

Simple and Complex Skin Tear Pathway

(first step wound care guidance)

REMEMBER TO WASH YOUR HANDS AND WEAR PROTECTIVE GLOVES BEFORE ANY WOUND CARE

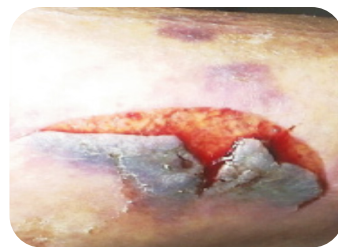
SIMPLE SKIN TEAR

Type 1 - Skin tear - No skin loss



Linear or flap tear where the skin flap can be repositioned to cover the wound bed

Type 2 Skin tear - Partial flap loss



The skin flap cannot be repositioned to cover the whole of the wound bed.

Type 3 Skin tear - Total flap loss



Total skin flap loss that exposes the entire wound bed.

For complex skin tears and haematomas follow the four steps - residential care home staff to request urgent district nurse visit

Assess and identify the type of skin tear and follow the steps below:

COMPLEX SKIN TEAR



A skin tear where the edges cannot be realigned to the normal anatomical position and the skin flap is pale, dusky or darkened.

HAEMATOMA



A localised swelling that is filled with blood caused by a break in the wall of a blood vessel
NOTE : Refer to Tissue Viability

STEP 1



Cleanse the skin tear with cooled boiled water or tap water.
NOTE: Elevate the limb whenever possible

STEP 2



Apply pressure using clean gauze until bleeding stops

STEP 3

Where skin flap can be realigned, gently re-position using gloved finger. DO NOT attempt to stretch skin "to make it fit".

IMPORTANT - if bleeding cannot be stemmed after 10 mins of continuous pressure on any wound, seek medical assistance.

STEP 4

Apply a low adherent silicone foam dressing



For moderate exudate

OR



For dry/low exudate

See Foam pathway for further guidance

- Apply either of the above suitable dressings
- Leave dressing in situ for several and/or up to seven days to avoid trauma to the skin flap. For complex skin tear review in 24-48 hours.
- Reassess and Document
- If appropriate please refer to GP surgery or DN team for future review