

Winning the battle of skin tears in an aging population

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Clinical solutions . . .

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Update 2017: Evidence-based Prediction, Prevention, Assessment, and Management of Skin Tears

Kimberly LeBlanc MN RN CETN (C) PhD (Cand)



Objectives

At the end of this webinar, the learner will be able to

- Define and classify skin tears according to the ISTAP Classification System
- Identify individuals at risk for skin tears
- Discuss methods for preventing skin tears
- Discuss interventions for preventing and managing skin tears

Why are we concerned with skin tears?



File Photo:
Mary Gloeckner



File Photo:
Sharon Baranoski



File Photo: Louis
Forest Lalonde

Finding a Common Terminology

Terms that have been used for **skin tears**

- Tears
- Abrasions
- Lacerations
- Stage 2 pressure ulcers
- Erosions
- Denudation
- “just a skin tear”
- MORE OFTEN THAN NOT “NOTHING”



Prevalence of Skin Tears Literature Review

- Long-term care settings: 10-54%

(LeBlanc & Woo, 2014; LeBlanc & Christensen 2013; Gryson et al., 2012; Carville & Smith 2004; McErlean et al., 2004; Everett & Powell 1994)

- Community settings: 4.5%-19.5% in all age groups

(Strazzieri-Pulido et al., 2015; Gryson et al., 2012; LeBlanc & Christensen 2009; Carville & Lewin, 1998)

- Acute care settings 2.2%-22%

(Chang, Carville, Tay, 2016; Strazzieri-Pulido et al., 2015; dos Santos, Strazzieri, & Conceição, 2012; Gryson et al., 2012; Hsu & Chang, 2010)

Prevalence of Skin Tears Literature Review

- Palliative care settings: 30%

(Maida, Ennis, & Corban, 2012)

- Pediatric acute care:

- (10 days to 17 years old), prevalence of pressure injury 4% and skin tear 17%
- 75% < 6 years of age, and 80% of those 6 months of age or younger

(McLane et al., 2004)

- Intensive care settings: Prevalence unknown

Skin Tear Characteristics

- Normally shallow wounds limited to the dermis and epidermis (wounds may be partial or full thickness)
- Vary in location, size, depth, and amount of tissue loss
- Skin flap may be present
- Acute wounds that should heal in a normal wound healing trajectory (7-14 days) but frequently become complex chronic wounds



International Skin Tear Advisory Panel: Skin Tear Definition

- A skin tear is a wound caused by shear, friction, and/or blunt force resulting in separation of skin layers.

A skin tear can be:

Partial-thickness (separation of the epidermis from the dermis)

or

Full-thickness (separation of both the epidermis and dermis from underlying structures).



Validation of a New Classification System for Skin Tears

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ABSTRACT

SUBJECTIVE: The aim of this study was to validate and establish reliability of the International Skin Tear classification system.

METHODS: A consensus panel of 12 internationally recognized key opinion leaders convened in 2011 to establish consensus statements on the prevention, prediction, assessment, and treatment of skin tears. Subsequently, a new skin tear classification system was proposed. The system was then tested for interrater and intrarater reliability between the experts before being tested more widely on a sample of 327 individuals from the United States, Canada, and Europe.

RESULTS: The results of the study indicated a substantial level of agreement for the expert panel (Fleiss $\kappa = 0.818$; 2-month follow-up = 0.653). Interrater reliability was high (Cohen $\kappa = 0.877$). Intrarater reliability was moderate (Fleiss $\kappa = 0.595$) for healthcare professionals ($n = 303$) and fair for non-healthcare professionals (Fleiss $\kappa = 0.336$; $n = 24$).

CONCLUSIONS: This international study established the reliability and validity of a new classification system for skin tears.

KEYWORDS: skin tears, classification, reliability, and validity

ADV WOUND CARE 2013;23(3):263-68

BACKGROUND

Skin tears (STs) are often painful, acute wounds resulting from trauma to the skin, and they are largely preventable.¹⁻⁴ When assessing STs, it is important to classify the extent of injury to guide management. Payne and Martin⁵ established the first classification system; however, this system failed to become universally accepted. Almost 2 decades later, Caville et al⁶ established the Skin Tear Audit Research system. Yet, neither of these systems gained widespread acceptance. An international survey in 2011 by LeBlanc et al⁷ indicated a preference by

healthcare professionals for a user-friendly, simple classification system.

In an effort to redirect awareness toward this largely unheeded healthcare issue, an International Skin Tear Advisory Panel

(ISTAP) (Table 1) convened, in which international experts in the field of skin tears convened to discuss the current state of the field, the need for a new classification system, and the development of a new classification system. The ISTAP members convened in person and via teleconference to discuss the current state of the field, the need for a new classification system, and the development of a new classification system.

METHODS

The ISTAP members convened to discuss the current state of the field, the need for a new classification system, and the development of a new classification system. The ISTAP members convened to discuss the current state of the field, the need for a new classification system, and the development of a new classification system.

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Kimberly LeBlanc, MN, RN, CETN(C) IWCC, is a Consultant, KGS Professional Consulting, Ottawa, Ontario, Canada; is President, Wound Care Dynamics, Inc., Greenwood, Illinois; Samantha Holloway, MSc, RN, is Senior Lecturer, Research Unit, Institute for Translational Research, Microbiology and Engagement, School of Medicine, Cardiff University and Consultant, Langens & Associates, University of North Dakota, Grand Forks, MN. Ms LeBlanc has disclosed that she has received grant funding from Hollister. Ms Holloway has disclosed that she is a member of the speaker's bureau for Hollister Medical Care and KGS. Ms Holloway has disclosed that she has no financial interest in any of the products or services mentioned in this article. Dr Langemo has disclosed that she has received grant funding from Medline, has been a member of the speaker's bureau for Medline, and has received remuneration for development of educational presentation and travel. She also acknowledges the contribution of Kerry Caville, RN, PhD, Associate Professor, Dermatology Nursing, Silver Chain Health Services, as part of the International Skin Tear Advisory Panel. Submitted January 30, 2013; accepted March 1, 2013.

