

## Case study answers

### What risk factors can you identify?

- Age
- Polypharmacy and medications – potential to contribute to increased falls, or increase bleeding risk
- Reduced mobility
- Falls history
- Previous skin tears
- Dry and fragile skin

### How would you classify this skin tear?

**STAR** - Category 2b unable to completely realigned and flap is darkened

**ISTAP** - Type 2 Partial flap loss

### How would you document and report this in your workplace?

- Wound care plan
- Skin tear classification/treatment provided/cause of injury
- ACC45 form

### What dressing products could you use?

- Depending on exudate levels – low or non-adherent dressing, silicone or foam dressing
- If bleeding a concern, consider a calcium alginate with secondary dressing
- Avoid adhesive dressing - secure with padding such as softban and crepe

### What prevention strategies are required?

- Review of medications charted – zopiclone, aspirin
- Skin assessment and skin care regime – soap substitute, and moisturiser
- Limb protectors
- Falls risk assessment
- OT assessment for reducing falls (e.g. floor mats), equipment review, house rails
- Physio review of mobility and mobility aids

### What education will you provide?

- Patient and wife/family – safety information around the house, skin care regime, mobility etc
- Assess for personal alarm
- Wound advice – what to look for i.e. haematoma formation, pain, infection, non-healing after 4 weeks
- Provide Skin tear Patient information sheet – available from [nzdoctor.co.nz](http://nzdoctor.co.nz) 'patient sheets'



**What else do you need to consider?**

- Tetanus status – contaminated wound
- Other injuries – history of recent hip fracture
- Coping at home - Consider Needs Assessment and Service Coordination for services such as home help, personal cares, MOWs etc