INESSS
LE SAVOIR PREND FORME

Decision support tool - May 2023

WOUND CARE

SKIN TEAR

For more details, click on the underlined words

This decision support tool is intended primarily for front-line clinicians. It is provided for guidance only and does not replace the judgment of the clinician performing the activities reserved to him or her by law or regulation. This document has been designed on the basis of clinical recommendations developed by the INESSS using a systematic approach and supported by the scientific literature as well as by the knowledge and experience of clinicians from different specialties and areas of expertise. The content of this tool excludes newborns and young children. Tools to guide **wound assessment and the determination of healing potential**, as well as decision support on an **optimal treatment plan based on wound etiology, vascular supply, and infectious risk, tissue type and exudate quality**, are also provided, along with a **reminder of dressing specifics**. For further details, visit **inesss.qc.ca**.

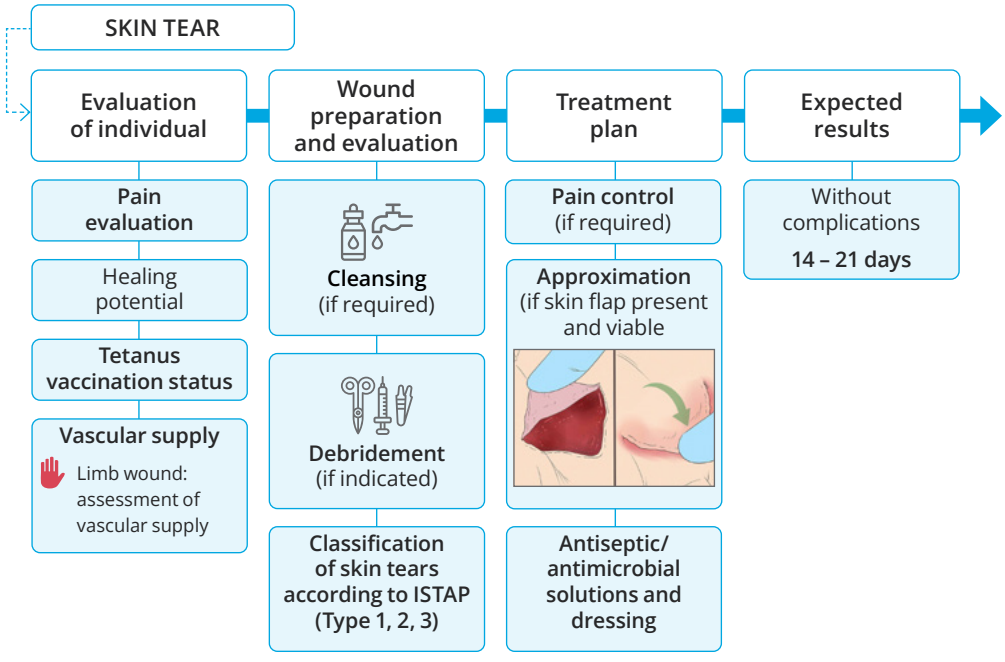
PATHOPHYSIOLOGY

- **Skin tear:** traumatic wound caused by a mechanical force such as shearing, friction, a fall and/or a blunt object, which results in the separation of skin layers.
- They are considered to be:
  - superficial wounds with a linear appearance and partial or total loss of the skin flap.
  - more frequent at extreme ages of life.
  - generally observed in the upper limbs.

EVALUATION: POINTS TO REMEMBER

- It is important to:
  - control bleeding and clean the wound before evaluation;
  - check for tendon integrity or bone exposure.
- Skin tears are classified into 3 types (Type 1, 2 or 3) according to tissue loss and the presence or absence of a skin flap.

WOUND MANAGEMENT PRINCIPLES



SUMMARY

Québec

HOLISITIC EVALUATION OF THE INDIVIDUAL

Evaluate and, if necessary, control pain.

TETANUS VACCINATION STATUS

→ If necessary, administer tetanus prophylaxis within **3 days** of skin tear.

→ Consult the MSSS decision support tool for tetanus prophylaxis.

