



The International Skin Tear Advisory Panel (ISTAP) was formed to raise international awareness of the prediction, assessment, prevention, and management of skin tears. ISTAP members include a broad range of healthcare professionals representing: North America, South America, Europe, Asia, the Middle East, Australia/New Zealand, and Africa.

# SKIN TEAR QUICK REFERENCE GUIDE © ISTAP

## DEFINING SKIN TEARS:

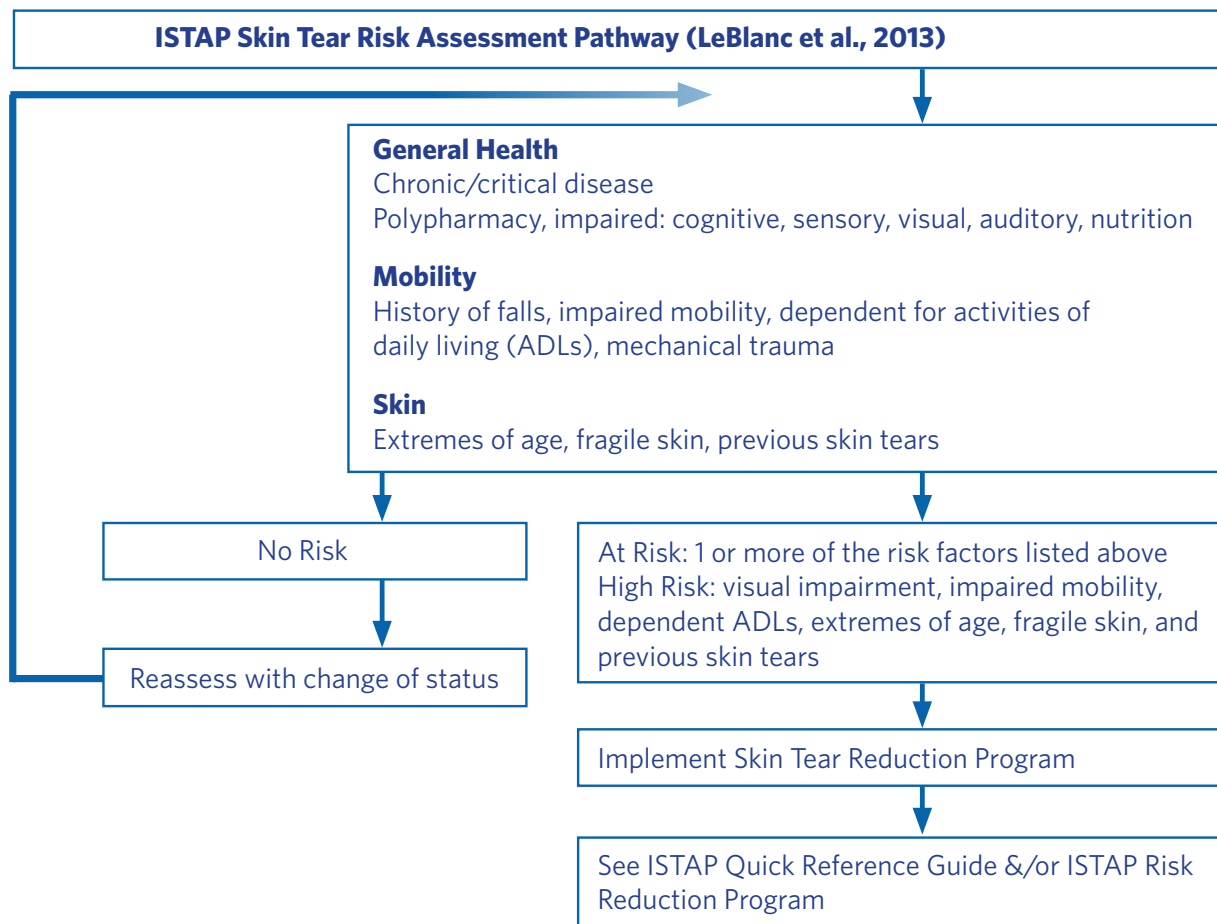
A skin tear is a wound caused by shear, friction, and/or blunt force resulting in separation of skin layers.

