

Skin tears

Tīhore o te kiri

The information in this guide is accurate to the best of our knowledge as of June 2023.

Definition

Skin tears are traumatic wounds where typically the epidermis separates from the dermis as a result of friction and/or shearing forces. In a full thickness skin tear, both the epidermis and dermis separate from the underlying structures (Carville et al 2007; LeBlanc et al 2011).

Key points

- Due to ageing, the epidermis thins overall and the junction between the dermis and epidermis flattens. This junction becomes more fragile and susceptible to damage from moisture, friction and trauma.
- Loss of sebaceous (oil-secreting) glands makes skin drier and more easily damaged.
- Maintaining skin health and avoiding injury are key to preventing skin tears.

Why this is important

Skin tears are painful, impact on quality of life and can lead to chronic wounds.

Implications for kaumātua*

Skin tears can happen for kaumātua as for all residents. If a skin tear does happen, it is important to give kaumātua and their whānau/family all the information they need to help them participate in treatment and activities to prevent further skin tears. Whānau/family can offer valuable, culturally informed interventions and help to motivate kaumātua to participate in them as they are invested in the outcome for their loved one.

Assessment

Prevent skin tears by assessing and managing risk factors for them, including through general history, patient handling, skin care and use of dressings (sticky tapes and bandaging).

If a skin tear occurs, use a classification system to determine its severity and establish a treatment plan. There are two key classification systems the STAR (Skin Tear Audit Research) and the ISTAP (International Skin Tear Advisory Panel). We have reproduced STAR images and the reference list contains a link for ISTAP.

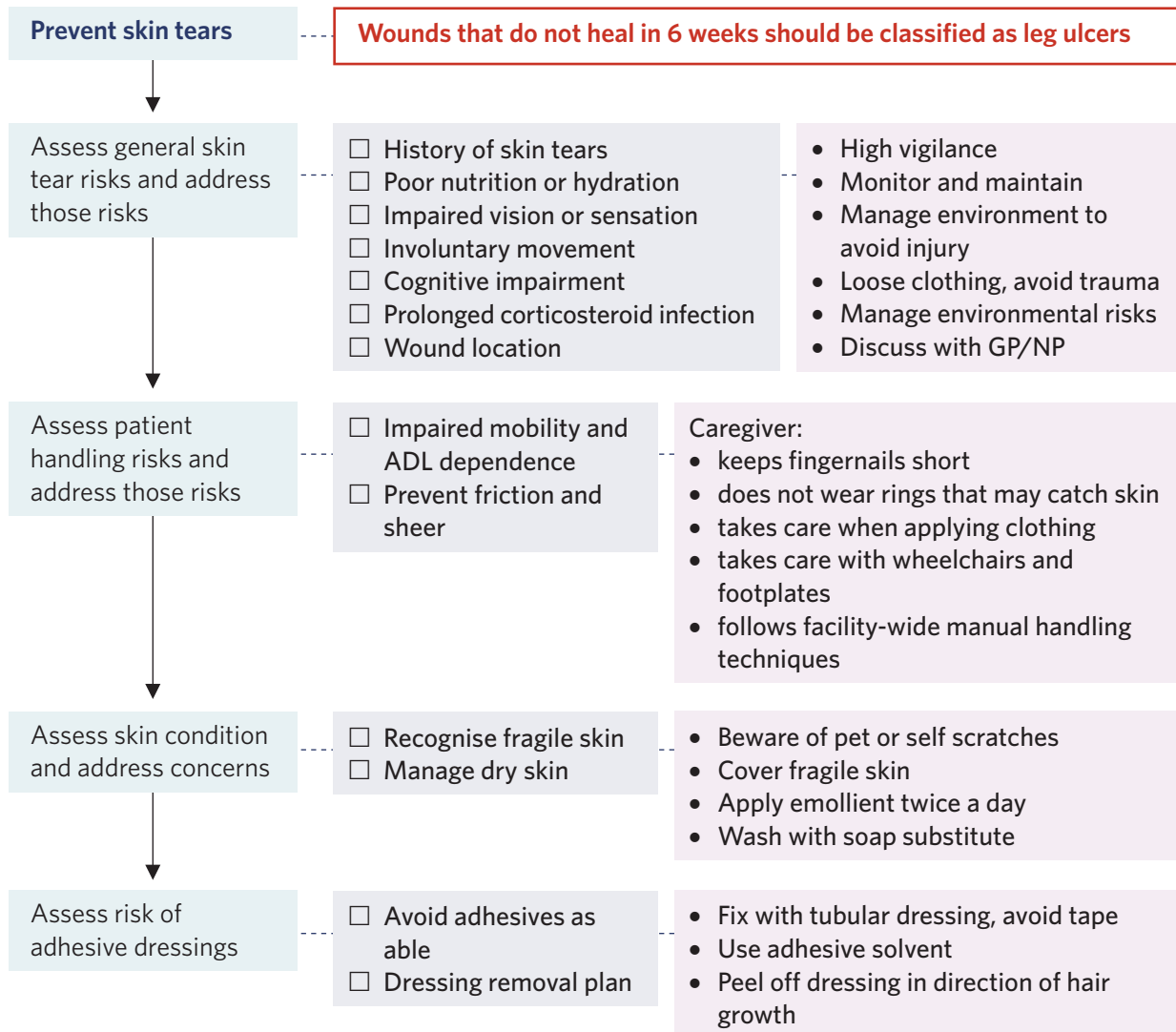
* Kaumātua are individuals and their connection with culture varies. This guide provides a starting point for a conversation about some key cultural concepts with kaumātua and their whānau/family. It is not an exhaustive list; nor does it apply to every person who identifies as Māori. It remains important to avoid assuming all concepts apply to everyone and to allow care to be person and whānau/family led.

