

This BPR Brief is an abridged version of the **Best Practice Recommendations for the Prevention and Management of Skin Tears**. In alignment with a global health-care perspective, Wounds Canada is committed to provide support to patients to help them adapt to and self-manage their condition in the face of social, physical and emotional challenges. This document uses the **Wound Prevention and Management Cycle** (WPMC) (Figure 1) as the basis for clinical decision making. For clinicians, this document is meant as a cue for treatment; it provides non-inclusive examples listed below each recommendation. For policy makers, it highlights (in ***bold italics***) actions and policies that support best practice.

Wounds Canada follows a population health strategy for wound care that enables us to address the entire range of individual and collective factors that determine health, including:

- Better health: health of the general population improved; behavioral, social, economic and environmental determinants addressed; preventative care rewarded
- Better health care: patient-centred, reliable, safe, evidence-based treatment; care managers co-ordinate total health-care delivery; evidence-based treatment with outcome tracking
- Better value: costs and cost improvements monitored; readmissions to hospital reduced; early interventions to reduce per patient cost implemented; unnecessary or duplicate procedures eliminated; information management technologies utilized

For more information on content, levels of evidence or tools related to a particular recommendation, click on the links provided.

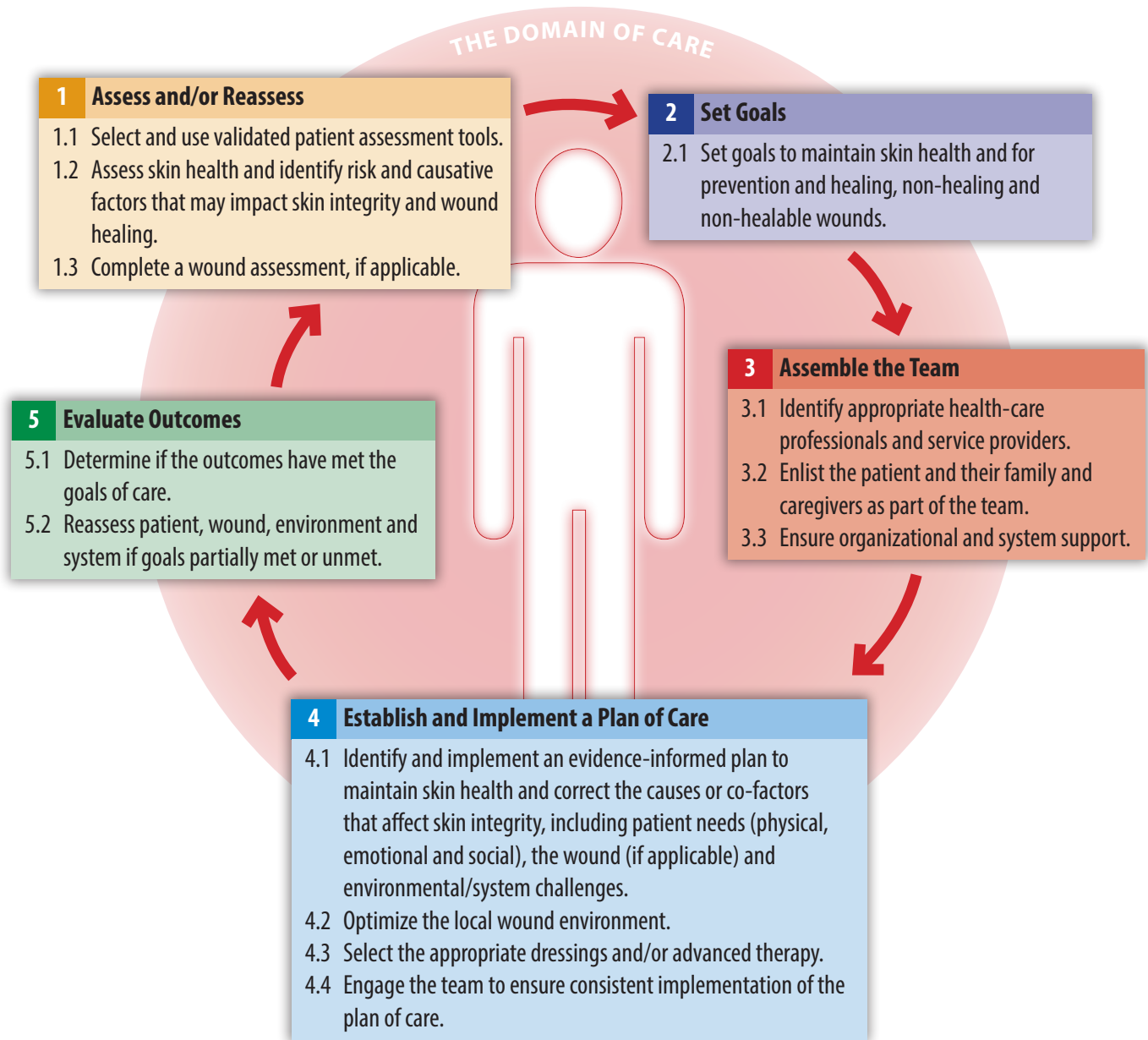
We strongly recommend that before using this BPR Brief the user read the full best practice recommendation (BPR) document. To obtain a copy of the full document, go to: www.woundscanada.ca/docman/public/health-care-professional/552-bpr-prevention-and-management-of-skin-tears/file.