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ISTAP Skin Tear Classification

Type 1: No Skin Loss

Type 2: Partial Flap Loss

Type 3: Total flap loss



Linear or Flap Tear which can be repositioned to cover the wound bed

Partial Flap loss which cannot be repositioned to cover the wound bed

Total Flap loss exposing entire wound bed

LeBlanc et al 2013

Skin Tears and Pressure Injuries

- Skin tears may be more prevalent than pressure ulcers
(Carville 2007, LeBlanc et al 2016).
- Skin tears and pressure injuries share many of the same risk factors and clinical characteristics.
- When skin tears occur over a bony prominence, added pressure can result in additional tissue damage.

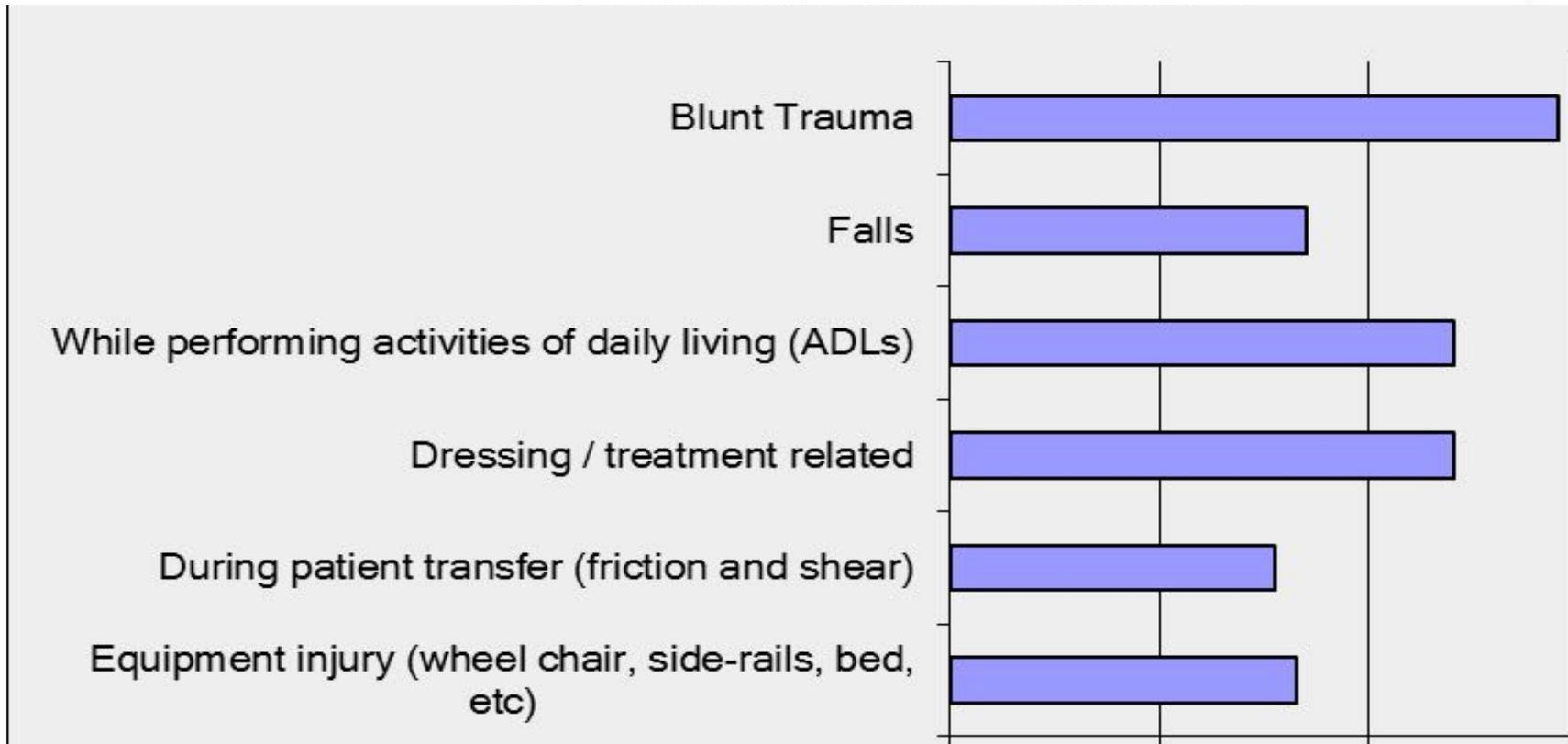
Complications Associated with Skin Tears

- Wound infections
- Skin tears over bony prominences—may increase the odds of developing a pressure injuries
- Skin tears on the lower limbs of individuals suffering from chronic edema and arterial insufficiency—may lead to complex leg ulcers
- Increased pain and suffering



File Photo:
Sharon Baranoski

Top Causes of Skin Tears



Almost half of skin tears are found without any apparent cause.

