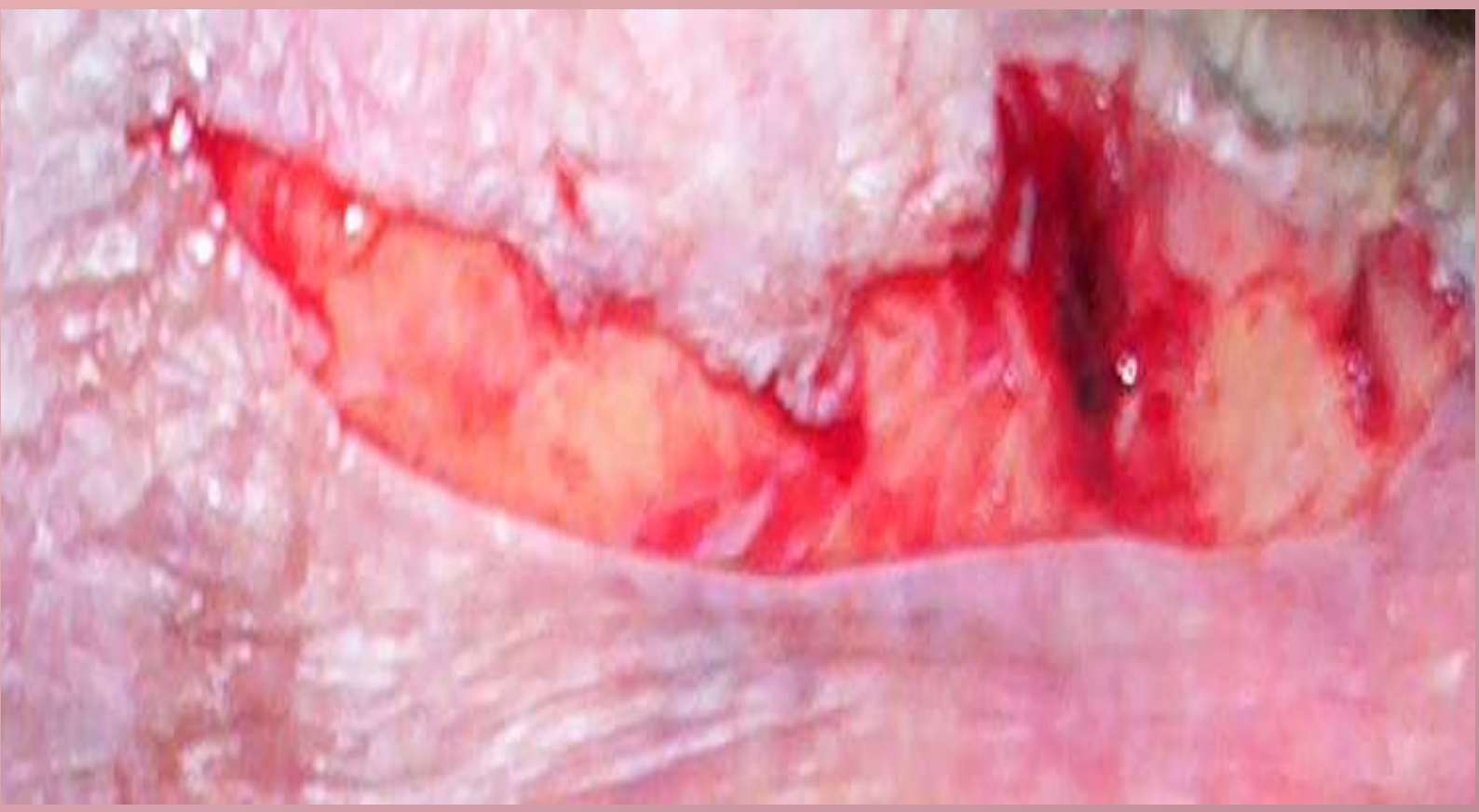
SHARP CLINICAL SOLUTIONS©

for the prevention & treatment of skin tears



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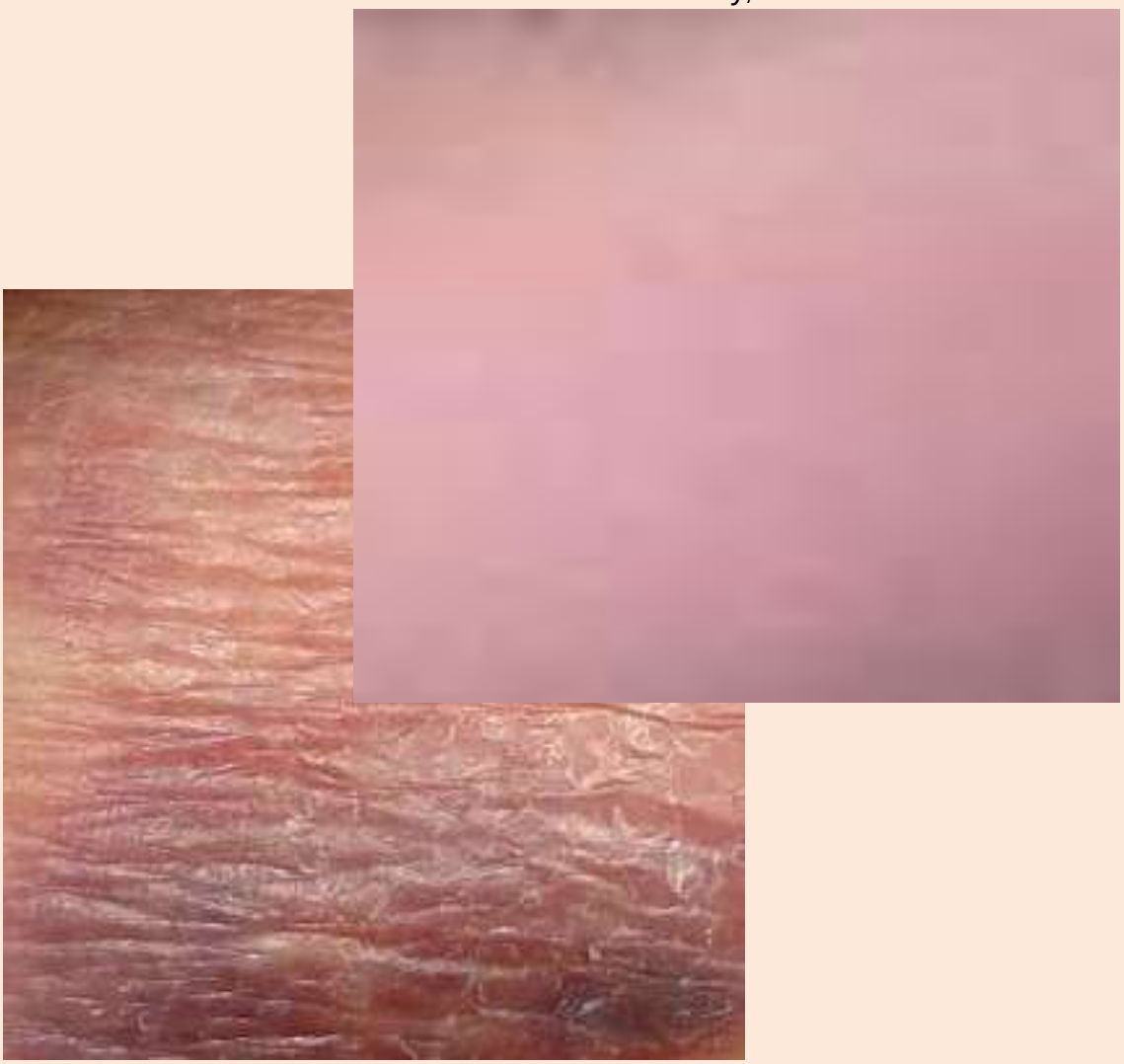
This is the skin of a 12 year old girl –
healthy, nourished and smooth…



…and this is the skin of an 82 year old woman -
fragile, dry, rough and ecchymotic.[1]

See how it changes in 70 years!

