Winning the battle of skin tears in an aging population

Overview of the problem . . .
2016 ISTAP Consensus Statement . . .
Clinical solutions . . .
Our Faculty

MODERATOR
Cynthia Saver, MS, RN

SPEAKER - CLINICAL
Kimberly LeBlanc, MN, RN, CETN (C), PhD (Cand)

SPEAKER - SOLUTIONS
Shannon Cyphers, RN, BSN, WCC
Update 2017: Evidence-based Prediction, Prevention, Assessment, and Management of Skin Tears
Kimberly LeBlanc MN RN CETN (C) PhD (Cand)

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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

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Why are we concerned with skin tears?
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

LeBlanc et al., 2015; Newall et al., 2015; Carville et al., 2014
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).

LeBlanc et al., 2011
Validation of a New Classification System for Skin Tears

Ruthbeth LeBlanc, MSN, RN, CCRN, LCNC, SCRN, Nurse Practitioner, MSN, RN, CCRN, LCNC, SCRN, MA, CHN, PNC, AHN
Jennifer Bilkosky, MSN, RN, And Nurse Manager, PNC, AHN, PHN, AHN

ABSTRACT

The aim of this study was to validate and establish reliability of a new classification system for skin tears. 40 skin tears were assessed at 4 hospitals. Inter-rater reliability was determined for continuous and categorical variables. Inter-rater reliability for continuous variables was 0.72 (95% CI 0.53–0.81), intraclass correlation coefficient was 0.80 (95% CI 0.66–0.88) for determination of flap loss, and 0.80 (95% CI 0.66–0.88) for reclassification of severity. Inter-rater reliability for categorical variables was 0.80 (95% CI 0.66–0.88) for determination of flap loss, and 0.80 (95% CI 0.66–0.88) for reclassification of severity. This new classification system was validated and found to be reliable and valid for the assessment of skin tears.
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

LeBlanc et al., 2014
Almost half of skin tears are found without any apparent cause.

LeBlanc et al., 2013
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

Baranoski, 2003; Xiaot et al., 2009; LeBlanc et al., 2011; Sanada et al., 2015; Chang et al., 2016

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

General Health
Chronic/critical disease. Polypharmacy, impaired: cognitive, sensory, visual, auditory, nutrition

Mobility
History of falls, impaired mobility, dependent for activities of daily living (ADLs), mechanical trauma

Skin
Extremes of age, fragile skin, previous skin tears

No Risk
At Risk: 1 or more of the risk factors listed above
High risk: visual impairment, impaired mobility, dependent ADLs, extremes of age, fragile skin, and previous skin tears

Reassess with change of status
Implement Skin Tear Reduction Program
See ISTAP Quick Reference Guide & ISTAP Risk Reduction Program

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.

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

LeBlanc et al., 2015

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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

LeBlanc et al., 2013
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.

LeBlanc et al., 2013
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.

LeBlanc, et al., 2013; Carville et al., 2014; www.skintears.org
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.

LeBlanc et al., 2013
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.

LeBlanc et al., 2013
ISTAP Skin Tear Tool Kit

SKIN TEARS

CONTROL BLEEDING

ASSESS

CLEANSE

APPROXIMATE WOUND EDGES

CLASSIFY (Measure and Document)

GOALS OF TREATMENT

- TREAT THE CAUSE
- IMPLEMENT PREVENTION PROTOCOL

- MOIST WOUND HEALING
- AVOID TRAUMA
- PROTECT PERIWOUND SKIN

- MANAGE EXUDATE
- AVOID INFECTION
- PAIN CONTROL

TREATMENT OPTIONS IN ACCORDANCE WITH LOCAL WOUND CONDITIONS

TYPE 1: NO SKIN LOSS

TYPE 2: PARTIAL FLAP LOSS

TYPE 3: TOTAL FLAP LOSS

LeBlanc et al., 2013

www.skintears.org
Reapproximate Wound Edges

Type 1 Skin Tear

www.skintears.org
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.
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.
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.

LeBlanc et al., 2016

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<table>
<thead>
<tr>
<th>Product categories</th>
<th>Indications</th>
<th>Skin tear type</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-octyl cyanoacrylate topical bandage (skin glue)</td>
<td>• To approximate wound edges</td>
<td>1</td>
<td>Use in a similar fashion as sutures within first 24 hours post injury, relatively expensive, medical directive/protocol may be required</td>
</tr>
<tr>
<td>Acrylic dressing</td>
<td>• Mild to moderate exudate without any evidence of bleeding, may remain in place for an extended period of time</td>
<td>1,2,3</td>
<td>Use care on removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Should only be used as directed and left on for extended wear time</td>
</tr>
<tr>
<td>Calcium alginate</td>
<td>• Moderate to heavy exudate</td>
<td>1,2,3</td>
<td>May dry out wound bed if inadequate exudate</td>
</tr>
<tr>
<td></td>
<td>• Hemostatic</td>
<td></td>
<td>Secondary cover dressing required</td>
</tr>
<tr>
<td>Hydrofibre</td>
<td>• Moderate to heavy exudate</td>
<td>2,3</td>
<td>No hemostatic properties</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May dry out wound bed if inadequate exudate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secondary cover dressing required</td>
</tr>
</tbody>
</table>
## ISTAP Skin Tear Product Selection Recommendations

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

<table>
<thead>
<tr>
<th>Product categories</th>
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<th>Considerations</th>
</tr>
</thead>
</table>
| 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.