STAR classification system

				
<p>Category 1a</p> <p>A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is not pale, dusky or darkened</p>	<p>Category 1b</p> <p>A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is pale, dusky or darkened</p>	<p>Category 2a</p> <p>A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is not pale, dusky or darkened</p>	<p>Category 2b</p> <p>A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened</p>	<p>Category 3</p> <p>A skin tear where the skin flap is completely absent</p>

Source: Curtin University of Technology 2010

Preventing skin tears



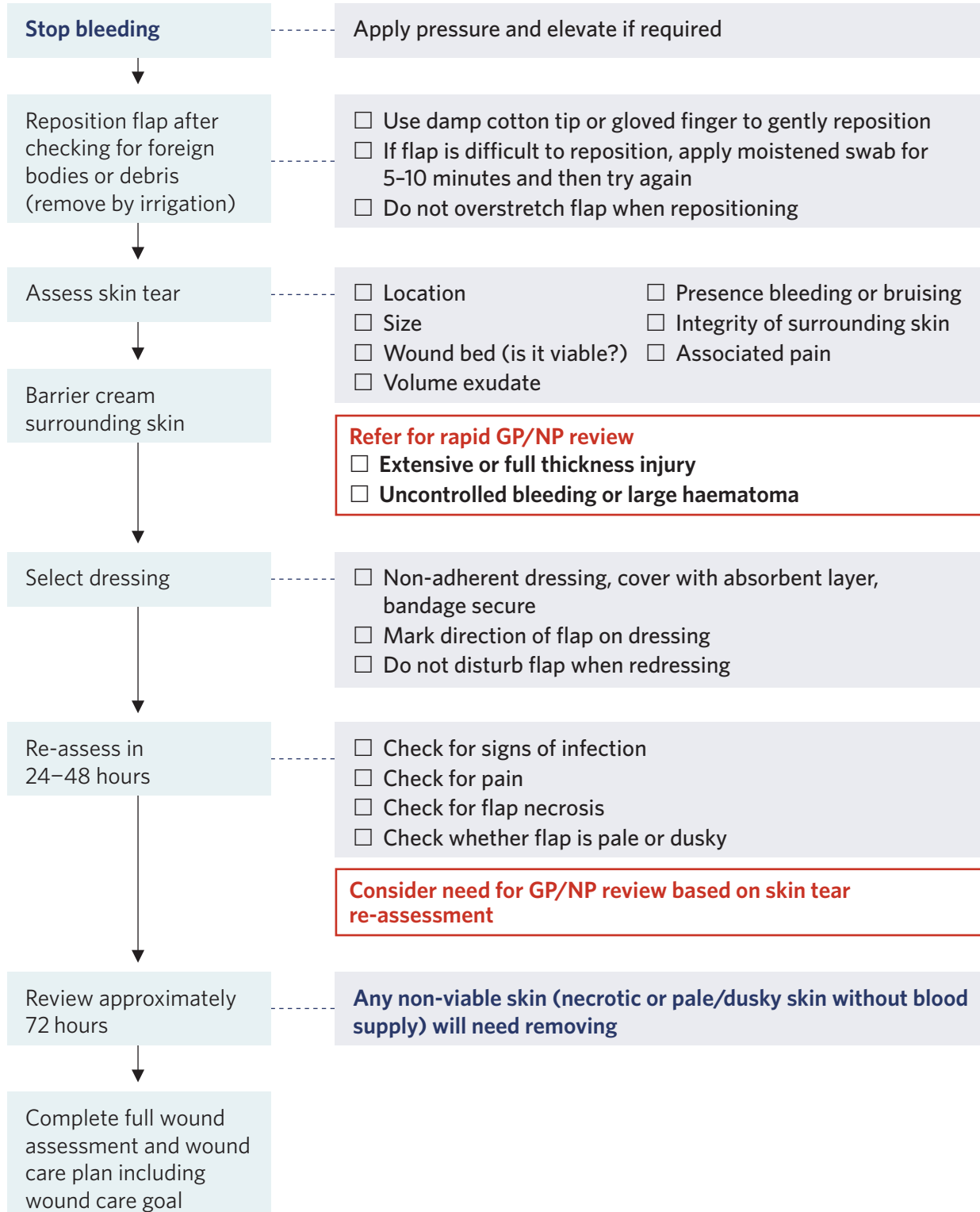
ADL = activities of daily living

GP = general practitioner

NP = nurse practitioner

Treatment

This flowchart sets out the initial response to skin tears. Refer to the *Wound care | Te maimoatanga o ngā taotū* guide for information on ongoing wound management.



GP = general practitioner

NP = nurse practitioner

Suggested dressings for skin tears (ISTAP 2018)

Product	Indication	Skin tear types	Considerations
Non-adherent mesh dressings (eg, impregnated gauze, silicone)	Dry or exudative wound	1, 2, 3	Maintains moisture balance for multiple levels of wound exudate, atraumatic removal, may need secondary cover dressing
Foam dressing	Moderate exudate, up to 7-day wear time	2, 3	Use non-adhesive border foams to avoid periwound trauma
