

Skin Tear Management Guidelines

Skin Tear Definition: A traumatic wound that often results from external friction and/or shearing forces or blunt trauma injuries, and falls.

Payne-Martin Classification System for Skin Tears			
Category I	Category II	Category III	Tissue Loss with Slough
Skin Tear without Tissue Loss	Skin Tear with Partial Tissue Loss	Skin Tear with Complete Tissue Loss (Full Thickness)	Skin Tear with Debridement Needed (Full Thickness)
<ul style="list-style-type: none"> • Skin flap can be approximated so that no more than 1mm of dermis is exposed. 	<ul style="list-style-type: none"> • <i>Scant tissue loss</i> - Partial thickness in which 25% or less of the epidermal flap is lost and at least 75% or more of the dermis is covered by the flap. • <i>Moderate to large tissue loss</i> – Partial thickness wound in which more than 25% of the epidermal flap is lost and more than 25% of the dermis is exposed. 	<ul style="list-style-type: none"> • Epidermal flap is absent. 	<ul style="list-style-type: none"> • Full Thickness wound with presence of slough or necrotic tissue.
<ul style="list-style-type: none"> • Use cotton tipped applicator to gently roll flap back into place and approximate edges. Apply steri-strips to approximated edges. • Cleanse with normal saline or wound cleanser. Pat dry. 	<ul style="list-style-type: none"> • Use cotton tipped applicator to gently roll flap back into place and approximate edges. • Cleanse with normal saline or wound cleanser. • <i>Partial thickness</i>: Apply Hydrogel, Xeroform, Oil Emulsion, Petrolatum or Honey Gauze. • <i>Full thickness</i>: Apply Collagen, Hydrogel or Calcium Alginate. • Cover with secondary dressing 	<ul style="list-style-type: none"> • Cleanse with normal saline or wound cleanser. Pat dry. • <i>Partial thickness</i>: Apply Hydrogel, Xeroform, Oil Emulsion, Petrolatum or Honey Gauze. • <i>Full thickness</i>: Apply Collagen, Hydrogel or Calcium Alginate. • Cover with secondary dressing. • Change 2 to 3 times a week. Change daily when using Hydrogel. 	<ul style="list-style-type: none"> • Cleanse with normal saline only. Pat dry. • Apply Collagen, Hydrogel, Calcium Alginate or Honey Alginate to achieve an autolytic debridement. • Or apply an enzymatic debridement agent. • Cover with secondary cover dressing. • Change daily.

	<ul style="list-style-type: none"> • Change 2 to 3 times a week. Change daily when using Hydrogel. 		
<i>Fragile Skin:</i> Secure with rolled gauze and tape.	<i>Fragile Skin:</i> Secure with rolled gauze and tape.	<i>Fragile Skin:</i> Secure with rolled gauze and tape or Silicone Foam.	<i>Fragile Skin:</i> Secure with rolled gauze and tape or Silicone Foam.
<p>Prevention Tips:</p> <ul style="list-style-type: none"> • Assess/recognize fragile, thin, vulnerable, ecchymotic skin. • Caregivers, when providing direct care, should utilize extreme caution and a gentle touch when bathing and/or when transferring a resident. • Avoid direct contact that will create a friction or shearing force (lift sheets should be utilized). • Should utilize full hand contact when positioning residents. Do not use fingertips. • Protect fragile skin by covering with stockinet or long sleeves/pants. • Avoid use of soaps that cause drying of the skin. • Keep skin moisturized. Ensure resident has adequate hydration • Mature skin is vulnerable to skin tears as aging epidermis thins and there is a flattening of the epidermal-dermal junction. • Consider Hydrogel Ag, Calcium Alginate Ag or Border Foam Ag if infection or critical colonization is suspected or present. • Avoid wearing rings that could snag skin. 			