

Skin Tear Pathway - Upper Body

A skin tear is a traumatic wound caused by mechanical forces, including the removal of adhesives. Severity may vary by depth (not extending through the subcutaneous layer). (Le Blanc K et al 2018)

1 Stop the bleeding

- Apply clean gauze until the bleeding stops
- Elevate the limb where possible.

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

2 Cleanse the wound following the Pathway for Wound Cleansing

3 Reapproximate where possible

- If a flap is present ease it back into position (reapproximate) without pulling or applying tension
- If difficult to align, use moistened gauze for 5-10 minutes to rehydrate area.

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

4 Categorise the skin tear

Type 1

Skin tears without tissue loss



Type 2

Skin tears with partial tissue loss



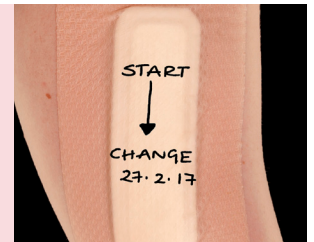
Type 3

Skin tears with entire skin loss



5 Dress the wound

- Apply Urgotul Absorb Border ensuring a 2cm border around the wound margins
- **Leave in place for 5 days as a minimum** (Wear time will be determined by wound moisture/exudate levels).
- Mark the dressing with an arrow to indicate direction of removal to reduce risk of flap disturbance along with the date of dressing change.



6 Report

Secondary Care

- Complete the Skin Integrity Datix/Dashboard.
- Document accordingly using the Skin Integrity Wound Assessment Care Plan or Symphony System.

Primary Care

- Complete the Wound Care IPOC within SystmOne/EMIS Web.

7 Review, Reassess, Dress and Document

Secondary Care Inpatient

- Gently lift the dressing, working away from the attached skin flap.
- Monitor for changes i.e. infection, discolourisation to the flap.
- If there is no improvement after 14 days, or if advice is required contact the Skin Integrity Team (SIT) via the Skin Integrity Datix/Dashboard using the questions and comments section.

Secondary Care Emergency and Outpatient Departments

- Refer to District Nurse/Practice Nurse for a dressing change. Leave in place for 5 days (as a minimum) to minimise the disturbance to the wound bed. Wear time will be determined by the wound conditions eg. exudate levels.
- Provide 1 x dressing for the first District Nurse/ Practice Nurse appointment.

Primary Care

- Gently lift the dressing, working away from the attached skin flap.
- Monitor for changes i.e. infection, discolourisation to the flap. If no improvement in 21 days onward referral to TVALS.

8 Promote patient involvement

Encourage patient involvement by:

- Keeping the skin well hydrated by maintaining adequate nutritional and fluid intake.
- Apply emollient as per local formulary to other vulnerable areas of the skin to minimize further skin tear development.
- Protect fragile skin by covering with long sleeved clothing or tubular bandages.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.