Location of Skin Tears (Aging Population)

- Most skin tears (80%) occur in upper extremities (arms and hands)
- 15% occur on the lower extremities
- 5% occur on other areas of the body

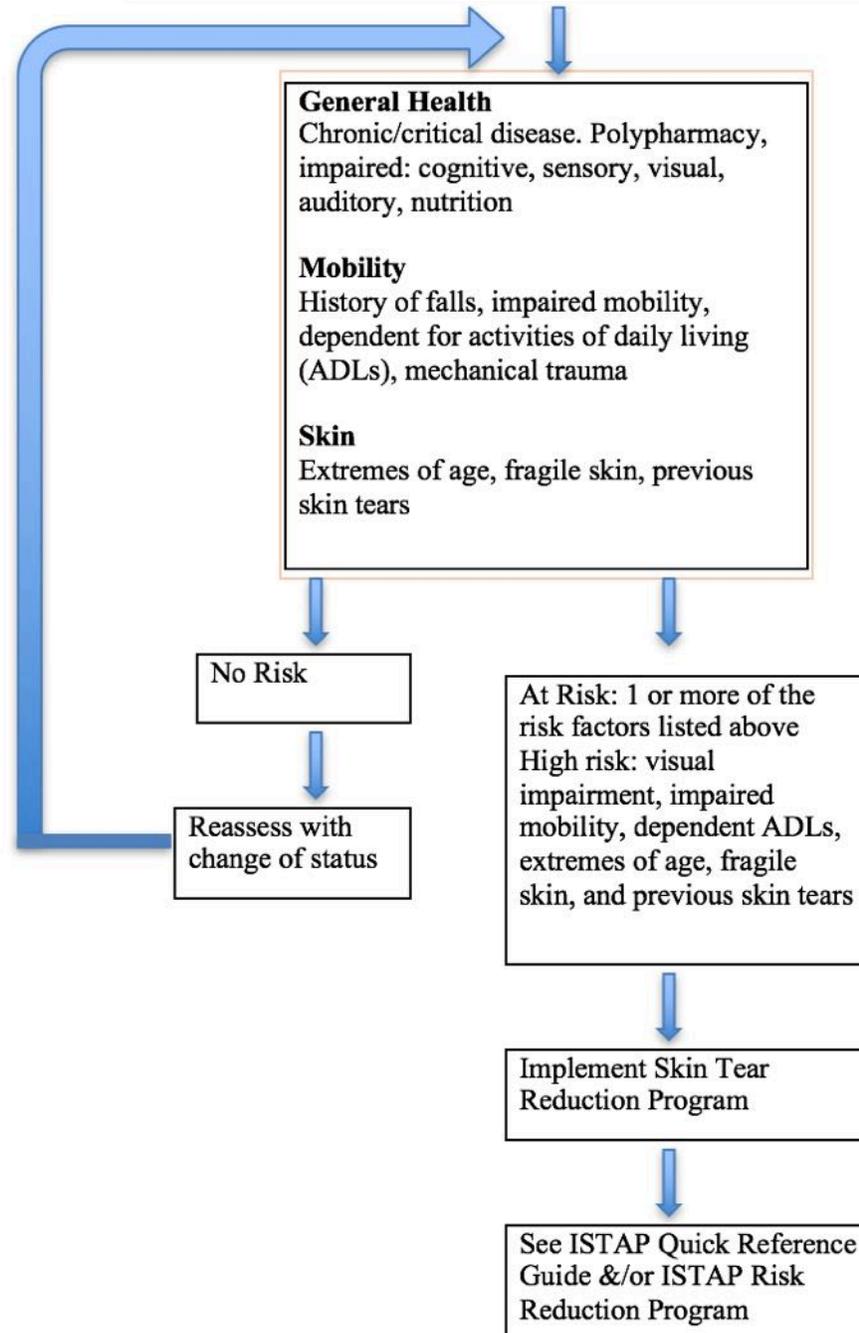


Predicting Skin Tears: Risk Assessment



File Photo: Sharon Baranoski

ISTAP Skin Tear Risk Assessment Pathway (LeBlanc et al., 2013)



Note: Pathway validation in progress.

Risk Factors for Skin Tears

Skin tears are more prevalent with, but not limited to, the extremes of age.



Risk Factors for Skin Tears

Skin tears are also found in the critically and chronically ill populations.



File Photo;
Mary Gloeckner



LeBlanc et al., 2011

Risk Factors for Skin Tears (Aging Population)

Modifiable risk factors

- Xerosis
- Pruritus
- Types of medical adhesives used
- Care during ADLs
- Falls risk
- Medications
- Nutritional status
- Trauma
- Healthcare professionals approach to managing individuals with aggressive behavior/cognitive impairment

Non-modifiable risk factors

- Photoaging
- Skin changes with aging
- Critical and chronic illness
- Dementia/cognitive Impairment
- Visual/auditory/sensory impairment
- Aggressive behavior
- Required assistance with ADLs

Skin Tear Prevention Strategies



Skin Tear Prevention Strategies

The key to any management program is an established prevention program.

Best practices

- Protect from trauma during routine care
- Provide protection from self injury
- Ensure proper transfer and lifting techniques to avoid shearing and friction



Skin Tear Prevention Strategies

- Promote and monitor adequate nutrition and hydration.
- Avoid use of adhesive products on fragile skin.
- Create a safe environment, such as clothing or protective devices that cover the extremities; initiate fall precaution protocol to reduce risk of falls and blunt trauma.
- Ensure caregivers' nails are kept short and that they are not wearing jewelry, which can catch and contribute to skin tear formation.
- Remember that extremes of weight (bariatric, cachetic or excessively thin) require extra care to prevent skin tears.