Introduction

Skin tears are found in various settings and yet are highly preventable wounds. Skin tears are frequently compared to pressure injuries in the literature because they are both found in the frail elderly, the very young and those who are critically or chronically ill, and because pressure injury burdens have long been used to benchmark quality of care, a function that could be applied to skin tears as well.

Disclaimer: This document provides a brief clinical enabler for the content provided in the relevant chapter(s) of *Best Practice Recommendations for Skin Health and Wound Management 2025*. It is not intended to provide comprehensive information on the given topic(s). For more complete information on specific best practice recommendations, refer to the full publication at: <https://www.woundscanada.ca/news/752-bpr-new>

Figure 1: Wound Prevention and Management Cycle (WPMC)



1 Assess and/or Reassess

- 1.1 Select and use validated patient assessment tools.
- 1.2 Assess skin health and identify risk and causative factors that may impact skin integrity and wound healing.
- 1.3 Complete a wound assessment, if applicable.

Assessment must occur to determine the causes and factors that may impact skin integrity and wound healing. Patient assessment includes history and current health status, skin status (skin tone) and wound if applicable, environmental factors and system factors. If, after the WPMC has been completed, goals of care have not been fully met, reassessment must take place, followed by the rest of the recommendations in the WPMC. **Assessment tools need to be available and in use in all care settings, supported by staff education and policy.**

1.1 Select and use validated patient assessment tools.

The use of the ISTAP (International Skin Tear Advisory Panel) **risk assessment pathway** allows the clinician to assess risk in three areas: general health, mobility and skin.

1.2 Identify risk and causative factors that may impact skin integrity and wound healing

1.2.1 Patient: Physical, emotional and lifestyle

The International Skin Tear Advisory Panel (ISTAP) conducted a review of skin tear risk factors and expanded on search criteria. Using a Delphi process, the panel subsequently developed a risk assessment pathway.

The ISTAP risk assessment pathway is composed of three categories:

- 1. General health (chronic and critical disease, polypharmacy, cognitive, sensory, visual and auditory impairment and nutritional status),
- 2. Mobility (history of falls, impaired mobility, dependence for activities of daily living [ADLs] and mechanical trauma), and
- 3. Skin (extremes of age-neonates, children, older adults- fragile skin and previous skin tears).