Can you imagine how frail the skin of this elderly woman is; how thin and rough it feels and how easily it can tear?

[1] Bruising caused by ruptured blood vessels into subcutaneous tissue, the purplish discoloration of the skin

SHARP CLINICAL SOLUTIONS©

Sharp Clinical Solutions© answers all your questions about preventing and treating skin tears. This is a book for owners and managers of facilities; for families and carers; for assistants in nursing, doctors and nurses, physiotherapists, podiatrists; in fact anyone who cares for the aged.

There are five sections in this book, all of which fit together like a jigsaw to give great information on how to prevent and treat skin tears. I have written this book so it is simple to read, because I know you have far too much to do; ***and*** wound care is too confusing, even for the most experienced registered nurses and doctors. You can prevent skin tears by providing outstanding, gentle, quality care for your patients; and you will save time as well as money.

I do not expect you to learn skin tear classification systems because the treatment is the same for all skin tears, unless the tear is full thickness and / or has an underlying fracture, requires hospitalisation, suturing and / or immobilisation of the limb. I do not expect you to draw arrows on dressings either. Read my blogs to find out why... I want you to have less work yet be more efficient.

DISCLAIMER

The information in this book is provided in good faith. It is not intended to be a substitute for professional care. Healthcare professionals should ensure they have the skills and qualifications in wound management before utilising any of the information in this book. A multi-disciplinary approach to treatment and an understanding of the wound aetiology, infection control issues and the objectives for management, will give the best results.

To Patients Buying this Book

If you are a patient with a wound you should bear in mind that your situation may be quite different from any examples given in this book. It is very important that you consult with a health care professional with expertise and training in this area of health care.

CONTENTS

An easy way to remember all that you need to do is to just ***THINK SHARP*** © because I know you really can!

You can start in any section of the book. If you have a patient[2] who already has a skin tear you may wish to start at '**S**'**= silicone dressings.** If you want to determine if your patients are at risk of skin tears start at '**R**'**= risk screening.**

[2] The term patient includes residents, person and clients.

What is a skin tear? What does it look like?

Skin tears occur commonly in the aged. The epidermis (top layer of the skin) is torn away from the dermis (deeper layer of the skin), although occasionally both epidermis and dermis are torn away leaving a full thickness flap.

A skin tear may look like this... ... a large area of skin has been completely torn off.

Figure 1 forearm tear

...or this...

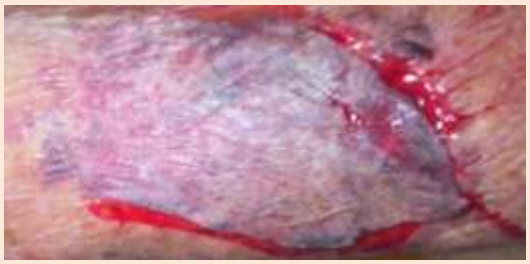


Figure 2 upper arm tear

...the edges of the flap have been brought together as much as they can be. Whether the flap survives is not known at this stage...

...or this...

Figure 3 lower leg (shin) tear

... the edges of this skin flap have come together perfectly. This is known as **primary intention** healing. The flap looks dark and may not survive however.

The treatment for all these skin tears, whether there is a flap of skin to cover the tear or not, is exactly the same...**Silicone Dressings.**

Figure 4 skin flap has sloughed off leaving a secondary healing wound

When do skin tears occur?