Skin Tear Prevention Strategies

- Minimize bathing, skin hygiene according to individual need using warm/tepid, not hot, water and soapless or pH neutral **cleanser**.
- Applying hypoallergenic moisturizer at least two times per day.
- Provide **protection** from trauma during routine care.
- Provide protection from self injury, keep nails short and filed to prevent self-inflicted skin tears.
- Ensure proper transfer and lifting techniques to avoid shearing and friction.
- Pad bed rails or other objects that may lead to blunt trauma.

Skin Tear Prevention Strategies Healthcare Setting

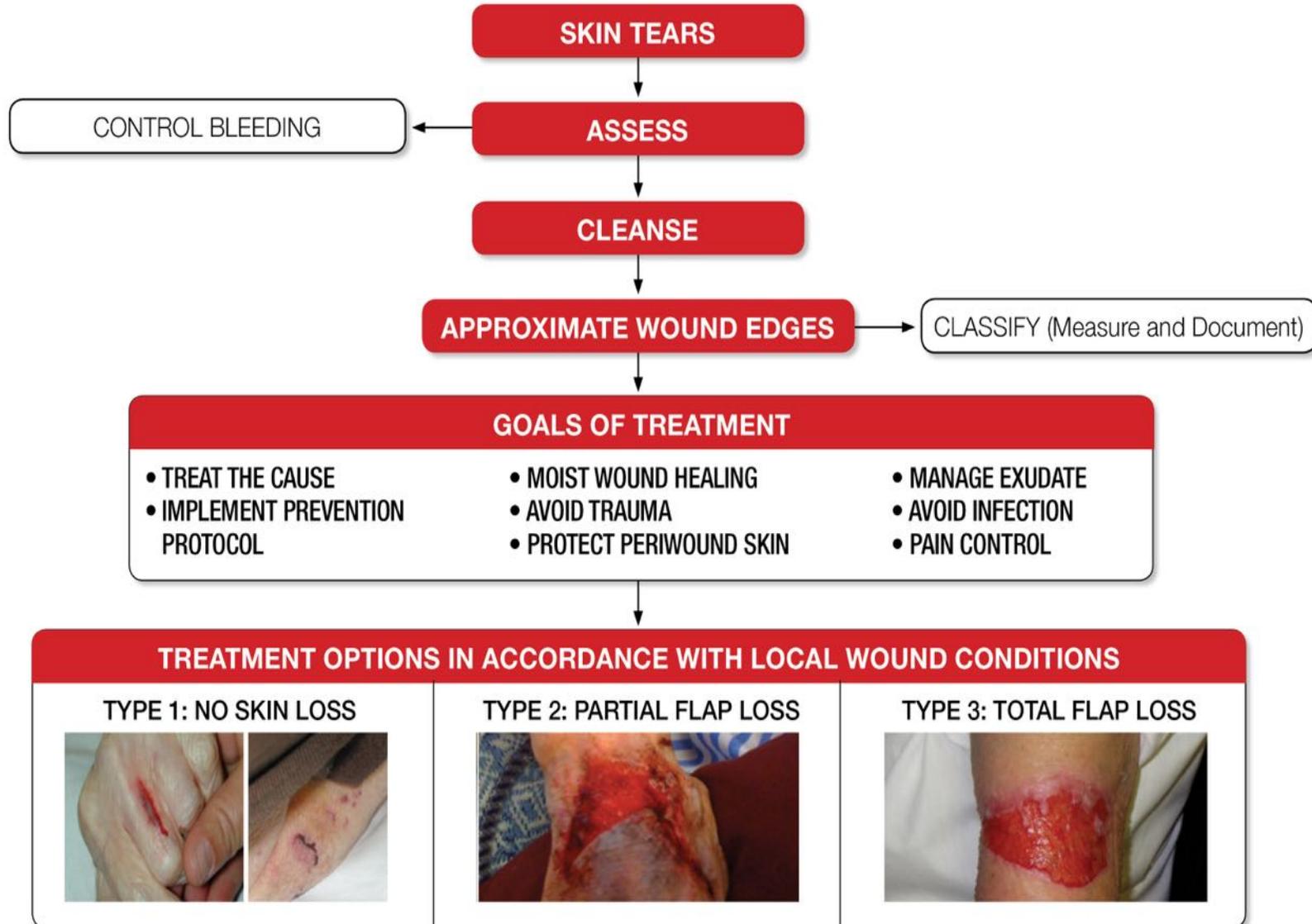
- Recognize the need for and implement a comprehensive skin tear reduction program.
- Support the use of atraumatic topical dressing options for the treatment of skin tears when they do occur to minimize the risk of further skin damage.
- Include the prevalence and incidence of skin tears in current wound audit programs.

Managing Skin Tears

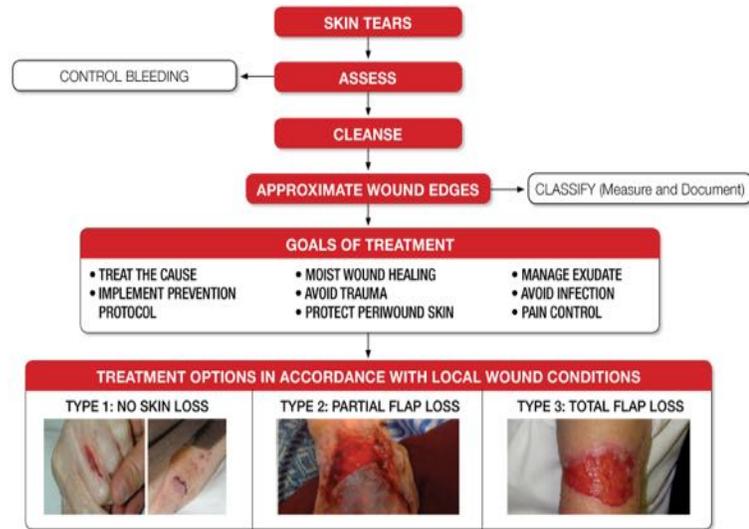
- Skin tears are acute wounds that have the potential to be closed by primary intention.
- Traditionally, wounds closed by primary intention are secured with suture or staples.
- Given the fragility of elderly skin sutures and staples are not a viable option, and other methods are required.



