



**Te Kaporeihana Āwhina
Hunga Whara**
prevention.care.recovery.

He ahu umanga ngaio hei whakamahu poka

Advancing Practice and Knowledge in Wound Management

Wound Awareness Week 24 - 30 August 2020

Presenting: Skin Tears

Presented By



- Kate O'Dwyer– RN, PG Diploma in Health Sciences - Advanced Nursing Aged Residential Care (ARC) Team
- Clinical Resource Nurse - Aged Residential Care Team WBOP PHO

A Clinical Resource Nurse working alongside aged care facilities supporting the aged care workforce in clinical assessment and management of the older person, contributing to quality of care. Her role also provides the opportunity to support the aged care sector with wound assessment and management

Content

Section 1: Definition, prevalence, causes, risk factors

Section 2: Prevention

Section 3: Assessment and management

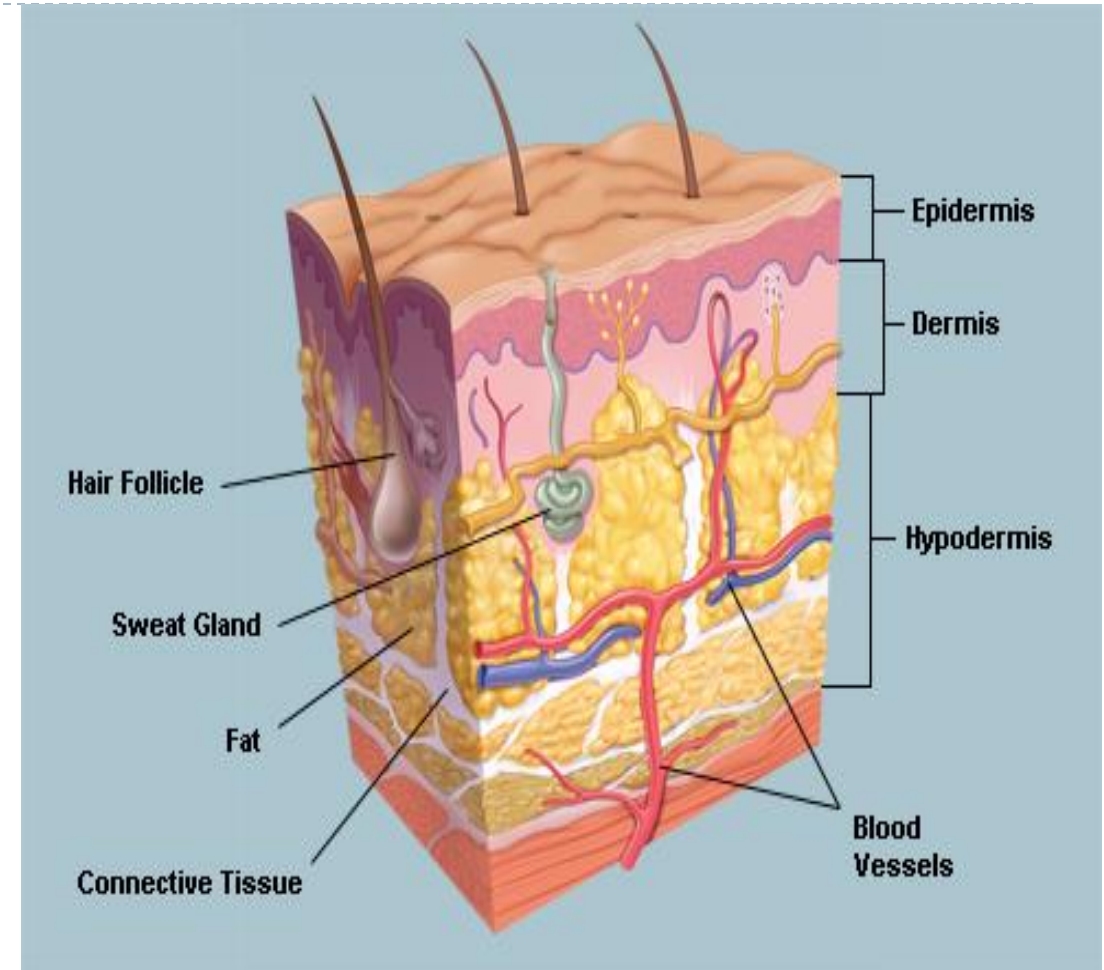


Section 1

- Skin tear definition
- Skin tear prevalence
- Causes of skin tears
- Common anatomical sites for skin tears
- Individuals most at risk
- Intrinsic and extrinsic risk factors

What is a skin tear?