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

Leptospernum honey dressings

• Johnson & Katzman (2015) reported comparable healing rates using Leptospernum honey based dressings to those of products on the ISTAP product guide.

• Leptospernum 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).

• Leptospernum honey dressings are available in various formats including: calcium algginates and hydrogel colloidal sheet dressing.

www.skintears.org
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).

www.skintears.org
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.
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

Kimberly LeBlanc, RN, CEN, CMC, WCC, Nurse Consultant, Good Health Medical Services, Ottawa, Ontario, Canada

Kevin Woo, PhD, RN, FAPNCA

Dawn Christensen, RN, BSN, CNE

Louise Forest-Lalande, RN, MEd, ET

Jennifer O’Dea, MD, FPCP(C)

Marlene Varga, RN, BScN (Wound Healing and Tissue Repair)

Jane McSwigan, MSc, OT Reg (MB)

Cornelia van Ineveld, MD, MSc, FPCP(C)

www.skintears.org
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-chairspersons Kimberly LeBlanc, MN, RN, CETN(C), and Sharon Baranczik, 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.
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

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

Step 2: Moisturize

Moisturize

- Use skin emollients to hydrate skin in order to reduce risk of skin damage\(^7\)
- 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)

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

Sensi-Care® Sting Free Family

- **Skin Protection From Adhesives**
  - **ADHESIVE DRESSING**
    - Sensi-Care® Adhesive Releaser Spray
  - **PERI WOUND**

- **RELEASE**
  - Sensi-Care® Adhesive Remover Wipes

- **REMOVE**
  - Sensi-Care® Skin Barrier
Sensi-Care® Sting Free Adhesive Releaser

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

<table>
<thead>
<tr>
<th>Features</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaves No Residue</td>
<td>Does not affect adhesion of dressings or appliances.</td>
</tr>
<tr>
<td>No Touch Removal</td>
<td>Helps minimize trauma to patients.</td>
</tr>
<tr>
<td></td>
<td>Helps minimize skin stripping that causes pain.</td>
</tr>
<tr>
<td>Fragrance &amp; Dye Free</td>
<td>Gentle to the skin: designed for sensitive and fragile skin.</td>
</tr>
</tbody>
</table>

*Data on File. ConvaTec Inc.
FoamLite™ ConvaTec dressings for your day-to-day needs – ready to protect, defend and nurture low to non-exuding wounds

- Soft-to-touch protective barrier against water, bacteria and viruses†
- Thin, flexible, soft Foam layer designed to absorb low exudate levels and help maintain a moist wound healing environment†¹
- Perforated, gentle, skin-friendly silicone adhesive, easy to apply, re-position¹ and atraumatic to the wound and peri-wound skin upon removal†²
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**

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**
   - Reasses 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)

**Dressing Tips**
- 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 stockinettes 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.

**Contact Information**
1-800-422-8811
AQUACEL.com/foam
**Initiate prevention strategies on all residents at risk for skin tears:**
- Routinely assess skin and document findings
- Routinely moisturize intact skin after bathing and as often as needed
- Initiate preventative interventions to prevent skin trauma

<table>
<thead>
<tr>
<th><strong>Documentation and classification of skin tear using the International skin tear classification system</strong></th>
<th><strong>Cleanse and re-approximate edges if appropriate</strong></th>
<th><strong>Select dressings to maintain a moist environment, absorb excess exudate, avoid infection and protect peri-wound skin</strong></th>
</tr>
</thead>
</table>
| **Type I**  
No Skin Loss  
Linear or flap tear that can be repositioned to cover the wound bed | • Cleanse gently with non-cytotoxic cleanser (e.g., Normal Saline or SAF-Clens® Wound Cleanser.)  
• Re-approximate skin flap. | • 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. |
| **Type II**  
Partial Flap Loss  
Partial flap loss that cannot be repositioned to cover the wound bed | • Cleanse gently with non-cytotoxic cleanser (e.g., Normal Saline or SAF-Clens® Wound Cleanser.)  
• Re-approximate skin flap. | **Dry Wound:** Apply SAF-Gel® and cover with AQUACEL® foam dressing.  
**Moist Wound:** Apply AQUACEL® foam dressing  
* If using a non-adhesive dressing, secure with gauze wrap  
• Dressing may be left in place up to 7 days. |
| **Type III**  
Total Flap Loss  
Total flap loss exposing entire wound bed | • Cleanse gently with non-cytotoxic cleanser (e.g., Normal Saline or SAF-Clens® Wound Cleanser.) | • 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. |

*See package insert for complete instructions for use.  
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™ Indicates trademark of ConvaTec Inc.  
AP-014151-US  
Be sure to read product instructions provided by the manufacturer prior to use.*
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.

For additional information about ConvaTec, visit convatec.com. Additional educational courses can be found at convatecacademy.com. Have a question? Please contact sgoller@healthcommedia.com.