ISTAP Skin Tear Tool Kit



Reapproximate Wound Edges



Approximate Wound Edges



Treating Skin Tears

- Do not add new risks for trauma
- Assess comorbidities (venous disease, arterial disease, pressure)

Choose a dressing that will:

- ✓ Decrease trauma
- ✓ Provide moist wound healing
- ✓ Manage pain

Debridement

- If the skin flap is present but not viable, it may need to be debrided.
- Care should be taken during debridement to ensure that viable skin flaps are left intact and fragile skin is protected.



Infection/Inflammation

- Wound inflammation from trauma should be distinguished from wound infection.
- Wound infection can result in pain and delayed wound healing. Diagnosis of infection should be based on clinical assessment.



Inflamed



Infected

Edge Effect

- Skin tears are acute wounds that typically should proceed to wound closure in a timely fashion and follow an acute wound closure trajectory of 7-21 days.
- A wound care specialist should be consulted to ensure all potential factors that could delay wound healing (e.g., peripheral edema) have been addressed.

Ensure that all topical dressings selected for the management of skin tears are compatible with fragile skin, preventing further trauma.



Correct Way To Remove Dressing



Always remove the dressing with the skin flap and not against it, to maintain flap viability.



Indicate the size and shape of the skin tear and direction for dressing removal.

Product Selection: Skin Tear Treatment

ISTAP Product Selection Recommendations 2015

The following list of products recommended for skin tear treatment is based on an extensive literature review and international Delphi study.

- The Delphi consensus group included the 11 member ISTAP group and an international expert review group (n=105 individuals representing 8 countries).
- Over 80% agreement was reached on each product category. Product categories which did not receive greater than 80% agreement were NOT included in the recommended products for skin tear treatment.

The product list is not all inclusive; there may be additional products applicable for the treatment of skin tears, the ISTAP Panel does not promote any one product or wound care company.

ISTAP Skin Tear Product Selection Recommendations

© ISTAP 2015

| Product categories | Indications | Skin tear type | Considerations |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2-octyl cyanoacrylate topical bandage (skin glue) | <ul style="list-style-type: none"> To approximate wound edges | 1 |  Use in a similar fashion as sutures within first 24 hours post injury, relatively expensive, medical directive/ protocol may be required |
| Acrylic dressing |  Mild to moderate exudate without any evidence of bleeding, may remain in place for an extended period of time | 1,2,3 |  Use care on removal  Should only be used as directed and left on for extended wear time |
| Calcium alginates |  Moderate to heavy exudate Hemostatic | 1,2,3 |  May dry out wound bed if inadequate exudate  Secondary cover dressing required |
| Hydrofibre |  Moderate to heavy exudate | 2,3 |  No hemostatic properties  May dry out wound bed if inadequate exudate  Secondary cover dressing required |

ISTAP Skin Tear Product Selection Recommendations

© ISTAP 2015

| Product categories | Indications | Skin tear type | Considerations |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hydrogels |  Donates moisture for dry wounds | 2,3 |  Caution: may result in peri-wound maceration if wound is exudative  For autolytic debridement in wounds with low exudate  Secondary cover dressing required |
| Foam dressing |  Moderate exudate  Longer wear time (2-7 days depending on exudate levels) | 2,3 |  Caution with adhesive border foams  Use non-adhesive versions when possible to avoid peri-wound trauma |
| Non-adherent mesh dressings |  Dry or exudative wound | 1,2,3 |  Maintains moisture balance for multiple levels of wound exudate  Atraumatic removal  May need secondary cover dressing |

ISTAP Skin Tear Product Selection Recommendations

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Special Consideration for Infected Skin Tears

| Product categories | Indications | Skin tear type | Considerations |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ionic silver dressings |  Effective broad spectrum antimicrobial action including antibiotic resistant organisms | 1,2,3 |  Should not be used indefinitely.  Contraindicated in patients with silver allergy  Use when local or deep infection is suspected or confirmed  Use non-adherent products whenever possible to minimize risk of further trauma |
| Methylene blue and gentian violet dressings |  Effective broad spectrum antimicrobial action including antibiotic resistant organisms | 1,2,3 |  Non-traumatic to wound bed  Use when local or deep tissue infection is suspected or confirmed  Secondary dressing required |

This product list is not all inclusive; there may be additional products applicable for the treatment of skin tears.

www.skintears.org

Evidence to Support Products Not Included on the ISTAP Product Guide for Skin Tears

Leptospermum honey dressings

- Johnson & Katzman (2015) reported comparable healing rates using Leptospermum honey based dressings to those of products on the ISTAP product guide.
- Leptospermum honey acts through osmosis and it is thought that its low pH (3.5–4.5) helps modulate the pH of the wound, contributing to an acidic environment conducive to wound healing (Dunbury & Acton, 2008; Chaiken, 2010).
- Leptospermum honey dressings are available in various formats including: calcium alginates and hydrogel colloidal sheet dressing.

