

Skin Tear and Traumatic Wound Pathway

Definition

A skin tear is a traumatic wound caused by mechanical forces, including removal of adhesives and patient handling, the depth of which may vary (not extending through the subcutaneous layer) (ISAP, 2025).
A traumatic wound is a sudden physical injury to skin and tissues, caused by external forces like accidents or violence. These unplanned injuries disrupt the skin's integrity and can involve blunt force, penetration, or tissue tearing, such as from falls, impacts, or sharp objects.

Important

Stop the bleeding:
apply clean gauze until the bleeding stops and elevate the limb where possible.
If the bleeding does not stop after 10 minutes of pressure please seek medical assistance.

Cleanse

Undertake wound bed preparation by following the Wound Bed Preparation and Therapeutic Cleansing Pathway

Exclude mechanical debridement unless directed to by the Skin Integrity Team or Tissue Viability and Lymphoedema Service

Assessment

Reapproximate any skin flaps 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 the area.

Categorise wound type:

- 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)
- Traumatic Wound

Undertake a wound assessment using T.I.M.E.S (including clinical photography where applicable) and document accordingly



Treatment

Dress the wound - apply Urgotul 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.



Click or scan the QR code below for the application video



Important

DO NOT USE paper adhesive strips (steri strips), sutures, clips or glue as they may cause additional damage to the fragile skin and prevent the readherence of any reapproximated skin flaps

If the Wound is located to lower limb (below knee to ankle) identify the most appropriate limb shape as below:

