MANNING BASE HOSPITAL

SKIN TEAR MANAGEMENT GUIDELINES



STAR CLASSIFICATION SYSTEM FOR SKIN TEARS²



Category 1a A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is not pale, dusky or darkened.



Category 1b A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is pale, dusky or darkened.



Category 2a A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is not pale, dusky or darkened



Category 2b A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened.



Category 3 A skin tear where the skin flap is completely absent.

STEP 1: STOP BLEEDING

- Apply firm pressure and elevate
- Add alginate if required
- Remove once bleeding has stopped

MANAGE PAIN

STEP 2: CLEANSE

- Irrigate skin tear with warm 0.9% N/Saline
- Pat dry surrounding skin

STEP 3: APPROXIMATE

- Gently realign skin flap with moist sterile cotton bud
 - **DO NOT** attempt to stretch skin "to make it fit" leave wound open where skin is missing

STEP 4: LOCAL WOUND CARE

- Mepilex Border (showerproof), Mepilex or Mepitel One (large, irregular shaped skin tears)
- Ensure dressing extends at least 1 cm beyond skin tear onto intact skin
- Draw arrow, if appropriate, on dressing in the direction of the skin flap and due date for removal

STEP 5: LIMB PROTECTION

- Limb Protector™
- Crepe bandage or Tubular retention bandage (e.g. Tubifast™)

STEP 7: TETANUS IMMUNOPROPHYLAXIS

- Check status
- Update if required

STEP 6: DOCUMENTATION

- Document Skin Tear Category
- Commence Wound Chart
- Referral to CH for ongoing
- Hand out patient instruction

STEP 8: MONITOR

- Check for signs of complication / infection ANY INCREASE IN:
- Pain
- Warmth
- Tenderness
- Odour
- Redness
- Purulent exudate
- Fever

Mepitel*One



Mepilex[®]



Mepilex®Border



PREVENTION TIPS

- Control bleeding and clean the wound according to protocol.
- Realign (if possible) any skin or flap.
- Assess degree of tissue loss and skin or flap colour using the STAR
- Classification System. Assess the surrounding skin condition for fragility, swelling, discolouration or bruisina.
- Assess the person, their wound and their
- healing environment as per protocol. If skin or flap colour is pale, dusky or
- darkened reassess in 24-48 hours or at the first dressing change.

Tubifast™



Provide good nutrition and make sure patients are well hydrated