Skin Tear Pathway

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)*

STEP ❶ Stop the bleeding Apply clean gauze until the bleeding stops and elevate the limb where possible.

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

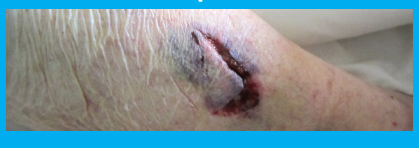
STEP ❷ Clean the wound Cleanse the wound with prontosan wound irrigation solution on gauze for 10 minutes.

STEP ❸ 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 5-10minutes to rehydrate the area.

STEP ❹ Categorise the skin tear

Type 1
Skin tears without tissue loss

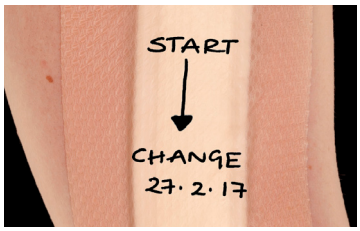
Type 2
Skin tears with partial tissue loss



Type 3
Skin tears with entire skin loss

STEP ❺ Dress the wound Apply Ugrotul Absorb Border to the wound, ensuring a 2cm border around the wound margins.

Mark the dressing with an arrow, to indicate the direction of removal to reduce the risk of flap disturbance, along with the date of change.



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

STEP ❻ If the Skin Tear is on the leg please follow the below recommendations:

Does the patient have symptomatic peripheral arterial disease (PAD).

➔ **NO**

Does the patient already have anti-embolism stockings (AES).

➔ **NO**

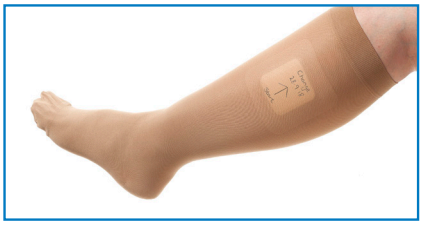
6c Measure the patients legs to determine the appropriate hosiery liner 10mmHg.

For patients with limb sizes that fall outside the stock range sizes, dress the leg(s) as per 6a.

Apply the hosiery liner 10mmHg working the stocking up in small sections.

Ensure the hosiery liner 10mmHg is pulled up to the bend of the knee.

Any excess fabric should be smoothed back into the stocking.



⬇ YES

6a Apply safe soft bandaging (1 x layer of sub bandage wadding followed by 1 x layer of light support bandage).

If this is new or suspected PAD refer to the Vascular Team.

⬇ YES

6b Continue with the use of the AES.

Remember to remove AES to undertake skin inspections

STEP ❼ Review, Reassess, Dress and Document:

Secondary Care Emergency Department

Refer to the District Nurse/Practice Nurse for a dressing change and provide 1 set of dressings for their 1st appointment.

Secondary Care Inpatients

Undertake an assessment and redressing every 5 days as a minimum, documenting the assessment in the wound assessment form/IPOC. If there is no improvement after 14 days, or if advice is required contact the Skin Integrity Team (SIT).

If Hospital acquired complete a Datix form.

Primary / Community Care

Undertake and assessment and redressing every 5 days as a minimum, documenting the assessment in the wound assessment form/IPOC.

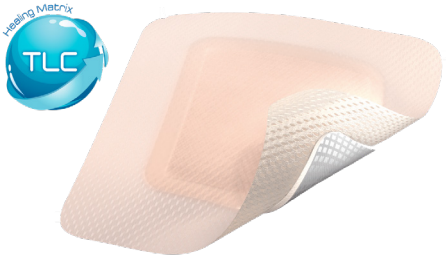
If there is no improvement after 21 days or if advice is required contact TVALS.

If it is Trust acquired in a in patient ward at RDaSH complete a IR1.

STEP ❽ Promote patient involvement Encourage patient involvement by:

- Keeping the skin well hydrated by maintaining adequate nutritional and fluid intake.
- Apply an emollient from the local formulary on a daily basis to the other areas of the skin to minimise further skin tear development.
- Protect fragile skin by covering with long sleeved clothing or tubular bandages.

https://www.youtube.com/watch?v=OHSNmNvfYaI



UrgoTul Absorb Border

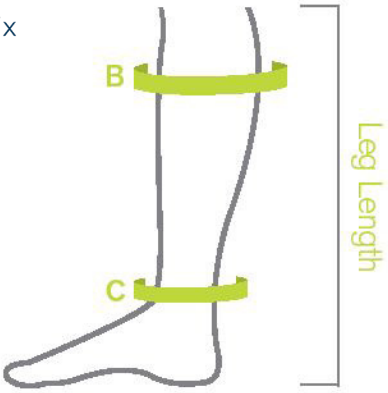
Silicone bordered foam with TLC healing matrix

Measuring and Fitting Guide

	B: Calf	C: Ankle
Small	32-38	19-25.5
Medium	34-40	21-27.5
Large	36-42	23-29.5
X Large	38-45	25-31.5
XX Large	40.5-50	26.5-34

Measurements in cms

	Leg Length
Short	34-38
Regular	38-42
Long	42-46



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.

Developed by the Skin Integrity Team July 2019. Reviewed June 2024 and merged together the Lower leg skin tear pathway. V4. For review June 2027.
Reference: Le Blanc K et al (2018) Best Practice recommendations for the prevention and management of skin tears in aged skin. Wounds InternationalWounds UK (2020) Best Practice Statement: Management of lower limb skin tears in adults. Wounds UK, London.