

Dressing selection for managing skin tears

STAR skin tear classification system	ISTAP skin tear classification system	Skin tear treatment options as recommended by ISTAP	Acelity™ dressing options
<p>Category 1A and 1B</p> <p>1A: A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is not pale or darkened</p> <p>1B: A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is pale or darkened. (Image represents Star 1B)</p>	<p>Type I: Skin tear without tissue loss No skin loss; linear or flap tear, which can be repositioned to cover the wound bed</p> 	<p>Based on assessment Control bleeding; approximate edges. Cover wound with a silicone contact layer. Apply appropriate secondary dressing when required, such as a non-adhesive or silicone foam, depending on wound exudate and location.</p>	<p>ADAPTIC TOUCH™ Non-Adhering Silicone Dressing TIELLE™ Non Adhesive Hydropolymer Dressing with LIQUALOCK™ Technology TIELLE ESSENTIAL™ Silicone Adhesive Foam Dressing TIELLE ESSENTIAL™ Silicone Border Silicone Adhesive Foam Dressing For infection or risk of infection, consider TIELLE™ PHMB Non Adhesive Antimicrobial Foam Dressing</p>
<p>Category 2A and 2B</p> <p>2A: A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap is not pale or darkened</p> <p>2B: A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is pale or darkened. (Image represents Star 2B)</p>	<p>Type II: Partial flap loss Flap cannot be repositioned to cover the wound</p> 	<p>Control bleeding; approximate edges. Cover wound with a silicone contact layer. Apply appropriate secondary dressing when required, such as a non-adhesive or silicone foam, depending on wound exudate and location.</p>	<p>ADAPTIC TOUCH™ Dressing TIELLE™ Non Adhesive Dressing TIELLE ESSENTIAL™ Silicone Dressing TIELLE ESSENTIAL™ Silicone Border Dressing For infection or risk of infection, consider TIELLE™ PHMB Non Adhesive Antimicrobial Foam Dressing</p>
<p>Category 3</p> <p>A skin tear where the skin flap is completely absent</p>	<p>Type III: Total flap loss Entire wound bed is exposed</p> 	<p>Control bleeding; cover wound with a non-adhering silicone contact layer. Apply appropriate secondary dressing when required, such as a non-adhesive or silicone foam, depending on wound exudate and location.</p>	<p>TIELLE™ Non Adhesive Dressing TIELLE ESSENTIAL™ Silicone Dressing TIELLE ESSENTIAL™ Silicone Border Dressing For partial or total flap loss: when controlling bleeding is the main goal, use PROMOGRAN™ Protease Modulating Matrix; or use PROMOGRAN PRISMA™ Wound Balancing Matrix when at risk of infection*</p>

* Apply as a primary wound contact layer, then cover with an appropriate secondary dressing. For minimal to low exudate, use saline to moisten the matrix and initiate transformation into gel. Note: PROMOGRAN™ Matrix: If gel has not biodegraded, it is not necessary to remove

References

1. Carville K, Smith J (2004) *Primary Intention* 12: 41
2. Bianchi J (2012) *Nursing Times* 108: 13, 12-6
3. LeBlanc K et al (2013) *Adv Skin & Wound Care* 26(10): 451
4. Wound Care Advisor (2016) *No more skin tears* 5: 2
5. Wounds UK (2015) *All Woles guidance for the prevention and management of skin tears*

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NOTE: Specific indications, contraindications, warnings, precautions and safety information may exist for Systagenix and KCI (Acelity companies) products. Please consult a healthcare provider and product instructions for use prior to application.



Managing skin tears in practice

It is estimated that prevalence of skin tears may be underreported and in fact be greater than pressure ulcers¹ – to date, no prevalence data is available for the UK, so the cost to patients and the NHS is not fully known²

What are skin tears?