Treatment

Good limb shape
Mild/moderate oedema



Abnormal limb shape
Moderate oedema

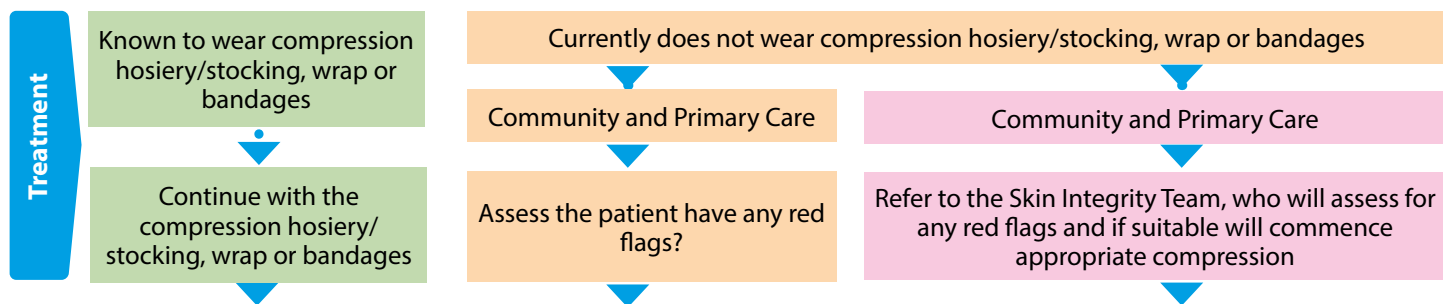


Abnormal limb shape
Severe oedema

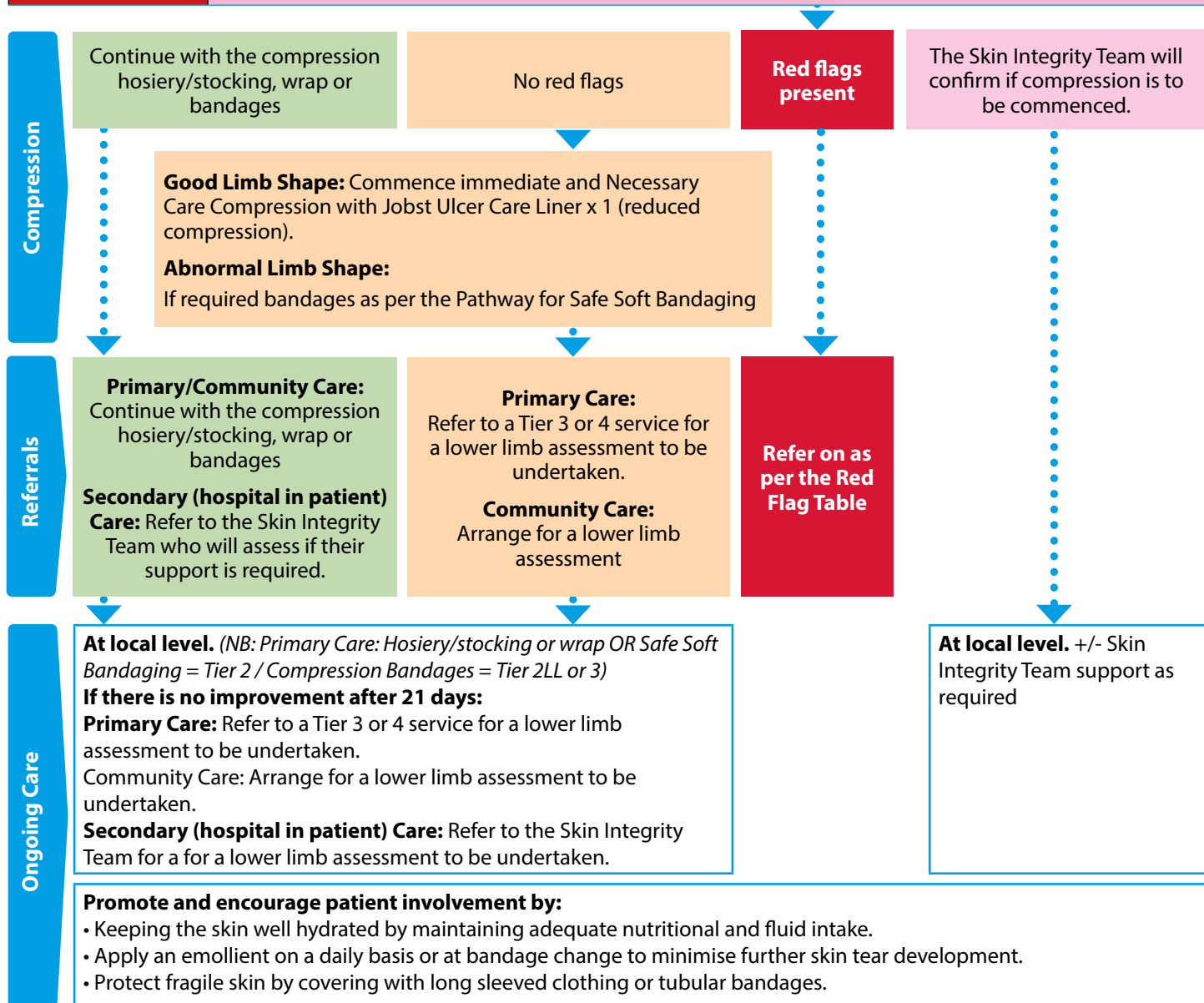


Abnormal limb shape
Severe oedema with skin folds





Leg ulcer with systemic/severe infection with or without sepsis.	Obtain a wound swab and arrange for antibiotics to be commenced. Dress with UrgoClean Ag, and a Super Absorbent pad if required and follow the Pathway for Safe Soft Lower Leg Bandaging . Practice Nurses: Transfer urgently to the Emergency Department OR Refer urgently to the Emergency Surgical Assessment Centre (ESAC). District Nurses: Transfer urgently to the Emergency Department OR Contact TVALS or GP to arrange admission to ESAC
Clinical evidence of acute limb ischaemia	Obtain a wound swab and arrange for antibiotics to be commenced. Dress with Acticoat flex 3, and a Super Absorbent pad if required and follow the Pathway for Safe Soft Lower Leg Bandaging . Practice Nurses: Transfer urgently to the Emergency Department OR Refer urgently to the Emergency Surgical Assessment Centre (ESAC). District Nurses: Transfer urgently to the Emergency Department OR Contact TVALS or GP to arrange admission to ESAC.
Suspected acute deep vein thrombosis	Practice/District Nurses: Refer urgently to the Ambulatory Care Unit.
Suspected Skin Cancer	Refer to the Dermatology Department as per the 2 week wait protocol, either via the GP or dbth.dermatologyteam@nhs.net
Bleeding varicose veins	Transfer to the Emergency Department



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.

References : Nokaneng E et al. Best practice recommendations for the prevention and management of skin tears in aged skin. Wounds International 2025. Available to download from www.woundsinternational.com Developed by: Skin Integrity Team and The Tissue Viability and Lymphoedema Service April 2026 (replaces the Skin Tear Pathway. For review by July 2028.