Hydrogel	Donates moisture for dry wounds	2, 3	Maintains moisture balance for multiple levels of wound exudate, atraumatic removal, may need secondary cover dressing
Calcium alginates	Moderate to heavy exudate, haemostatic	1, 2, 3	May dry out wound bed if inadequate exudate, secondary cover dressing required
Gelling fibres	Moderate to heavy exudate	2, 3	No haemostatic properties, may dry out wound bed if inadequate exudate, secondary cover dressing required

Note: This product list is not exhaustive; other products may also be appropriate for treating skin tears.

References | Ngā tohutoro

Carville K, Lewin G, Newall N, et.al. 2007. STAR: a consensus for skin tear classification. *Primary Intention* 15(1): 18-28. URL: <http://hdl.handle.net/20.500.11937/22957>.

LeBlanc K, Baranoski S, Skin Tear Consensus Panel Members. 2011. Skin tears: state of the science: consensus statements for the prevention, prediction, assessment, and treatment of skin tears. *Advances in Skin and Wound Care* 24(9S): 2-15. DOI: 10.1097/01.ASW.0000405316.99011.95.

Stephen-Haynes J, Carville K. 2011. Skin tears made easy. *Wounds International* 2(4).

International skin tear advisory panel (ISTAP). 2018. Resources and downloads. URL: https://www.skintears.org/_files/ugd/9d080f_013dc3fb762541248c24ddbc68581221.pdf.

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