HISTORY AND LOCATION OF SKIN TEAR

Determine - if possible - the cause of the wound and the mechanisms involved (e.g. fall, friction, shearing, blunt object).

Skin tear located on a limb:

→ Perform a complete vascular supply assessment.

If vascular supply inadequate or uncertain:

Refer promptly for vascular assessment by a qualified professional or specialized service.

RISK FACTORS AND COMORBIDITIES

→ Skin tear risk factors fall into 3 categories, and are mainly related to the following:

General health	Loss of mobility	Skin condition
• Examples: chronic illness, polypharmacy, cognitive, visual, or hearing disorders, nutritional status *Chronic use of topical and systemic corticosteroids can compromise skin integrity and make it more fragile.*	• Examples: dependence on others for care and activities of daily living, risk of falling	• Examples: age- and disease-related skin changes, fragile skin, and previous skin tears

DETERMINING HEALABILITY

→ Consult the Wound assessment and determination of wound healability decision support tool to determine whether the wound is **curable**, under **maintenance** or **incurable**.

WOUND PREPARATION PRIOR TO EVALUATION

Evaluate and, if necessary, control pain.

CLEANSING

→ With aqueduct water or physiological solution (NaCl 0.9%).

→ Cleanse with a gentle jet at a **pressure of less than 8 psi** - e.g., using a needleless syringe

→ Gently pat the skin dry to avoid further trauma.

DEBRIDEMENT

Possible debridement	Do not debride
• In the presence of debris, foreign bodies, or blood clots • If the skin flap is **NON-viable or devitalized** • By gentle irrigation or with tweezers	• If the skin flap is viable, as it needs to be reapproximated *The viability of the skin flap may be difficult to determine due to the presence of ecchymosis, senile purpura or haematomas.*

WOUND AND SKIN FLAP ASSESSMENT

→ Wound assessment must take the following into consideration :

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Tendon or bone exposure	Heavy bleeding	Identification of tissue type and exudate type	Appearance of wound and surrounding skin
• Keep the exposed area moist and consult a plastic surgery department. In case of doubt, consult a specialist or an experienced colleague to check the appropriateness of starting oral antibiotic prophylaxis.	• Apply sustained pressure directly to the site of bleeding with a compress for at least **5 to 10 minutes**. ! *Taking an anticoagulant, antiplatelet, antithrombotic, or acetylsalicylic acid may increase the risk of heavy bleeding.*	• The type of exudate describes the condition of the wound and may vary according to certain situations (e.g., infection or presence of underlying disease). • Skin tears are generally wounds with low exudation.	• Reapproximation of the skin flap - if present and viable - before classifying the skin tear • Reposition the viable skin flap using a gloved finger, moistened absorbent cotton or tweezers. ! *If it is difficult to align the flap, apply a moistened non-woven gauze compress to the area during 5 to 10 minutes to rehydrate the flap before repositioning.*

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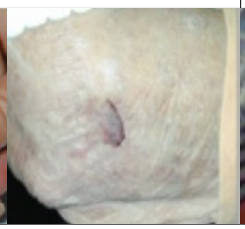
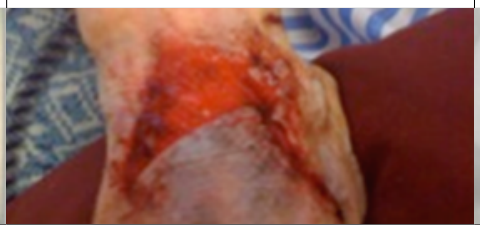
International Skin Tear Advisory Panel (ISTAP)
Skin Tear classification system

TYPE 1 No skin loss	TYPE 2 Partial flap loss	Type 3 Total flap loss
• Linear or flap tear which can be repositioned to cover the wound bed.	• Partial flap loss that cannot be repositioned to cover the entire wound bed.	• Total flap loss exposing the entire wound bed.
 		