Evidence to Support Products Not Included on the ISTAP Product Guide for Skin Tears

Polyhexamethylene biguanide (PHMB) dressings

- PHMB has been incorporated into a range of wound products including gels, non-adherent contact layers, foams, and gauze dressings (Butcher, 2012).
- PHMB was not included in the ISTAP product guide as it did not receive >80% agreement for its use in the management of skin tears. ISTAP hypothesized that this could have been related to lack of familiarity globally of the various forms available (LeBlanc et al., 2016).
- Given that hydrogels, non-adherent contact layers, and foams were included in the ISTAP product guide and the claim PHMB is an effective antimicrobial product, healthcare professionals may want to consider its use if they deem it is appropriate for the wound bed conditions.

Products NOT Recommended for Skin Tears

Iodine-based dressings

- Iodine has been used in various forms in wound care since 1882 for the prevention treatment of infected wounds with great success (Sibbald, Leaper, Queen, 2011).
- Iodine based dressings did not receive 80%.
- Iodine causes drying of the wound and peri-wound skin. The international review group maintained that as a major risk factor for skin tear development is listed to be dry skin, iodine based products should not be used for the management of skin tears or for those who are deemed at risk for skin tears (LeBlanc et al., 2016).

Products NOT Recommended for Skin Tears

Film/hydrocolloid dressings

- Films and hydrocolloids have traditionally been used for partial thickness wounds and as secondary dressings; however, they did not receive 80% agreement, so were not included in the ISTAP product guide (LeBlanc et al., 2016).
- Films and hydrocolloid dressings have a strong adhesive component and have been reported to contribute to medical adhesive related skin tears (McNichol, Lund, Rosen & Gray, 2013).
- Films and hydrocolloid dressings are not recommended for use in those who are at high risk for, or who have, a skin tear.

Products NOT Recommended for Skin Tears

Skin closure strips

- Expert opinion suggests that adhesive strips may increase the risk of further skin injury, and while more research is needed, case studies and expert opinion suggest adhesive strips are no longer a preferred treatment option of choice for skin tears (LeBlanc et al., 2016; (Rayner, Carville, Leslie, & Roberts, 2015; Holmes, Davidson, Thompson, & Kelechi, 2013; Ellis & Gittins, 2015).
- Quinn et al. (1993) reported that topical skin glue was a faster and less painful method with better scar management compared to sutures or skin closure strips for managing skin tears and lacerations in children.
- Given the fragility of elderly skin, sutures and staples are not recommended (LeBlanc et al., 2011; Rayner, Carville, Leslie, & Roberts, 2015).

Special Consideration: Peripheral Edema

- Lower leg edema is well documented to contribute to delayed wound healing, regardless of the wound etiology (Lindsay & White, 2007).
- When skin tears occur on the lower limb, the risk and cause of potential peripheral edema should be assessed (LeBlanc et al., 2016; Ellis & Gittins, 2015).

Conclusion

- Awareness of modifiable risk factors and associated interventions is needed to reduce the incidence of skin tears.
- To prevent skin tears, healthcare professionals should provide gentle care, protect the skin from trauma, and provide twice daily moisturizing.



Resources

**Foundations of Best Practice
for Skin and Wound Management**

BEST PRACTICE
RECOMMENDATIONS FOR THE
**Prevention and
Management of
Skin Tears**

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OCTOBER 2015

CLINICAL MANAGEMENT

extra

**International Skin Tear Advisory Panel:
A Tool Kit to Aid in the Prevention,
Assessment, and Treatment of Skin Tears
Using a Simplified Classification System[®]**

 
JAMA PRA Category 1 Credit™ 3.0 Contact Hours

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International Skin Tear Advisory Panel, 2015

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INTERNATIONAL SKIN TEARS ADVISORY PANEL

DEDICATED TO GROWTH IN THE AWARENESS, PREVENTION, & MANAGEMENT OF SKIN TEARS

An Often Painful But Largely Preventable Health Care Issue.

Skin tears affect all ages and continue to be a common problem in all health care settings. They are often painful, acute wounds resulting from trauma to the skin, and are largely preventable.

When Mismanaged And Misdiagnosed, Complications Follow.

Despite preliminary studies that suggest skin tears may be more prevalent than pressure ulcers, there remains a paucity of literature to guide prevention, assessment and treatment of skin tears. As a result these wounds are often mismanaged and misdiagnosed, leading to complications including pain, infection, and delayed wound healing.

A Skin Tear Consensus Panel Has Been Established To Address Prevention, Assessment, And Treatment Of Skin Tears.

A panel of 13 internationally recognized key opinion leaders convened to address skin tears. Co-chairpersons Kimberly LeBlanc, MN, RN, CETN(C), and Sharon Baranoski, MSN, RN, CWCN, APN-CCNS, FAAN have kindly granted permission to share their publication *Skin Tears: State Of The Science: Consensus Statements For The Prevention, Prediction, Assessment, And Treatment Of Skin Tears.*

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ISTAP Workshop



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Solutions for Prevention and Management of Skin Tears

Shannon Cyphers, RN, BSN, WCC

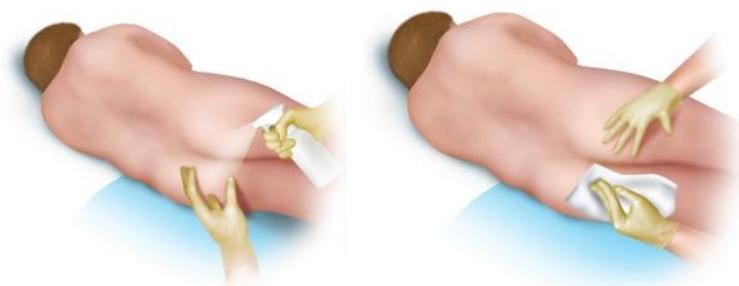


Preventive Skin Care



Cleanse

- Cleanse skin gently with a pH balanced no-rinse cleanser and dry thoroughly.⁵
- ConvaTec options
 - Contain Surfactants and Humectants
 - pH balanced
 - No rinse



**Sensi-Care®
Perineal/Skin
Cleanser**



**Aloe Vesta®
Perineal/Skin
Cleanser**



**Aloe Vesta®
Cleansing
Foam**

Refer to product label for complete information on indications and use of each product.