Considerations specific to the pediatric population

In Canada, pediatrics includes neonates, infants, children, adolescents and young adults. Skin tears occur in greatest numbers in the pediatric population. Unfortunately, limited literature addresses skin tear risk factors in these populations. Premature neonates are known to have minimal stratum corneum and attenuated rete ridges, giving their skin a red, wrinkled, translucent and gelatinous appearance. They also have less subcutaneous tissue than other populations, meaning that the dermis lies directly over muscle. With less subcutaneous tissue, pediatric patients are at a much higher risk of skin tears caused by medical adhesive removal.

1.2.2 Environmental: Socio-economic, care setting, potential for self-management

Discussion: Health-care professionals must have knowledge about the environmental factors that can impact a person's skin integrity. These factors include socio-economic status, health-care setting and ability to self-manage skin care. Socio-economic and environmental factors not only affect patients' access to prevention, wound-healing products and technology, but also their ability to adhere to a recommended prevention or wound management protocol. Regional differences in access to supplies, equipment and care may also affect the individual's self-management potential. Even within similar regions, access to supplies, equipment and care may fluctuate depending on the type of environment in which the care is being delivered.

1.2.3 Systems: Health-care support and communication

Organizations and health-care professionals are concerned with the prevalence of skin tears and their ultimate burden on the health-care system. To improve care, screening and assessment are required to understand current skin tear prevention practices at a population, health-care professional and organizational level. This assessment is challenging due to the absence of existing skin tear evidence that might inform quality indicators. Health-care professionals require regular and consistent education about skin tear risk assessment, prevention and treatment. A skin tear knowledge assessment instrument is supported by acceptable psychometric properties and can be applied in nursing education, research and practice to assess knowledge of health-care professionals about skin tears.

1.3 Complete a wound assessment, if applicable.

Health-care professionals can more effectively communicate with other health-care professionals, policy makers, researchers, educators and patients/care partners by using common and appropriate descriptors for various types of wounds, including skin tears (see Table 1).

2 Set Goals

2.1 Set goals to maintain skin health and for prevention and healing, non-healing and non-healable wounds.

“A flap in skin tears is defined as a portion of the skin (epidermis/dermis) that is unintentionally separated (partially or fully) from its original place due to shear, friction, and/or blunt force. This concept is not to be confused with tissue that is intentionally detached from its place of origin for therapeutic use, e.g., surgical skin grafting.”²¹

Table 1: Examples of intact aging skin and skin tears

| Descriptor | Examples of skin changes | |
|---|---|--|
| Aging skin – intact Note: thinning of skin, sun damage |   |    |
| | Aging skin, early senile purpura | Aging skin, thinning with sun damage |
| Permission: Wounds Canada | | |

cont'd...

Type 1
 No skin loss. This may be linear or there may be a flap that the clinician can reposition over the wound bed



Left forearm, linear type

Permission: Wounds Canada

Type 1:
 Flap not approximated: not yet categorized



Same wound as above, now categorized as Type 1 Skin Tear Sutured (not recommended)



Type 1: Sutured

Permission: Marlene Varga

cont'd...

Type 2
Partial skin loss, the flap is partially missing and when repositioned does not cover the wound bed



Multiple skin tears on lower leg
Top: Type 3 as no flap present
Bottom: Partial flap present and wound bed exposed

Permission: Rose Raizman NP (Scarborough Health Network)



Bruising, skin flap does not cover wound bed

Permission: Mölnlycke



Top: Wound bed dry, with a devitalized flap
Bottom: No flap present

Permission: Rose Raizman NP (Scarborough Health Network)



Ecchymosis with skin flap irregular and bruising

Permission: Mölnlycke

Type 2
Skin Tear with Ecchymosis



Permission: Marlene Varga

cont'd...

Type 3

Full skin loss when the flap is missing and the wound bed is exposed

Skin Tear with clear dressing applied – demonstrates progressive healing



Permission: Wounds Canada

Goals of care need to revolve around the patient. Achieving goals will depend on the interplay of the patients' health status and lifestyle, the availability of resources and the knowledge and ability of care partners to provide optimal interventions. If these factors are not taken into consideration the goals of care may be unrealistic and unrealizable. The team should aim to set goals according to the **SMART principle**: **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**imely.

