Skin tears are acute/traumatic wounds which commonly occur in those with fragile skin, especially the elderly. They can result in partial or full separation of the skin’s outer layers; the separation of the epidermis from the dermis (partial thickness wound) or both the epidermis and dermis from the underlying structures (full thickness wound).

While not always avoidable, skin tears are generally considered to be preventable.

Risk assessment and prevention strategies.

Early recognition is an essential part of prevention. Ongoing daily inspection of the skin should be conducted, and changes documented. Apply emollients once or twice a day to reduce skin tear prevalence for at risk patients.

Management of skin tears.

If a patient sustains an injury, initial assessment should establish the cause so that this can be prevented in the future. The aim of the treatment is to preserve the skin flap and maintain the surrounding tissue, re-approximate the edges of the wound without stretching the skin and reduce the risk of infection and further injury.

**Skin Tear Pathway**

For the prevention and management of skin tears

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Choosing appropriate dressings.

Dressing choice should be carefully considered to avoid causing any further trauma to the skin.

The most appropriate dressings for skin tears should be: comfortable, easy to apply, pain free on removal, protect the peri-wound skin, control exudate, maintain a moist wound healing environment and be cost effective.\(^3\)

If using adherent dressings use silicone products and avoid dry dressings.\(^3\)

Hints and tips.

**DO NOT** use closure strips to approximate the wound edge

**DO** change secondary dressing on a regular basis

**DO** leave Kliniderm silicone wound contact layer in place when re-dressing the wound for up to 14 days. The secondary dressing is changed based on wound exudate level.

**DO** draw an arrow to show direction of removal of Kliniderm foam silicone dressings

**DO** monitor for further signs of breakdown

**DO** check for signs of infection at every dressing change

**DO** debride or provide additional dressings if the flap is non viable - refer to Trust formulary

**DO** refer to a specialist if the flap deteriorates or there is no improvement

**DO** leave a 2cm overlap around the wound

If the wound is healed, discontinue dressings and follow good skin care regimes.\(^3\)

References

2. Leblanc and Baranoski 2011