Skin Tears

A guide for Alberta with a focus on Indigenous health.

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 cosst 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.

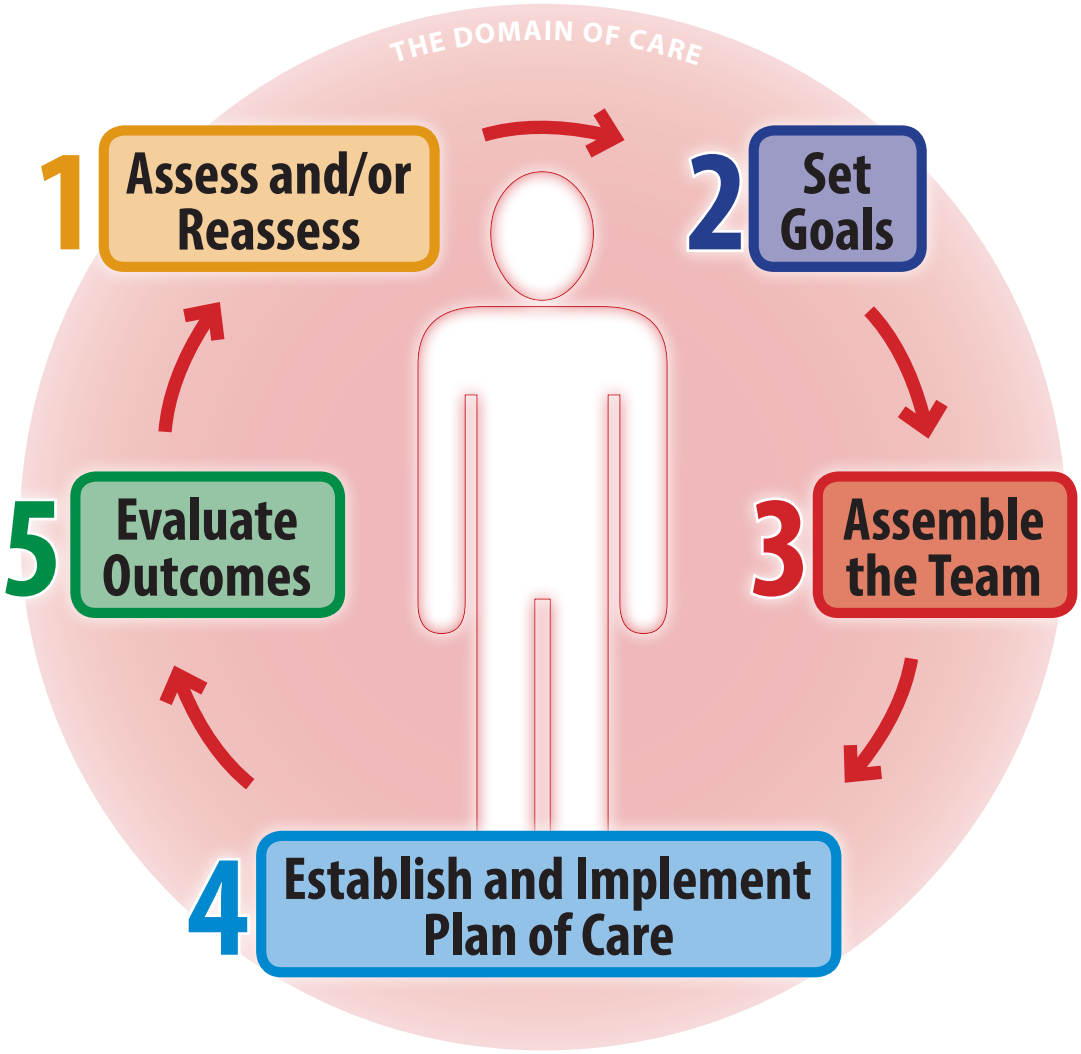
Introduction

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.

It is important to remember that skin and wound care is to be collaborative, using a patient-centred approach based on respect, dignity, empathy, compassion, cultural appropriateness and shared decision making.

Disclaimer: *This document provides a clinical enabler for the recommendations outlined in the Best Practice Recommendations (BPRs) for the Prevention and Management of Skin Tears. For more information on a particular recommendation or 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*

Figure 1: Wound Prevention and Management Cycle (WPMC)



For the complete version of Best Practice Recommendations for the Prevention and Management of Skin Tears, visit here.

1 Assess and/or Reassess

- Assess the patient, the wound (if applicable), as well as environmental and system challenges.
- Identify risk and causative factors that may impact skin integrity and wound healing.

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 (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 (patient, wound, environment and system).