Skin tears may occur during manual handling e.g. showering; bed-bathing; pulling clothes over limbs and being repositioned in bed. It doesn't mean [necessarily] that the patient has been handled roughly but it happens because the skin is so tissue-paper thin and frail. Nurses are often distraught if it happens to them but knowing what to do can reduce that distress.

Skin tears may occur when patients with frail skin knock their limbs on e.g. a coffee table, the bed rails, a supermarket trolley, wheelchair or commode. Skin tears can occur when wound dressings, that have stuck, are removed; no matter how gently!

How should we protect skin at risk?

Everybody should be well nourished and well hydrated. Well nourished and well hydrated skin is less likely to tear. Episodes of manual handling can be reduced by using HiCare™ bath cloths[3] instead of showering every day. You can nurse patients on an alternating pressure air mattress (APAM)[4] so that they don't have to be repositioned so frequently. If patients are asleep at night when you do your rounds please let them sleep --- but only if they are on a really good APAM.

A. The ambulant patient should:

1. wear shoes / slippers that will not cause friction;
2. wear shoes that are non-slip and fit well; or
3. wear sheepskin boots, so long as the patient is able to walk safely.

B. The non-ambulant person – chair /bed bound patient should:

1. wear sheepskin boots when sitting out of bed;
2. wear limb protectors [5] on legs and arms at all times; and
3. if unable to reposition independently, be provided with an APAM and chair cushion[6] to prevent pressure ulcers and reduce the need for frequent repositioning.

Try my suggestions. You will not only be providing gold standard care for your patients you will save money and have a very calm, happy place to work.....see for yourselves!

[3] See page 9

[4] See page 10

[5] See page 11

[6] See page 10

Silicone dressings

These dressing products contain a soft silicone contact layer. They adhere gently and do not traumatise the skin on removal thus pain is greatly reduced. Silicone dressings are recommended for use on patients with frail aged skin.

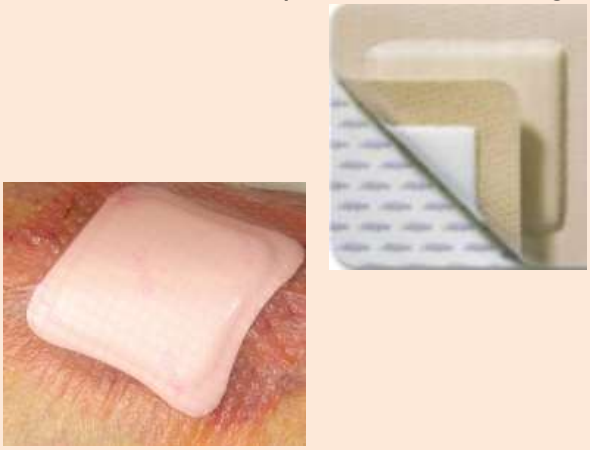


Figure 5 two different Silicone dressings

One great thing about these dressings is that they are an 'all-in-one' primary and secondary dressing.

Before putting the dressing on there are a few quick **FIRST AID** steps you will need to take when a patient tears their skin. Try to follow the steps as soon as the tear occurs using a Multigate® Skin Tear Kit.

Figure 6 The Multigate® Skin Tear kit

The Multigate® Skin Tear kit contains:

1 x paper dressing towel
3 forceps (2x blue & 1 yellow)
1 x sterile field sheet
2 x Pro-N gloves (medium)
1 x normal saline 30 mls.
5 x non-woven swabs
1 blue dressing tray

Sharp Wilkins First Aid for Skin Tears

1. Alcohol rub hands or wash under running water with an antiseptic liquid soap;
2. Open the Multigate® Skin Tear Kit;
3. Alcohol hands;
4. Don blue gloves;
5. Squirt some normal saline into the tray and wet two non-woven swabs;
6. If the skin tear is clean i.e. no blood clots, gravel, dirt, splinters, fabric, just put the flap in place as quickly as possible. Try to get all skin edges together. You can use forceps, your hands and/or a wet non-woven swab;
7. If there is no skin flap, or if you can't get the skin edges together, leave as is;

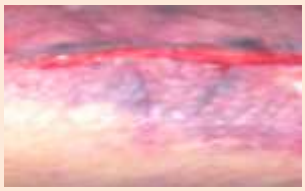


Figure 7 Skin flap repositioned as well as can be.

