

SKIN TEAR PATHWAY

ASSESSMENT

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Type 1:
-skin tear without tissue loss
- edges can be realigned
a. Linear
b. Flap



Type 2:
-skin tear with partial tissue loss
-edges can not be realigned
2a. 25% or less
2b. >25% tissue loss



Type 3:
-complete tissue loss
or no epidermal flap
covering the injury



- If skin tear is bleeding, apply gentle pressure with a gauze swab and elevate limb if necessary (for a minimum of 15 minutes)
- Clean the wound with saline and remove any debris
- If skin flap is present, gently realign using dampened cotton orglove finger, forceps
- Measure the wound, photograph, document the size and type of the skin tear on the wound chart.
- Check tetanus immunisation status and take further steps if necessary

MANAGEMENT

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Is the skin tear very wet /leaking?

YES

- cleanse the wound with saline.
- apply silicone wound contact layer or atraumatic dressing, absorbent pad and retention bandage.
- protect the periwound skin
- reassess the wound frequently
- pain control

- * Swab the wound if showing sign of infection
- *Reassess within 24-48 if the skin flap is pale, dusky or darkened
- * Doppler assessment If there is oedema to lower leg before commencing on compression therapy

NO

- cleanse the wound with saline
- apply hydrogel, foam dressing and retention bandage
- reassess the wound
- pain control