Adapted from Chaplain V *et al.*, 2018

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Identify symptoms and signs of an infected wound or biofilm	
Detection/tracing	**Risk of infection**
• Clinical observations are sufficient to confirm local wound infection or biofilm colonization. ⚠ *A wound culture is not generally recommended.*	• The risk of infection is generally low in skin tears. ! *Increased inflammation may, however, be present in the affected area during the first 48 hours following trauma.*

TREATMENT PLAN

Control pain as needed

- The determination of a treatment plan for a skin tear must consider perfusion, the risk of infection, and the type of tissue and exudate.
- For more information, consult the decision support tool for a treatment plan based on wound etiology, vascular supply, infectious risk, tissue type and exudate quantity, as well as the dressing specifics reminder.

APPLICATION OF AN ANTISEPTIC/ANTIMICROBIAL SOLUTION

Local infection or presence of biofilm	
Therapeutic use	**Prophylactic use**
Indicated if local infection is confirmed or the presence of biofilm is clinically suspected *Consult antiseptic/antimicrobial solutions for details*	**Not generally recommended** unless one of the clinical situations described above applies. *Consult reasons for prophylactic use of antiseptic/antimicrobial solutions.*

DRESSING CHOICE

To be avoided	• Stitches, staples or skin closure strips • Hydrocolloid dressing • Non-adherent compress • Transparent, non-absorbent film
Preferable	• Non-adherent, semi-occlusive dressings[1] that require minimal change.

1. If an opaque dressing is used, indicate the removal direction to avoid trauma.

Dressing choice according to wound characteristics

Light to moderate exudat	Moderate to high exudat	Local infection
• Absorbent acrylic dressing	• Hydrocellular foam[2] • Alginate[3] • Hydrofiber[3]	• Antimicrobial dressings *Iodine-based semi-occlusive dressings are generally less drying for the wound and surrounding skin than occlusive dressings.*

2. Silicone dressings without adhesive edges are preferable. If necessary, the adhesive dressing can be added only to the edges, or fenestrated to maintain the semi-occlusivity of the primary dressing.
3. In the presence of abundant exudate, could create an environment conducive to biofilm or other infection. In that case, consider adding an antimicrobial agent.

Interface dressings and gauze can be used, but semi-occlusive dressings are often preferable.

RELATED CARE

- Pain management.
- Daily therapy with a pH-balanced emollient.
- Reduction in bathing frequency (where possible) and use of temperate water to reduce the risk of recurrence.

MONITORING AND FOLLOW-UP

Evaluate and, if necessary, control pain.

Dressing change/Frequency	
Change - as required - any dressing that has become detached or more than 50% soiled[1]	
Non-infected wound	• Wear dressing according to manufacturer's maximum recommended duration[2] or clinical judgment.
Infected wounds	• Regular dressing changes depending on wound properties, the individual's condition and, above all, the mechanism of action of the dressing/antimicrobial product.

1. If necessary, the change frequency should be increased.
2. Use beyond the recommended wearing time may reduce dressing efficacy and increase the risk of infection.

RE-EVALUATION FREQUENCY

→ Weekly or more frequently, depending on:

- the risk of wound deterioration or complications/the person's condition (if necessary, reassess the healing potential);
- type of dressing used - e.g., at least once every **2 weeks** if using an antimicrobial dressing.

FOLLOW-UP CONSIDERATIONS

→ Document wound management information in the care plan.

→ Develop a prevention plan to reduce the risk of recurrence.

→ Look for clinical indicators including symptoms and signs of infection (local, deep soft-tissue or systemic).

→ Where applicable, complete the Incident/Accident Report (AH-223).

HEALING EVALUATION

→ In the absence of complications and with optimal management, skin tears should normally heal rapidly, between **14** and **21 days**.

CONSULTATION WITH SPECIALIST

→ Consult a specialist or experienced colleague if:

- the skin tear is located on a limb with inadequate or uncertain vascular supply;
- the tear is associated with an extensive, full-thickness wound, the presence of necrosis or exposure of deep structures (e.g., tendons or bone);
- the skin flap is unstable and requires suture fixation;
- the wound does not heal within the expected time **(3-4 weeks)** or if symptoms and signs of infection are present despite appropriate treatment (a microbiologist-infectiologist may be consulted).

MAIN REFERENCES

→ The references are presented in the INESSS report related to this tool.