8. Use a wet swab to gently clean blood from the skin tear and surrounding skin;
9. Pat dry with another swab;
10. Remove your gloves and discard;
11. Alcohol your hands;
12. Apply the chosen silicone dressing;

Figure 8 Silicone dressing in place.

13. Date the dressing with a soft permanent marker;

Figure 9 Date of application on dressing.

14. Apply a limb protector;

Figure 10 Limb protector on the forearm.

15. Cut a hole for the thumb and take the limb protector down to the knuckles to protect the back of the hand.

HiCare Bath Cloths

A bath cloth is a disposable, complete pre-packaged bathing product. It replaces the traditional bed-bath e.g. water, bowls, towels.

Figure 11

They come in packs of 4 or 8. Each cloth is a practical size to fit the hand without having waste. They can be microwaved for a warm bedbath, cooled, or used at room temperature depending upon patient preference. As well as being a very gentle skin cleanser the solution also removes pre-operative skin antiseptics solutions.

The bowl of water you use to bed-bath your patients rapidly becomes a 'bacteria soup.' Bed-bathing is:

- Time-consuming
- Heavy work
- An OH&S issue because bowls of water have to be carried[7]
- A waste of precious water
- Expensive - wet sheets and towels which have to be laundered.[8]

- bath basins are a reservoir for bacteria
- basins are a potential source of transmission of HAI[9]
- health care providers could develop and implement protocols for patients' bathing that address the potential for patients' exposure to pathogens
- contaminated water within the health care environment and the development of biofilms on bath basins are important concerns [10]

[7] An OH&S issue

[8] This can be very costly; transportation, water, electricity…

[9] HAI = hospital acquired infection

[10] Debra Johnson, Lauri Lineweaver, Lenora M. Maze Patients' Bath Basins as Potential Sources of Infection: A Multicenter Sampling Study *American Journal of Critical Care*.2009;18:31-40 www.medscape.com
I urge you to read this fabulous paper……It is an easy read even if you don't understand the organisms, numbers etc.

Activities of daily living

Knowing what activities of daily living (ADL) the patient is capable of, such as the ability to get out of bed or go the toilet unaided is helpful because it gives nurses and carers an indication of who requires assistance. These abilities may be described on care plans as e.g. 'requires assistance of two [nurses/wards men] to shower.'

Showering

Patients that require assistance are at risk of skin tears because they are being handled manually. But we can reduce the amount of manual handling, in particular by not showering so frequently. For example if one nurse, caring for five patients, can use HiCare™ bath cloths on three patients and only has two to shower this saves time and the nurse will have time to give the patients an extra drink, go for a walk etc.

The following day the others can have a HiCare™ bath. If you are short staffed e.g. someone is off sick, use HiCare™ on even more patients. Don't risk back injuries and more skin tears because you are rushing and trying to cope with a huge workload! Having the choice of HiCare™ bath cloths will ensure that the scared patient with dementia who struggles in the shower, sustaining more skin tears, can still be cleansed, smell wonderful and remain calm...as will the staff.

Repositioning

Repositioning bed-bound patients is a major manual handling task that puts patients at risk of skin tears and nurses at risk of back injury. Reduce the number of times immobile patients are repositioned by nursing them on an alternating pressure air mattress overlay. When patients are asleep at night, please leave them to sleep. Do not waken to reposition every two hours. However, reposition if awake (change their pad, give a drink.). During the day reposition, sit out of bed (on an alternating pressure air cushion), wheel into the garden etc.