- Skin tears are acute wounds caused by shear, friction or trauma, resulting in separation of the skin layers³
- Skin tears can be full or partial thickness and can occur anywhere on the body – most commonly seen on the hands, arms and lower legs
- 70–80% of skin tears occur on hands or arms⁴
- It is estimated that prevalence of skin tears may be underreported and in fact be greater than pressure ulcers¹ – to date, no prevalence data is available for the UK, so the cost to patients and the NHS is not fully known²
- A US study reported 1.5 million skin tears affect in-patients every year⁴
- The ageing population means that incidence of skin tears is increasing (elderly patients have fragile skin and are at increased risk)⁴
- Skin must be protected in at-risk patients and skin tears managed to avoid further damage and complication⁴
- Skin tears can be painful and distressing for the patient⁴

Skin tear risk assessment (patient, wound, environment)⁵

Risk categories

- **Skin:** extremes of age, dry/fragile skin, previous skin tear
 - **Mobility:** history of fall, impaired mobility, dependent activities of daily living, mechanical trauma
 - **General health:** comorbidities, polypharmacy, impaired cognition (sensory, visual, auditory), malnutrition

At Risk

If patient has **any** identified risk factors

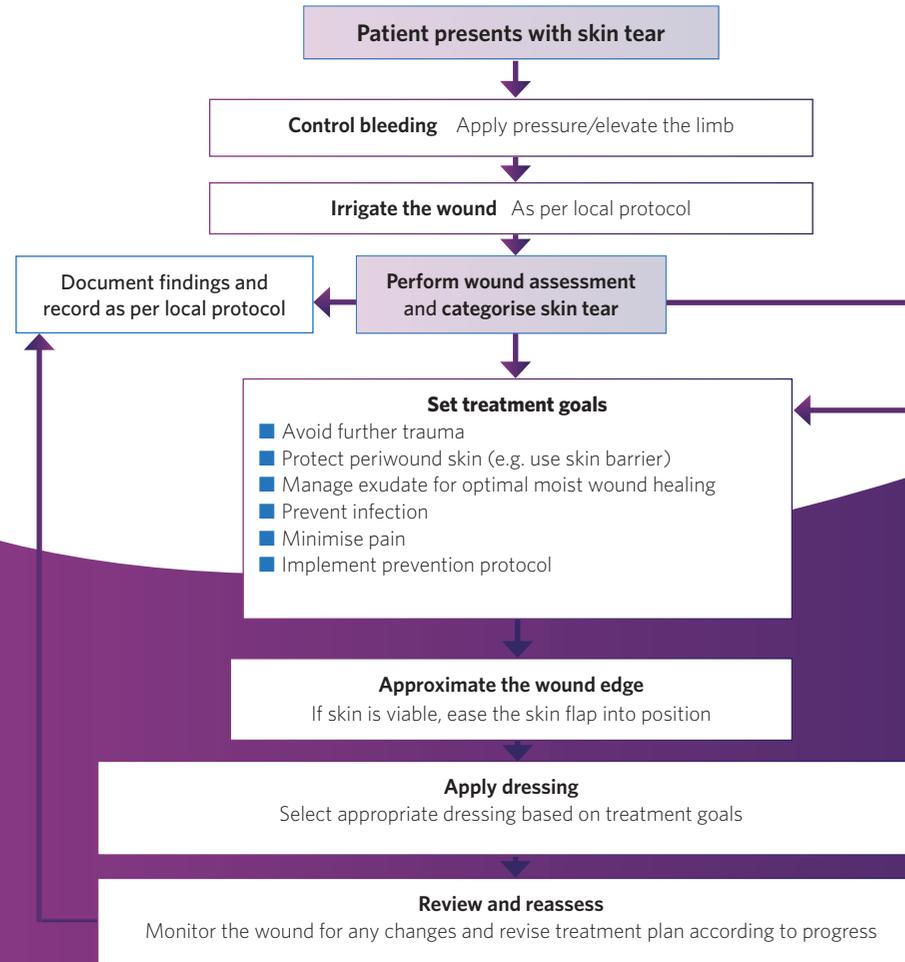
NO

Reassess when patient's condition changes

YES

Implement risk reduction programme checklist and skincare regimen

Managing skin tears step by step (adapted from Wounds UK⁵)



Skin tear categories

Type 1

No skin loss



Type 2

Partial flap loss



Type 3

Total flap loss



Dressing selection for managing skin tears

Dressing selection is a key element of managing skin tears and it is important to select the appropriate dressing with treatment goals in mind. As such, the ideal dressing for managing skin tears should:^{1,5}

- Control bleeding
- Be easy to apply
- Provide a protective anti-shear barrier
- Optimise the physiological healing environment (e.g. moisture, bacterial balance, temperature, pH)
- Be flexible and mould to contours
- Provide secure, but not aggressive, retention
- Afford extended wear time
- Not cause trauma on removal
- Optimise quality of life and cosmesis
- Be cost-effective