2.1 Set goals for healthy skin, prevention of trauma, management of healing, non-healing and non-healable wounds

Even in the presence of skin tears, a primary goal is the promotion of healthy skin and prevention of future-skin tears. Goals should be developed using the SMART principle. An example of a multi-part SMART goal may be: within two days the patient and family member will receive educational materials on skin tears, be able to discuss the importance of intact skin and begin to apply lotion to skin twice daily.

2.1.1 Identify goals based on skin health and prevention or healability of wounds

It is a priority to promote skin health and prevent skin tears. Protecting intact skin should inform the setting of all goals. Preventative goals could include the implementation of a skin hygiene regimen, hydration of skin with appropriate lotion and promoting oral hydration. Wearing protective clothing, keeping mobile and identifying risk are essential.

Healing: The skin tear has sufficient vascular supply, underlying causes can be corrected and health can be optimized.

Non-healing: The skin tear has healing potential, but various factors are compromising wound healing at this time (e.g., skin tear on a lower limb with uncontrolled edema).

Non-healable: The skin tear has no ability to heal due to untreatable causes such as terminal disease or end-of-life status. If the wound is deemed to be non-healable, goals should be set that reflect management strategies for activities that prevent infection and protect the fragile periwound and other skin to prevent further skin tears from occurring.

2.1.2 Identify quality-of-life and symptom-control goals

An important aspect of goal setting includes the customization for each individual. Any plan of care should include the patient's goals of care and cultural considerations, e.g., promotion of healthy skin (nutrition, hydration, lotion use) prevention of future skin tears, pain management and wound healing. Goals should be congruent with the individual's needs, preferences and abilities, risk factors, co-morbidities, pain, quality-of-life issues, support systems and access to care.

Wounds Canada's Product Pickers

- **Wound Dressing Formulary:** describes common wound dressings in generic categories and lists usage considerations.
- **Wound Dressing Selection Guide:** helps users choose appropriate primary and secondary dressings based on common clinical situations and wound care goals.
- **Skin and Wound Clean-up:** helps users choose appropriate skin and wound cleansers as well as irrigating solutions.

3 Assemble the Team

- 3.1 Identify appropriate health-care professionals and service providers.
- 3.2 Enlist the patient and their family and caregivers as part of the team.
- 3.3 Ensure organizational and system support.

An integrated team is necessary to implement, adjust and sustain a plan to meet the patient-specific goals. The team should include the relevant health-care professionals and other service providers as required as well as the patient, family and their support system.

3.1 Identify appropriate health-care professionals and service providers

Key team members should be identified and included in any promotion of skin health, skin tear prevention and management program. These team members should include (but are not limited to): individuals at risk and their families and interdisciplinary team members such as: nurses, physicians, pharmacists, registered dietitians, paramedics, physiotherapists, occupational therapists, personal support workers, social workers, psychologists, spiritual care providers, policy makers and other allied health professionals as appropriate.

3.2 Enlist the patient and their family and caregivers as part of the team

Patients, care partners and health professionals should be provided with health information regarding the promotion of skin health, risks, prevention and treatment of skin tears. In addition, they must be aware of the proper techniques for providing care without causing skin tears.

3.3 Ensure organizational and system support

Wounds Canada's resources and education align with a population health management model. This model encourages the proactive management of a total population at risk for adverse outcomes through a variety of individual, organizational and cultural interventions to improve patient, clinical and financial outcomes. The interventions are based on a risk-stratified needs assessment of the population, supported by a comprehensive governance infrastructure.

