Skin Tear Aide Memoire

1. Skin Tear identified

2. Classification

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
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<tbody>
<tr>
<td><img src="Skin_Tears_1.png" alt="Image" /></td>
<td><img src="Skin_Tears_2.png" alt="Image" /></td>
<td><img src="Skin_Tears_3.png" alt="Image" /></td>
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**Skin Tears without tissue loss**
Linear and flap type skin tears. Skin flap can be approximated so that no more than one millimetre of dermis

**Skin Tears with partial Tissue loss**
- 2a – 25% or less of the epidermal flap is lost and at least 75% or more of the dermis is covered by the flap.
- 2b – Moderate to large tissue loss, in which more than 25% of the epidermal flap is lost and more than 25% of the dermis is exposed.

**Skin Tears with complete tissue loss**
Epidermal flap is absent

3. Documentation

Complete wound assessment and risk assessment documentation, complete IR1 and refer to Tissue Viability Nurse

4. Management

**Type 1**
- Clean wound with normal saline and pat dry the area
- Apply a silicone dressing that is at least 1-2cm bigger than the skin tear
- Indicate by drawing an arrow on the dressing, the direction the dressing needs to be removed
- Leave dressing insitu for as long as possible to avoid disturbing the flap. (Max 7 days)
- Take care when removing the dressing so as not to damage the flap
- Determine date of wound review and dressing change: document in Rio

**Type 2**
- Control the bleeding, apply pressure and elevate limb if required
- Clean wound with sodium chloride 0.9% and pat dry the area
- Approximate the skin flap; use a gloved finger
- Avoid adhesive strips
- Apply a silicone dressing that is at least 1-2cm bigger than the skin tear
- Indicate by drawing an arrow on the dressing, the direction the dressing needs to be removed
- Leave dressing insitu for as long as possible to avoid disturbing the flap. (Max 7 days)
- Take care when removing the dressing so as not to damage the flap
- Determine date of wound review and dressing change: document in Rio

**Type 3**
- Control the bleeding, apply pressure and elevate limb if required.
- Clean wound with sodium chloride 0.9% and pat dry the area
- Apply a non adherent primary dressing, and absorbent padding and bandage in a simple spiral or apply tubular bandage from toe to knee
- Refer to tissue viability service if wound is greater than 10x10cm +/- If haematoma present please refer to plastic surgery.
- Leave dressing insitu for as long as possible to avoid disturbing the flap. (Max 7 days)
- Determine date of wound review and dressing change: document in Rio

5. Reporting, Recording, Action and Learning

Complete electronic reporting, record when the incident occurred and how? Refer to Tissue Viability Nurse for specialist advise and support if required

6. Reassess - Reassess on each dressing change and as clinically indicated

Adapted from original by Jeanette Milne - South Tyneside NHS Foundation Trust 2014