## A SKIN TEAR CAN BE:

**Partial-thickness** (separation of the epidermis from the dermis) **OR**

**Full-thickness** (separation of both the epidermis and dermis from underlying structures).

## RISK ASSESSMENT:



## TOP CAUSES OF SKIN TEARS

Blunt Trauma	
Falls	
While performing ADLs	
Dressing/treatment related	
During patient transfer (friction and shear)	
Equipment injury (wheel chair, side-rails, bed, etc)	

## SKIN TEAR PREVENTION:

Quick reference guide for the ISTAP Risk Reduction Program		
Risk factor	Individual	Caregiver/Provider
<b>General health</b>	<ul style="list-style-type: none"> <li>Educate patient on skin tear prevention and promote active involvement in treatment decisions (if cognitive function not impaired)</li> <li>Optimize nutrition and hydration</li> </ul>	<ul style="list-style-type: none"> <li>Safe patient environment</li> <li>Educate client+/circle of care/caregivers</li> <li>Protect from self-harm</li> <li>Dietary consult if indicated</li> <li>Extra caution with extremes of body mass index (&lt;20 or &gt;30 kg/m<sup>2</sup>)</li> <li>Review polypharmacy for medication reduction/ optimization</li> </ul>
<b>Mobility</b>	<ul style="list-style-type: none"> <li>Encourage active involvement if physical function not impaired</li> <li>Appropriate selection and use of assistive devices</li> </ul>	<ul style="list-style-type: none"> <li>Daily skin assessment and monitor for skin tears</li> <li>Ensure safe patient handling techniques/ equipment and environment (trauma, ADLs, self-injury)</li> <li>Proper transferring/ repositioning</li> <li>Initiate fall prevention program</li> <li>Remove clutter</li> <li>Ensure proper lighting</li> <li>Pad equipment/ furniture (bed rails, wheelchair etc)</li> <li>Avoid sharp fingernails/ jewellery with patient contact</li> </ul>
<b>Skin</b>	<ul style="list-style-type: none"> <li>Awareness of medication-induced skin fragility (eg. topical and systemic steroids)</li> <li>Wear protective clothing (shin guards, long sleeves, etc)</li> <li>Moisturize skin (lubrication and hydration)</li> <li>Keep fingernails short</li> </ul>	<ul style="list-style-type: none"> <li>Individualize skin hygiene (warm, tepid, not hot water; soapless or pH-neutral cleaners; moisturize skin)</li> <li>Avoid strong adhesives, dressings, tapes</li> <li>Avoid sharp fingernails/jewellery with patient contact</li> </ul>
<b>Healthcare setting</b> <ul style="list-style-type: none"> <li>Implement a comprehensive skin tear reduction program</li> <li>Include skin tears in audit programs</li> <li>Utilize validated classification system</li> <li>Develop consultative team (wound care/ dietary specialists, rehab/pharmacists)</li> </ul>		

## ISTAP SKIN TEAR PREVENTION

Type 1: No skin loss



Linear or flap tear which can be repositioned to cover the wound bed

Type 2: Partial flap loss



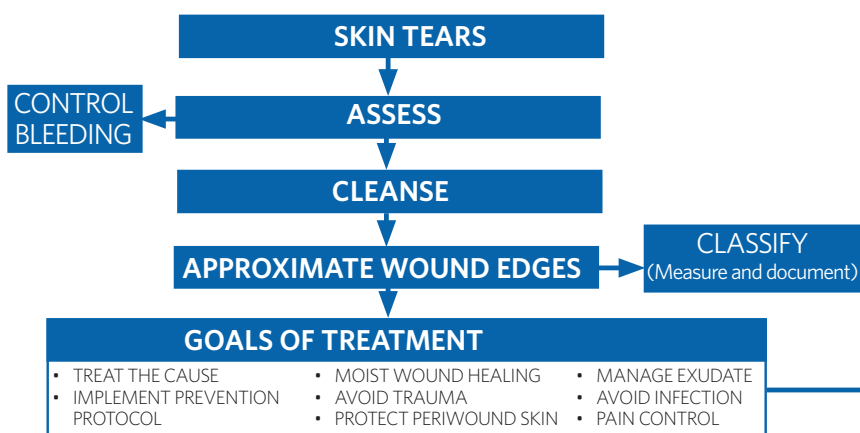
Partial flap loss which cannot be repositioned to cover the wound bed

Type 3: Total flap loss



Total flap loss exposing entire wound bed

## SKIN TEAR ASSESSMENT AND MANAGEMENT



### TREATMENT OPTIONS IN ACCORDANCE WITH LOCAL WOUND CONDITIONS



Type 1:  
No skin loss



Type 2:  
Partial flap loss



Type 3:  
Total flap loss