To support this model and secure successful outcomes, decision makers must:

- ***Use globally recognized risk classifications to identify risk, support prevention and develop management strategies by allocating appropriate resources, patient education and clinical visits***

- ***Develop and implement policies (federal, provincial/territorial, regional and institutional) based on current evidence that acknowledge and designate human, material and financial resources to support the team in the development of a wound management program.***
- ***Establish a pathway for referral of people at risk for skin tears.***
- ***Work with community and other partners to develop a process to facilitate patient referral and access to local health professionals with specialized knowledge in wound management.***
- ***Work with community and other partners to advocate for strategies and funding for all aspects of preventative skin care.***
- ***Ensure services exist for the assessment and continuing surveillance of those defined as being at increased risk in order to prevent skin tears, and to support management in their health-care or community setting.***
- ***Establish, train and support an integrated team composed of interested, skilled and knowledgeable persons to address and monitor quality improvements in the prevention and management of skin breakdown.***
- ***Establish and sustain a communication network between the person at risk and the necessary health-care and community systems.***
- ***Audit all aspects of the service to ensure that local practice meets accepted national and international standards of care.***

In order to achieve these steps and improve patient outcomes, establish or adopt a system-wide care pathway.

4 Establish and Implement a Plan of Care

- 4.1 Identify and implement an evidence-informed plan to maintain skin health and correct the causes or co-factors that affect skin integrity, including patient needs (physical, emotional and social), the wound (if applicable) and environmental/system challenges.
- 4.2 Optimize the local wound environment.
- 4.3 Select the appropriate dressings and/or advanced therapy.
- 4.4 Engage the team to ensure consistent implementation of the plan of care.

Ensure that care addresses the goals and considers patient needs, factors relating to the skin and wound (if applicable) as well as the environment and the system in which the team is situated.

4.1 Identify and implement an evidence-informed plan to correct the causes or cofactors that affect skin integrity, including patient needs (physical, emotional and social), the wound (if applicable) and environmental/system challenges

Address the following:

- **Promote skin health, nutrition and hydration**
- Assess for risk factors and prevention strategies following a systematic approach such as:
 - Nutritional status (fluid and nutritional intake, swallowing)
 - Continence status – bladder, bowel status
 - Use of urinary devices (ostomy pouches, urinary catheters, briefs etc)
 - Skin conditions (history of issues e.g., eczema, psoriasis, sunburn, pignementation)
 - Location of skin tear
 - Cognitive status (e.g., delirium, dementia, depression, anxiety)
 - Vision, hearing, speech changes and adaptive devices)
 - Neurological status (e.g., diseases)
 - Mobility and devices uses
 - Footwear (seasonal)
- History or risk of falls (e.g., initiate a falls prevention program)
- Mechanical trauma (not related to mobility aids) (e.g., implement safe activities for those who are at risk for skin tears)
- Skin changes related to extremes of age and critical illness (e.g., hydrate skin with hypoallergenic moisturizer after bathing, with the skin still damp, not wet; use warm, not hot, water for bathing)

4.2 Optimize the local wound environment: Cleansing, debriding, managing bacterial balance and managing moisture balance

4.2.1 Cleansing: Non-irritating **wound cleansers** such as potable water, normal saline or commercially prepared wound cleansers should be used, depending on patient needs (see Wounds Canada's Product Pickers, below). Control bleeding with gentle pressure. Control bleeding with gentle pressure.

4.2.2 Debriding: Gently roll back the skin tear flap into place utilizing a dampened sterile cotton tip applicator, gloved finger or tweezers (if able). Non-viable tissue should be **debrided** to promote wound closure (if appropriate) (see Wounds Canada's Product Pickers, below). Debride nonviable tissue to promote wound closure.

4.2.3 Managing bacterial balance: Any **local, spreading or systemic infection** must be treated (see Product Pickers, below).

4.2.4 Managing moisture balance: **Moisture** can be contained or provided through dressing selection (see Wounds Canada's Product Pickers, below).

4.3 Select the appropriate dressings and/or advanced therapy

Select products that promote moist wound healing while protecting the fragile skin of those at risk (see Wounds Canada's [Product Picker for Dressing Selection](#)). ISTAP does NOT recommend dressings be used as preventative measures. Adhesives should be avoided on the skin whenever possible. Select products that will prevent trauma to fragile/friable tissue—including periwound skin.