Figure 12

Figure 13

Risk Screening

Screening involves looking at the skin, examining the skin and knowing your patients' ability to carry out ADL. Patients who are dehydrated or malnourished are at risk of skin tears because the skin becomes thinner and drier. Patients on long-term steroids are at risk, no matter what age they are. The skin becomes very soft and thin. If a patient has existing tears they are at risk. If the skin is frail and 'see-through' they are at risk.

Figure 14 Thin 'see-through' skin of a lady's upper arm.

Just screening ADL alone will immediately highlight mobility deficits and detect risk of skin tears at the earliest point in time.

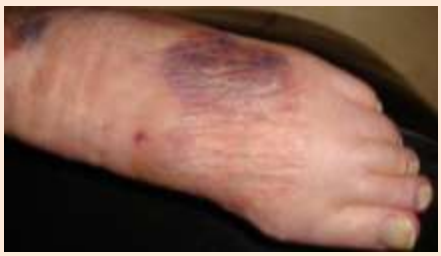


Figure 15 skin at risk of tearing Note how the skin on this foot is bruised, 'ecchymotic,' very thin and wrinkly.

This is skin at risk of tearing, if knocked on a commode chair or when getting in and out of bed and even when walking; shoes can 'rub' the skin creating a skin tear just like this.

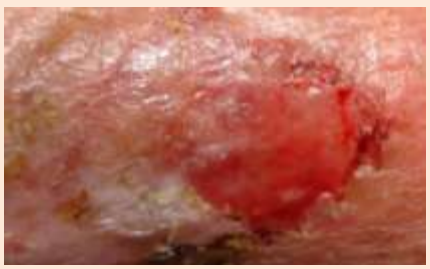
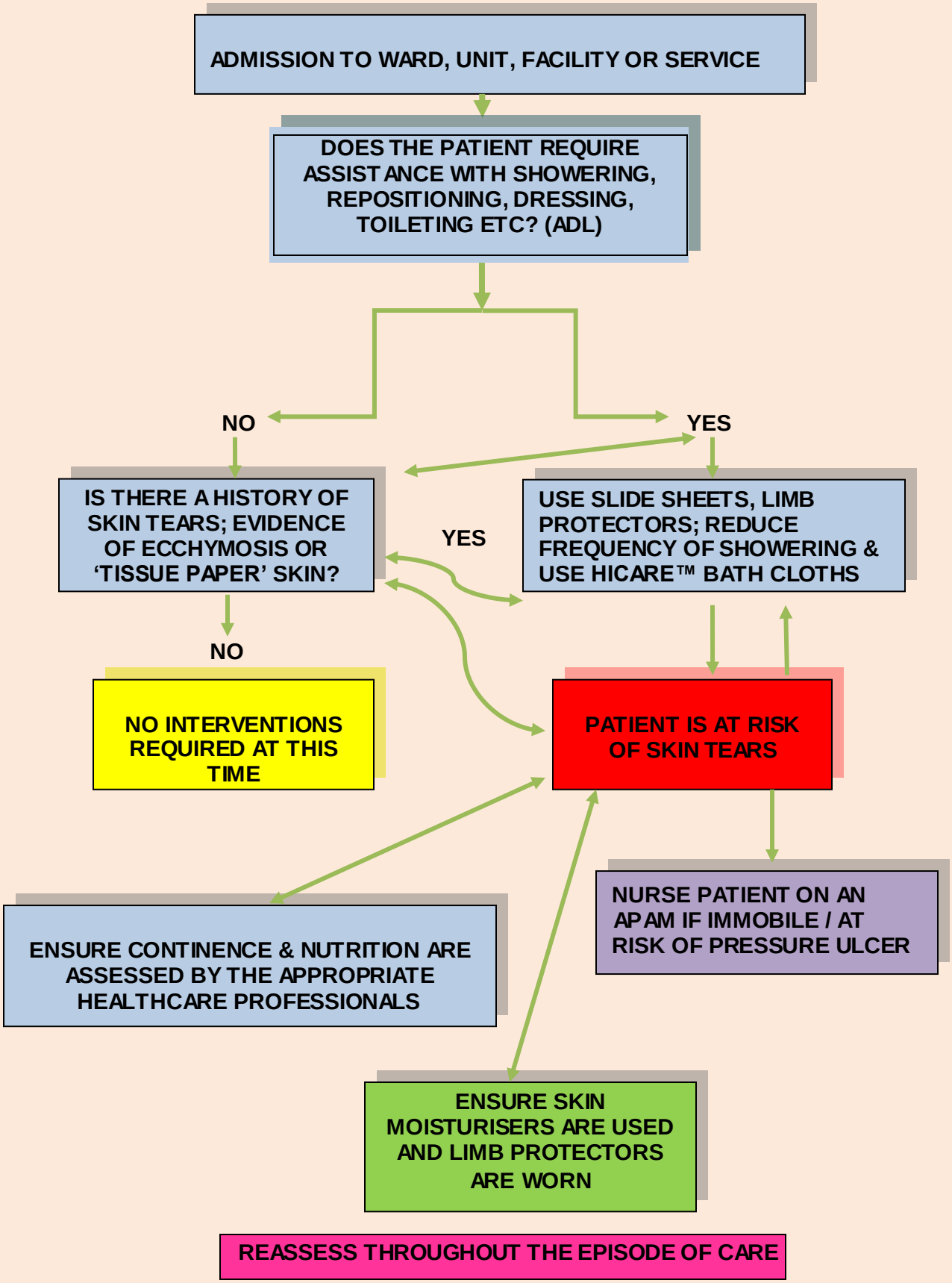


