

BEST PRACTICE FOR THE ASSESSMENT AND MANAGEMENT OF SUPERFICIAL SKIN TEARS

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Skin tears are wounds commonly dealt with by nurses working in either the community or hospital. These wounds are mainly seen on older patients and can cause pain and discomfort in addition to usually being sited on exposed areas of skin, such as the arms, legs and the back of the hands. Prompt action and the application of non-adherent comfortable dressings aids healing. It is also important to discuss prevention of injury with the individual.

Superficial skin tears or lacerations are commonly seen in elderly patients (Malone et al, 1991). This is unsurprising considering the changes which occur within the skin due to ageing. The epidermis flattens due to loss of the papilla, which in younger skin maintains a strong connection between the epidermis and the dermis. Consequently, in older people, the epidermal and dermal layers peel apart more easily and are more prone to damage from friction/shearing forces (Cuzzell, 1990).

Furthermore, in the elderly the dermis reduces in bulk due to cell reduction; the number of dermal capillaries are also reduced, with the effect that less oxygen, nutrients and fluids are delivered to the skin (Shuster et al, 1975). As a consequence the skin becomes drier and more prone to injury.

Who is at risk?

In addition to the elderly, skin changes in the following patients make them vulnerable to skin tears:

- ▶▶ Patients with cardiopulmonary disease that results in lower-limb oedema, in which the skin becomes vulnerable to damage
- ▶▶ Patients who have taken long-term steroid therapy because of thinning of the skin
- ▶▶ Patients with malnutrition in whom the skin becomes dry
- ▶▶ Patients who are confused and agitated, who may injure themselves against cot sides.

Patient assessment

The patient with a skin tear should have a history taken and the condition of the wound and surrounding skin should be assessed (*Figure 1*).

The skin tear should then be classified and treated with the aims of:

- ▶▶ Stopping bleeding

- ▶▶ Preventing infection
- ▶▶ Minimising pain and discomfort
- ▶▶ Recovering skin integrity.

Management

Best practice dictates that skin tears should be managed by providing comfortable, appropriate dressings which optimise the wound environment and do not cause further trauma on removal (Meuleneire, 2002). **WE**

Cuzzell JZ (1990) Clues: bruised, torn skin. *Am J Nurs* **18**: 16–18

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Shuster S, Black MM, McVitie E (1975) The influence of age and sex on skin thickness, skin collagen and density. *Br J Dermatol* **93(6)**: 639–43

Figure 1. Assessment, classification and wound management of skin tear wounds.

