

Skin Tear Pathway

- Stop the bleeding
- Elevate limb where possible
- Apply pressure with clean gauze

Apply warm saline to wound to remove blood or debris. Gently pat dry.

- Very gently ease the skin flap back into place using a saline soaked gauze or sterile glove
- If the flap is difficult to align, apply a saline soaked gauze for 5-10 minutes then retry to align



Classification

Measure and classify skin tear

Type 1: No skin loss

A skin flap can be repositioned to cover the entire wound bed.



ISTAP Skin Tear Classification, LeBlanc, K., Baranoski et al, J Advances in Skin and Wound Care June 2013. View the full classification at www.skintears.org/education/tools/istap-skin-tear-

Type 2: Partial skin loss

The skin edges cannot be realigned to cover entire



Type 3: Total skin loss

The skin flap is completely absent, exposing entire wound bed.



Dressing

- Apply non adherent or Silicone dressing which covers the wound bed completely
- Mark the dressing with an arrow to indicate the direction of removal



Commence Skin Tear Care Plan.

Review

Schedule reassessment according to classification.

Type 1: Redress in **7 days**

Type 2 & 3: Redress in **3 days**

For Skin Tears on the Lower Limb

First line immediate care for leg wounds includes application of 20 mmHg compression hosiery or Coban Lite bandage. People with **Red Flag** symptoms should **NOT** be treated with compression and referred appropriately. **Red Flags** are:

- **Acute infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat)**
- **Symptoms of sepsis**
- **Acute or chronic limb threatening ischaemia (i.e. history of peripheral arterial disease in combination with rest pain or foot ulceration of more than 2 weeks duration).**
- **Suspected deep vein thrombosis (DVT)**
- **Suspected skin cancer**