Figure 2: This demonstrates the correct way to label a dressing and remove the dressing



Dressings should always be removed in the direction of the skin flap (the pedicle) and not against it, thus maintaining flap viability. Indicate on the dressing the classification, size and shape of the skin tear, as well as the direction for dressing removal. Follow the product monogram instructions for proper dressing removal.

Permission: Mölnlycke

Special Considerations for Skin Tears in the Pediatric Populations

- Ensure that all products used have been verified for use in the pediatric populations
- Ensure that products do not pose a risk of causing systematic or tissue toxicity when used on immature skin
- Ensure that all products are atraumatic on removal

4.4 Engage the team to ensure consistent implementation of the plan of care

Skin tear prevention programs across all age groups and levels of care must include a plan for engaging individuals, families, care partners, health-care professionals and organizations to ensure that best practices are implemented. All stakeholders must collaborate to ensure that programs are successful and sustainable.

5 Evaluate Outcomes

- 5.1 Determine if the outcomes have met the goals of care.
- 5.2 Reassess patient, wound, environment and system if goals partially met or unmet.

Evaluation of the plan of care should be routine and ongoing to identify whether the plan is effective in meeting the goal(s). If, after the cycle has been completed, goals of care have not been fully met, reassessment (Step 1) must take place, followed by the rest of the Wound Prevention and Management Cycle steps. ***The plan of care needs to be revisited at discharge to ensure that self-management strategies are in place to support the patient in sustaining the achieved outcomes after discharge.***

5.1 Determine if the outcomes have met the goals of care

Outcomes need to reflect goals of care and sustainability needs to reflect continuity of care; both need to be included in the plan of care and supported by policy. Use validated tools and patient interaction to determine if the goals of the promotion of skin health, prevention or treatment plans have been met.

5.2 Reassess patient, wound, environment and system if goals are partially met or unmet

If skin tears do not close in a timely fashion, return to step 1 of the WPMC to re-assess barriers to wound healing (e.g., repeated trauma to the area and/or comorbidities that might be delaying healing). Reassessment needs to consider gaps in care or the person's ability to adapt to their condition and engage in self-management.

5.3 Ensure sustainability to support prevention and reduce risk of recurrence

Sustainability of a successful skin tear program requires support at both the organizational and clinical level. The association between skin tear prevalence and rising wound care costs, coupled with governments' political agendas emphasizing primary prevention, provides governments with the incentive to promote population-based skin health. Skin tear prevalence and incidence should be monitored and tracked to allow for benchmarking and program evaluation.

Additional Wounds Canada resources, including a variety of Product Pickers and brochures, are available online at: www.woundscanada.ca/health-care-professional/resources-health-care-pros/boutique.

Care at Home Series:

- Caring for Your Wound at Home: Changing a Dressing
- Preventing and Managing Skin Injuries: Minor Cuts (Cuts, Scrapes and Bruises)



BPR BRIEFS

Skin Tears

Production:**Editor, Major Publications:** Ian Corks**Editorial Assistant:** Loukia Papadopoulos BA MSc**Communications & Administrative Coordinator:** Zahra Haider**Research Assistant:** Sandi D. Maxwell BA(Hon)**Librarian:** Jasmine Hoover Bsc MLIS**Art Direction and Layout:** Sydney Vajda, Willow Graphix**Medical Illustrator:** Robert Ketchen BAsc ACIDO**Authors:**

Marlene Varga MSc RN CNS (Wound Healing & Tissue Repair)

Louise Forest-Lalande RN Med NSWOC

Melissa Gosse RN IIWCC

Jane McSwiggan MSc OT Reg(MB) IIWCC

Elizabeth Ernter RN BN IIWCC

Wounds Canada**P.O. Box 35569, York Mills Plaza****North York, ON M2L 2Y4****416-485-2292****www.woundscanada.ca**

© 2025 Wounds Canada

Printed in Canada · Last updated 2025 09 13 · 1950r3E

DOI: 10.56885/425397rnqpfz