

DEALING WITH DESTRUCTIVE SKIN TEARS

As residents age, so does their skin. Many of the changes that occur are because of a lifetime of sun exposure, personal habits, diet, disease processes and the adverse effects of medications. As a result, many of the residents in nursing facilities have extremely fragile skin that can be torn by the slightest scrape or brush of an object while transferring from one position to the next, or with other movement. Even the residents own rubbing or scratching of an itch can cause a painful and awful tear.

A skin tear by definition is a traumatic wound which results from the separation of the epidermis from the dermis. This is usually the result of friction alone or shearing. They are typically small and heal quickly when the skin is otherwise healthy and not compromised. However, the opposite is often true with the aged skin of an elderly resident, leaving a traumatic appearance to the affected extremity that can be quite painful and susceptible to infection.

Updated policies and procedures for the prevention, assessment and treatment of skin tears is important, and should be developed with approval of the facility's Medical Director. To help protect residents from damaging skin tears, the following steps can be taken:

- Perform a skin assessment. Evaluate the resident's skin for elasticity, dryness, hydration and previous skin tears.
- Moisturize the skin at least twice a day. Never rub the skin when applying the enriched moisturizer; instead, use a gentle pat.
- Use a cushioned protector or sheep skin over wheelchair legs and arm supports, arms of dining room chairs, and bed side rails.
- Provide plenty of fluids and a diet recommended by the Registered Dietitian to improve skin integrity.
- Provide protection to the extremities by having at-risk residents wear long-sleeved shirts, long pants or use arm and leg protectors when appropriate.
- Avoid using medical tape on the skin. If absolutely needed, use a paper tape.
- Provide education to the staff on how to care for residents with fragile skin, teaching them to use extreme caution and gentleness with transfers, lifts and repositioning the resident.

Many times, despite the facility's best efforts to prevent skin tears, they still occur. When they do, the facility can use the "Payne-Martin Classification System for Skin Tears," discussed in [Preventing and Treating Skin Tears](#). This classification system addresses the assessment, prevention and treatment of skin tears and consists of three categories:

- Category I: Skin tears without tissue loss.
- Category II: Skin tears with partial tissue loss.
- Category III: Skin tears with complete tissue loss.

The goal of the skin tear treatment is to promote healing with the least amount of trauma, minimize pain, and prevent infection.

Because skin tears happen so frequently among residents, every facility should have a Medical Director approved "Skin Tear Treatment Protocol" for quick and safe treatment responses by the nurse, which typically includes the following:

- Gently cleanse the area with normal saline or pH neutral cleanser. Do not rub.
- Gently pat dry the area, or allow it to air dry.
- Assess and stage the skin tear. Measure the size of the tear according to the facility policy.
- Approximate the skin flat, do not stretch the skin. Use a Q-tip moistened with saline to assist with rolling the skin back into place.
- Apply the skin sealant, petroleum-based ointment, hydrogel sheets or other water- or glycerin-based products that can be used to maintain a moist wound environment. Use gauze wraps or elastic net to secure, if able.

In summary, be prepared to deal with resident skin tears by keeping it simple. Provide education to the resident, family and staff, and have a policy, procedure and protocol in place to prevent, treat, and protect the skin tear from infection and further injury.

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GuideOne Risk Resources for Health Care
 1111 Ashworth Road
 West Des Moines, Iowa 50265
 1-800-688-3628