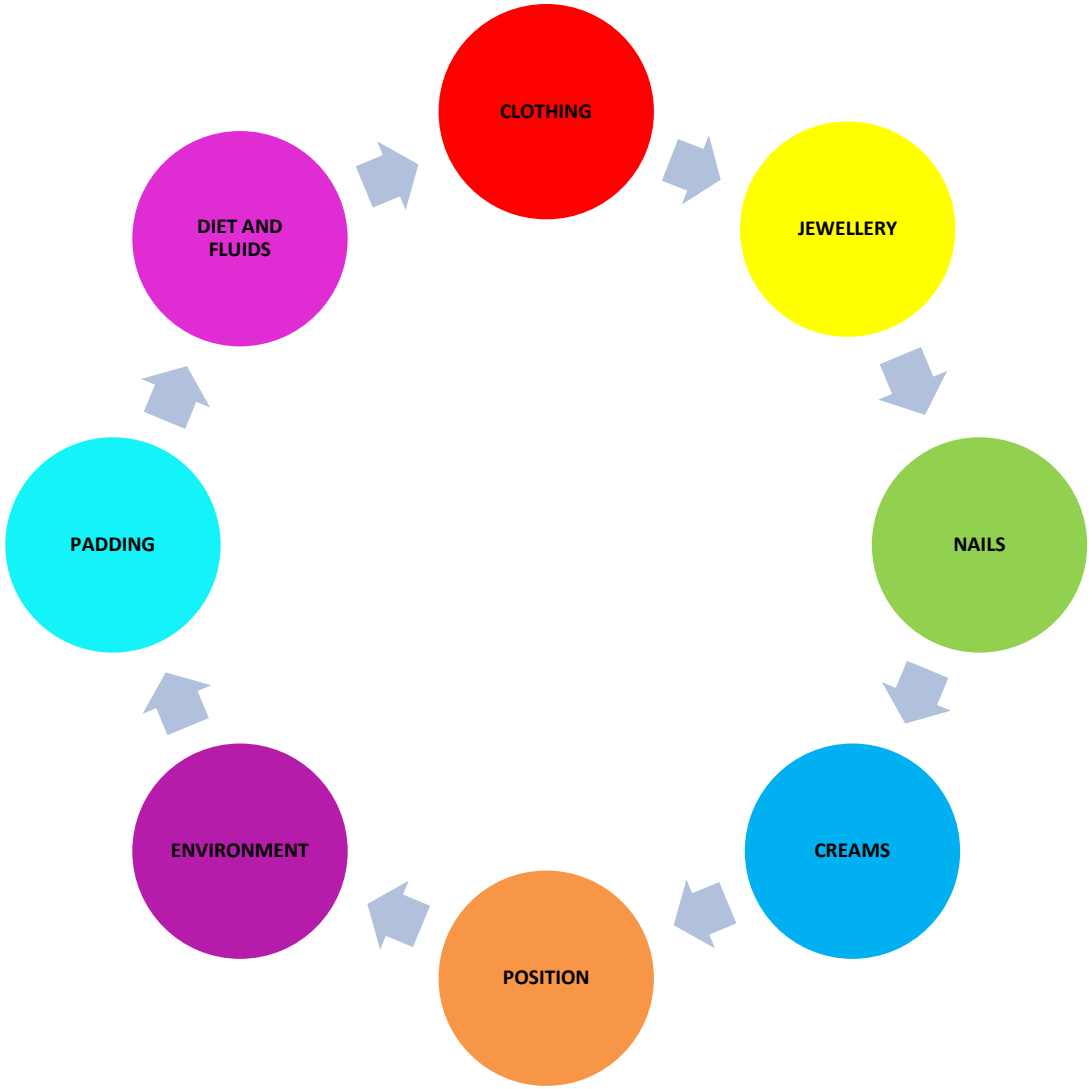
DO NOT USE STERISTRIPS OR IODINE – CAN CAUSE FURTHER DAMAGE TO ALREADY FRIABLE SKIN

NHS Greater Glasgow and Clyde

Glasgow City Council

Glasgow City HSCP
Health and Social Care Partnership

CONSIDER



NHS Greater Glasgow and Clyde

Glasgow City Council

Glasgow City HSCP
Health and Social Care Partnership

NHS Greater Glasgow and Clyde

CLINICAL GUIDELINE

Prevention, Assessment and Management of Skin Tears

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	2
Does this version include changes to clinical advice:	Yes
Date Approved:	12th June 2023
Date of Next Review:	1st March 2026
Lead Author:	Veronica Pollard Tissue Viability Nurse
Approval Group:	Board Clinical Governance Forum

NHS Greater Glasgow and Clyde

Glasgow CITY COUNCIL