1.2.1 Patient factors

Assessment should include baseline information pertaining to patient health status, knowledge, beliefs, perceived learning needs and possible risk factors, including:

- General health, including chronic and critical disease; polypharmacy; cognitive, sensory, visual and auditory impairment; nutritional status; mobility, including a history of falls, impaired mobility, dependence for activities of daily living (ADLs); mechanical trauma
- Skin, including extremes of age, fragile skin and previous skin tears
- Cultural and psychological variables must also be considered.

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

Assess funding for preventative or treatment supplies, equipment and services, food security, access to affordable housing that accommodates disabilities, social supports, health behaviours and access to and availability of health-care services. It is critical to provide a culturally sensitive environment for care.

1.2.3 Systems: Health-care support and communication

Assessment of access to funding, availability of services and wound-related products, pressure redistribution surfaces, diagnostic services, service delivery personnel and co-ordination of care.

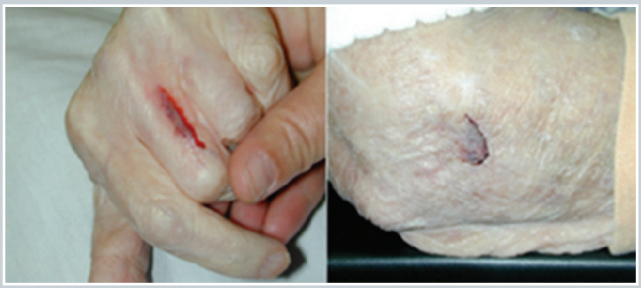
For the complete version of Best Practice Recommendations for the Prevention and Management of Skin Tears, visit here.

1.3 Complete a wound assessment, if applicable.

Assessment of the skin tear using the ISTAP Skin Tear Classification System (see Figure 2).

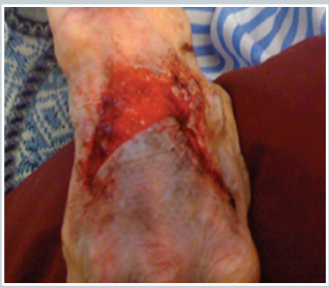
Figure 2: ISTAP Skin Tear Classification System

Type 1:
No Skin Loss



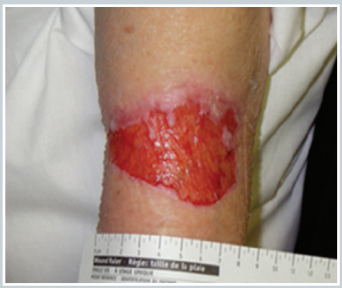
Linear or flap tear that can be repositioned to cover the wound bed

Type 2:
Partial Skin Loss



Partial flap loss that cannot be repositioned to cover the wound bed

Type 3:
Total Flap Loss



Total flap loss that exposes the entire wound bed

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For the complete version of Best Practice Recommendations for the Prevention and Management of Skin Tears, visit here.

2 Set Goals

• prevention	• healing • non-healing • non-healable	• quality of life and symptom control

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 prevention, healing, non-healing and non-healable wounds.

Skin tear prevention should be considered a patient safety goal.

2.1.1 Identify goals based on prevention or healability of wounds.

Prevention goals might include:

- Skin tears are prevented.
- Protective garments are worn over high risk areas at all times.
- Skin care regimen is implemented within one day.
- Environmental obstacles (such as coffee tables) are reduced.

Healing wounds have sufficient vascular supply, the underlying causes are corrected, and health is optimized. Goals might include:

- As above, plus:
- Skin tear should heal within two weeks.
- Exudate and pain are controlled within one day.

Non-healing wounds have healing potential, but patient factors are compromising wound healing at this time (e.g., skin tear on a lower limb with uncontrolled edema). Goals might include:

- Skin tear remains stable and not infected.
- Exudate and pain are controlled within one day.

Non-healable wounds have no ability to heal due to untreatable causes such as terminal disease or end-of-life status. Goals might include:

- Skin tear is clean and dry (to reduce risk of infection).
- Fragile skin is protected to prevent further skin tears from occurring.

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

Goals might include:

- Pain is controlled within one day.
- Protective garments are worn over high risk areas at all times.

3 Assemble the Team

• Select membership based on patient need.

An integrated team is necessary for case management 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.

The team may include nurses, physicians, pharmacists, dietitians, physiotherapists, occupational therapists, personal support workers, social workers, spiritual care providers.

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

The team must include the patient and/or their family and care partners, with successful care hinging on their collaboration and communication with other members of the team.

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.

For the complete version of Best Practice Recommendations for the Prevention and Management of Skin Tears, visit here.