- Traumatic injury caused by shear, friction, and/or blunt force that separate skin layers.¹
- They can be:
 - Partial thickness: separation of the epidermis from the dermis
 - Full thickness: separation of both the epidermis and dermis from underlying structures



Google Image: Picture of the skin <https://www.webmd.com/skin-problems-and-treatments/picture-of-the-skin#1>

The Scale of Skin Tears

Skin tears are underreported and often misdiagnosed

New Zealand:

- > 40% skin tear injuries notified to Accident Compensation Corporation (ACC) 2018/2019 affected people over 75 years and further 8% 60-74 years ²

Australia:

- 41.5% of known wounds in a 347 bed facility in Western Australia were skin tears ³

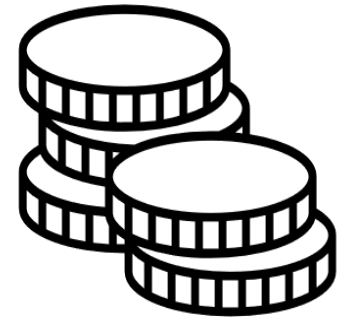
ACC Data 2018/2019

Reported as Treatment Injuries:

- 270 (140 \geq 70 y/o) injuries costing \$957,034 (NZD) ²

Excluding Treatment Injuries:

- 5,915 (5,337 \geq 70 y/o) injuries costing \$3,143,759 (NZD) ²
- Skin tears are under reported
- Are you reporting skin tears and notifying ACC?



Skin Tear Prevalence

Varies across care settings and worldwide ⁴

Long-term care: 2.2 – 92%

Community: 4.5 – 19.5%

Acute care: 6.2 – 11.1%

Palliative care: 3.3 – 14.3%

Intensive care and operative theatres: unknown prevalence

Causes of skin tears

Occur from a combination of intrinsic and extrinsic risk factors.^{1, 3, 4}

Most commonly occur from:

- falls, knocks and bumps
 - moving and handling
 - equipment injury
 - dressing or treatment related
-
- Approximately half of discovered skin tears have no apparent cause
 - These are all preventable



Common Sites for Skin Tears

For non-ambulatory individuals:

- forearms
- elbows
- hands

For ambulatory individuals:

- legs



Individuals most at risk of a skin tear

Early recognition of an individual's risk is essential to prevention ⁴

- Neonates - due to incomplete epidermal-to-dermal cohesion predisposing them to a skin tear ³
- Older people - due to changes in the skin associated with ageing ³



Neonates

- The dermis does not fully develop until after birth (at full term the dermis is only 60% of adult thickness).³
- Reduced and widely spaced fibrils connecting the epidermal/dermal junction decrease skin elasticity.⁵

Other factors include: ^{5, 6}

- limited stratum corneum
- skin surface alkalinity
- nutritional deficiencies



Older individuals

Skin changes with ageing increases susceptibility to skin tears.^{1,3,4,7}

Changes include:

- loss of subcutaneous fat
- 20% reduction in dermal thickness
- loss of elasticity and reduced tensile strength
- atrophy and contraction of the dermis
- thinning of blood vessels, leading to the appearance of haemorrhaging (senile purpura)
- loss of sebaceous and sweat gland activity



Skin Tear Risk Factors

Intrinsic 3,4,8

- ageing
- gender - female
- underlying health conditions
- history of skin tears
- hearing and vision impairment
- cognitive impairment
- altered hydration and nutrition

Extrinsic 3,4,8

- assistance with Activities of Daily Living (ADL's)
- manual handling
- mobility aids, prosthetic devices
- long term steroid preparations
- dry skin
- smoking
- other - venepuncture, adhesives, tape, improper use of skin sealants

Summary

- prevalence of skin tears varies among health care settings
- causes of skin tears vary but are preventable
- neonates and older people are most at risk
- early recognition is key
- skin tears are painful, affecting quality of life and can develop into chronic wounds
- the best management of a skin tear is prevention

References:

1. Milner, L. (2013). A simple tear...but a complex wound. *Nursing Review Series*.
2. ACC Data (personal communication, 09 July 2020) obtained under the Official Information Act 1982: OIA request GOV-005323
3. Stephen-Haynes, J., & Carville, K. Skin tears made easy. *Wounds International* 2011: 2(4): Available from <http://www.woundsinternational.com>
4. LeBlanc K et al. Best practice recommendations for the prevention and management of skin tears in aged skin. *Wounds International* 2018. Available from www.woundsinternational.com
5. Quigley S. Pressure ulcers in neonatal and pediatric populations. In: Baranoski S, Ayello EA, editors. *Wound care essentials: practice principles*. 4th ed. Philadelphia: Lippincott Williams and Wilkins; 2016. p. 528-42
6. Robyn Kennedy, R. & Crowle, A. (2017). Key differences in Infant Skin. Neonatal Skincare Clinical Practise Guideline. The Royal Children's Hospital Melbourne. Accessed from: https://www.rch.org.au/uploadedFiles/Main/Content/rchcpg/hospital_clinical_guideline_index/Key%20Differences%20in%20Infant%20Skin.pdf
7. LeBlanc K & Baranoski S. Skin tears: the underappreciated enemy of aging skin. *Wounds International* 2018. Vol 9 Issue 1, *Wounds International* 2018. Available from www.woundsinternational.com
8. Davis, J. L. (2018) STAMP out skin tears: Skin tear assessment, management, and prevention. Accessed from: <https://www.myamericannurse.com/tear-assessment-management-prevention/>