5. Gray M, Bliss DZ, Doughty DB, Ermer-Seltun J, Kennedy-Evans KL, Palmer MH. Incontinence-associated Dermatitis: A Consensus. *J Wound Ostomy Continence Nurses Society*. 2007;34:45-54.

Step 2: Moisturize



Moisturize

- Use skin emollients to hydrate skin in order to reduce risk of skin damage⁷
- Apply after bathing and as needed
- ConvaTec moisturizers
 - Contain **humectants** to attract moisture
 - Contain **emollients** to prevent moisture from leaving the skin (petrolatum and dimethicone)



Sensi-Care®
Body Cream



Aloe Vesta®
Daily Moisturizer

Refer to product label for complete information on indications and use of each product.
7. Junkin J, Selekof JL. Beyond “diaper rash”: Incontinence-associated dermatitis: Does it have you seeing RED?; *Nursing* 2008. 2008;38(11):56hn2-56hn10.

Sensi-Care® Sting Free Family



Sensi-Care[®] Sting Free Adhesive Releaser



- Easily and rapidly releases appliances or dressings adhered with adhesives*

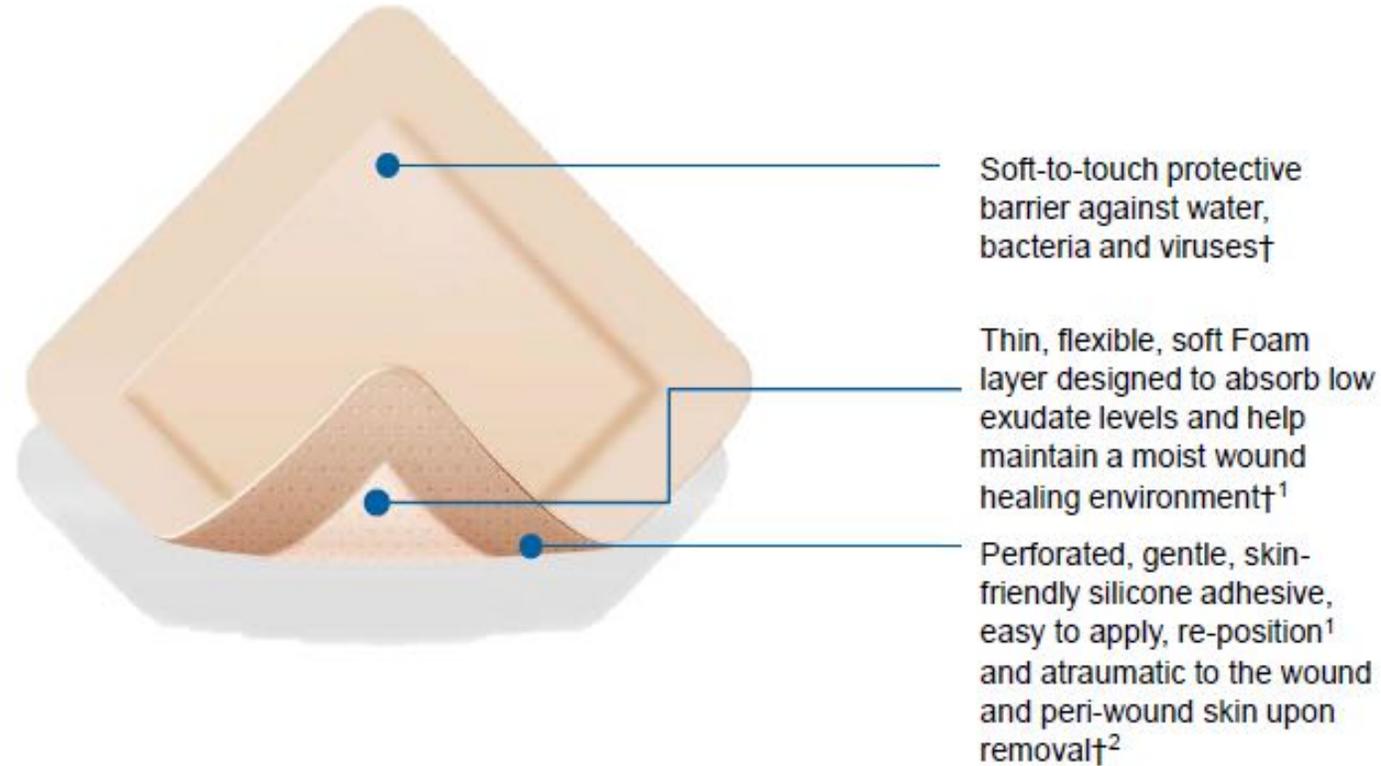


| Features | Benefits |
|----------------------|---------------------------------------------------------------------------------------|
| Leaves No Residue | Does not affect adhesion of dressings or appliances. |
| No Touch Removal | Helps minimize trauma to patients. Helps minimize skin stripping that causes pain. |
| Fragrance & Dye Free | Gentle to the skin: designed for sensitive and fragile skin. |

*Data on File. ConvaTec Inc.