4 Establish and Implement a Plan of Care

- Establish and implement a plan of care that addresses:
- the environment and system
- the patient
- the wound (if applicable)
- Ensure meaningful communication among all members of the team.
- Ensure consistent and sustainable implementation of the plan of care.

Provide Local Skin/Wound Care (if applicable)

Cleansing/ debridement:
- Remove debris and necrotic or indolent tissue, if healable.

Bacterial balance:
- Rule out or treat superficial/ spreading/ systemic infection.

Moisture balance:
- Ensure adequate hydration.

Select appropriate dressing and/or advanced therapy

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:

- Altered sensory, auditory and visual status (e.g., ensure a safe environment)
- Cognitive impairment (e.g., protect from self-harm)
- Nutritional concerns (e.g., promote and monitor nutrition and fluid intake)
- Polypharmacy (e.g., address the effects of polypharmacy on skin and patient awareness)
- Issues related to mobility and patient handling (e.g., perform daily skin assessment and monitoring for skin tears to look for issues caused by mobility devices)
- Assistance with activities of daily living (e.g., provide protection from trauma during routine care and ADLs)
- 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)

For the complete version of Best Practice Recommendations for the Prevention and Management of Skin Tears, visit here.

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) (figures 3a–3c). 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).

Figures 3a–c: Re-approximating a Skin Tear

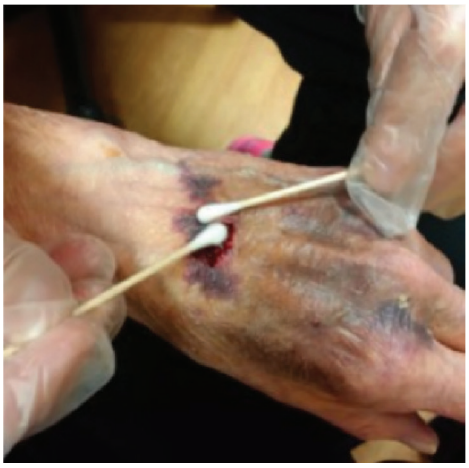

Figure 3a

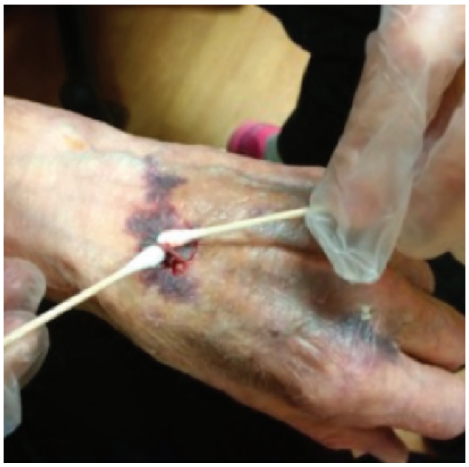

Figure 3b

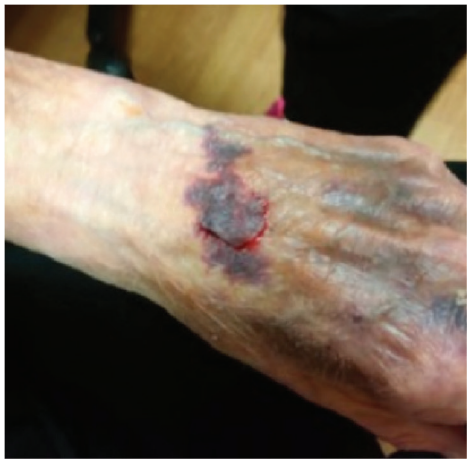

Figure 3c

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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.

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.

For the complete version of Best Practice Recommendations for the Prevention and Management of Skin Tears, visit here.

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

Goals Met:	Goals Partially Met or Not Met:
• Ensure sustainability. • ✓Cycle is completed	• reassess

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 prevention or treatment plan 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.

For the complete version of Best Practice Recommendations for the Prevention and Management of Skin Tears, visit here.

Additional Resources

Information for Clinicians

- BPR Brief: Prevention and Management of Wounds
- Wound Care Canada: Focus on the prevention and management of skin

Information for Patients

- Wounds Canada: Care at Home Series
  - Caring for Your Wound at Home: Changing a Dressing
  - Preventing and Managing Skin Injuries: Minor Trauma (Cuts, Scrapes, and Bruises)
  - Keeping Your Home Safe: Preventing Skin Injuries for the Whole Family
- Wounds Canada: Do-it-Yourself Series: Wound Prevention and Treatment: Do It Yourself (DIY) or Call in a Pro?
  - For All Wound Types
  - Skin Tear

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Indigenous Services Canada
Services aux Autochtones Canada

For the complete version of Best Practice Recommendations for the Prevention and Management of Skin Tears, visit here.