Figure 16 Torn skin

THE SHARP WILKINS SKIN TEAR SCREENING TOOL©



Protection for limbs

If we protect limbs there is a good chance we can reduce skin tears? Firstly we must ensure patients are well fed and have lots of fluids. If nurses have less work to do, i.e. fewer showers (use HiCare™ bath cloths instead) and less repositioning, there will be time to feed and give fluids.

We can use moisturisers and protect the limbs even more with limb protectors. These are fabric pull-on 'tubes' designed to protect fragile skin from damage [e.g. skin tears] caused by friction. They are soft and allow ample air flow to reach the skin. They come in a range of sizes and colours and may be ready-cut or on a large roll to be cut for individual patients.

Figure 17

Figure 18

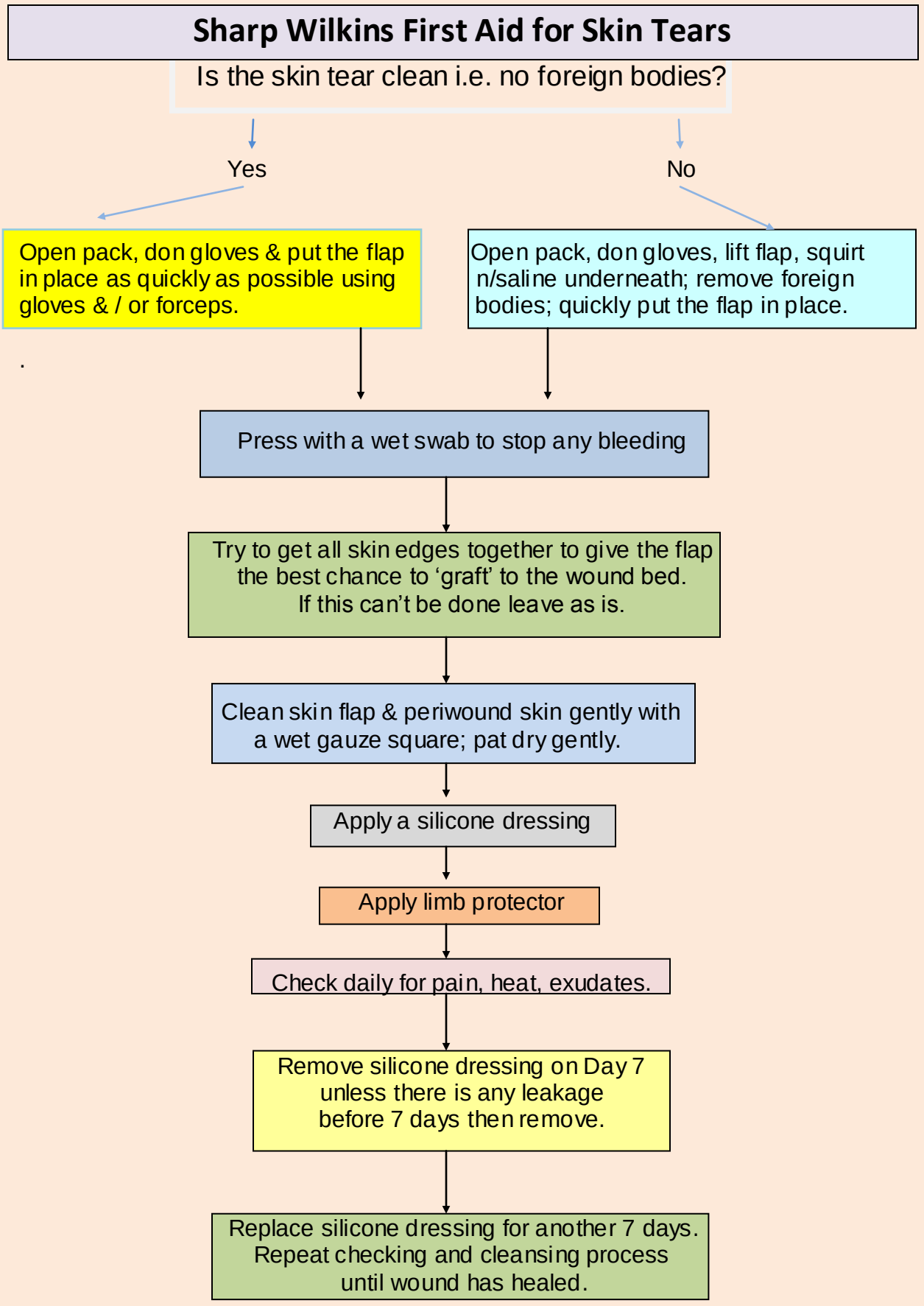
Tubifast picture

Figure 19

Figure 20

Patients can wear long sleeves and long pants to protect skin from tearing. Use slide sheets to reposition and make sure wheelchairs are padded and the foot plates are lifted and lowered very carefully so as not to tear the skin of the ankles.

Sharp Wilkins First Aid for Skin Tears



Companies – Check Google for contacts in your Country

Dressing Pack

- Multigate® Skin Tear Kit

Silicone dressings

- Smith & Nephew
- Mölnlycke

HiCare Bath Cloths

- Human techologies

Limb protectors

- Biomet Australia Pty Ltd
- Mölnlycke
- Smith & Nephew

Alternating Pressure Air Mattresses & cushions

- Pegasus Healthcare

About the Authors

Catherine 'Kate' Sharp

Kate is the Founder and CEO of The Wound Centre® Sydney. With a passion for wounds, both prevention and management, she shares her knowledge with anyone who will listen. A writer and speaker, who has presented nationally and internationally, Kate encourages colleagues to do the same.

Eileen Wilkins

Like Kate, Eileen is passionate about preventing and managing wounds. A well known personality in Australia, Eileen lives and works in Port Macquarie, north of Sydney.

Great friends, Eileen and Kate, have written this book on Skin Tear Prevention and Management to give to you for free. This will ease your workload, reduce your costs and provide the very best for the patients you care for.

Further Reading

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