NEW *FoamLite*[™] ConvaTec

FoamLite[™] ConvaTec dressings for your day-to-day needs – ready to protect, defend and nurture low to non-exuding wounds





Protection for dry to low exuding wounds.



Skin abrasion**



Post surgical incision*



Skin tear**

DESIRED CLINICAL OUTCOMES

- ✓ Manage low levels of exudate
- ✓ Help protect wound and peri-wound skin
- ✓ Help maintain moist wound healing environment

Dressing Tips

SKIN TEAR MANAGEMENT*

1 Assess

Evaluate the wound and surrounding skin:

1. Control bleeding according to local protocol.
2. Cleanse the wound according to local protocol.
3. If possible, realign/approximate any skin or flap with moist cotton bud or gloved finger. DO NOT attempt to stretch skin "to make it fit."

2 Manage

Implement a wound dressing regimen[†]:

Use an adhesive^{††} or non-adhesive version of **AQUACEL[®] Foam**

[†] Please refer to package insert for complete instructions for use.

^{††} A non-adhesive should be considered in patients with fragile skin.

3 Monitor

Reassess and document the wound at each dressing change:

- Classification
- Wound bed condition (% viable, % non-viable tissue)
- Location
- Size (length, width, depth)
- Exudate (color, consistency, level)
- Associated pain or odor
- Associated signs and symptoms of infection
- Peri-wound skin condition (swelling, discoloration, bruising, maceration)

*When used as part of a protocol of care.

References:

1. Payne RL, Martin ML. Defining and classifying skin tears: need for common language. *Otolaryngol Head Neck Surg* 2012;146(5):611-615.
2. Bianchi J (2012) Preventing, assessing and managing skin tears. *Nursing Times* 109(12): 12-16.
3. Stephen-Hayes J, Curville K (2011) Skin tears made easy. *Wounds International*; 2(6). Available from: www.woundinternational.com.

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DRESSING TIPS^{1,2}

- Do not use adhesive strips.
- Recommend use of Sensi-Care[®] Sting Free Skin Barrier products if an adhesive must be used.
- Consider use of a non-adhesive dressing secured with a non-adherent roll type wrap or stockinette to secure.
- Draw an arrow on the dressing to indicate the preferred direction of removal.



CHANGING TIPS

- Leave dressing in place for several days to avoid trauma to the skin flap.
- Change AQUACEL[®] Foam dressings as needed, maximum wear time is 7 days.
- Apply saline to wound contact layer to 'float' dressing and release adherence if required.
- DuoDERM[®] gel may be used in conjunction with the dressing changes to add moisture, keep the wound hydrated, and reduce associated discomfort.

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| <p>Initiate prevention strategies on all residents at risk for skin tears:</p> <ul style="list-style-type: none"> • Routinely assess skin and document findings • Routinely moisturize intact skin after bathing and as often as needed • Initiate preventative interventions to prevent skin trauma | <p>Documentation and classification of skin tear using the International skin tear¹ classification system</p> | <p>Cleanse and re-approximate edges if appropriate</p> | <p>Select dressings to maintain a moist environment, absorb excess exudate, avoid infection and protect peri-wound skin</p> |
|  | <p>Type I No Skin Loss</p> <p>Linear or flap tear that can be repositioned to cover the wound bed</p> | <ul style="list-style-type: none"> • Cleanse gently with non-cytotoxic cleanser (e.g., Normal Saline or SAF-Clens[®] Wound Cleanser.) • Re-approximate skin flap. | <ul style="list-style-type: none"> • Cover with Saline pre-moistened AQUACEL[®] foam dressing. * If using a non-adhesive dressing, secure with gauze wrap • Dressing may be left in place up to 7 days. |
|  | <p>Type II Partial Flap Loss</p> <p>Partial flap loss that cannot be repositioned to cover the wound bed</p> | <ul style="list-style-type: none"> • Cleanse gently with non-cytotoxic cleanser (e.g., Normal Saline or SAF-Clens[®] Wound Cleanser.) • Re-approximate skin flap. | <p>Dry Wound: Apply SAF-Gel[®] and cover with AQUACEL[®] foam dressing.</p> <p>Moist Wound: Apply AQUACEL[®] foam dressing</p> <ul style="list-style-type: none"> * If using a non-adhesive dressing, secure with gauze wrap • Dressing may be left in place up to 7 days. |
|  | <p>Type III Total Flap Loss</p> <p>Total flap loss exposing entire wound bed</p> | <ul style="list-style-type: none"> • Cleanse gently with non-cytotoxic cleanser (e.g., Normal Saline or SAF-Clens[®] Wound Cleanser.) | <ul style="list-style-type: none"> • Apply SAF-Gel[®] to open area. • Cover with AQUACEL[®] foam dressing. (If using non-adherent dressing, secure with gauze wrap or tubifast sleeves.) • Dressing may be left in place up to 7 days. |

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*See package insert for complete instructions for use

1. LeBlanc K, Baranoski S, Holloway S, Langemo D. Validation of a New Classification System for Skin Tears. *Advances in Skin & Wound Care*, June 2013;26(6):263-265.

Be sure to read product instructions provided by the manufacturer prior to use.

QUESTIONS?

Thank you for attending today's webinar

Share the knowledge with your colleagues by accessing the archived edition at www.AmericanNurseToday.com or www.WoundCareAdvisor.com.

You will also be able to access our first webinar, *Skin damage associated with moisture and pressure; tips for how to differentiate and goals for protection and management*

This is the second in a series of four wound care webinars that we will be presenting in 2017. Plan to join us again this summer for our third webinar. Details will be available on AmericanNurseToday.com and WoundCareAdvisor.com

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