



Clinical Practice Procedures: Trauma/Skin closure – skin tear management

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Date	September, 2024
Purpose	To ensure a consistent procedural approach to skin closure – skin tear management.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Author	Clinical Quality & Patient Safety Unit, QAS
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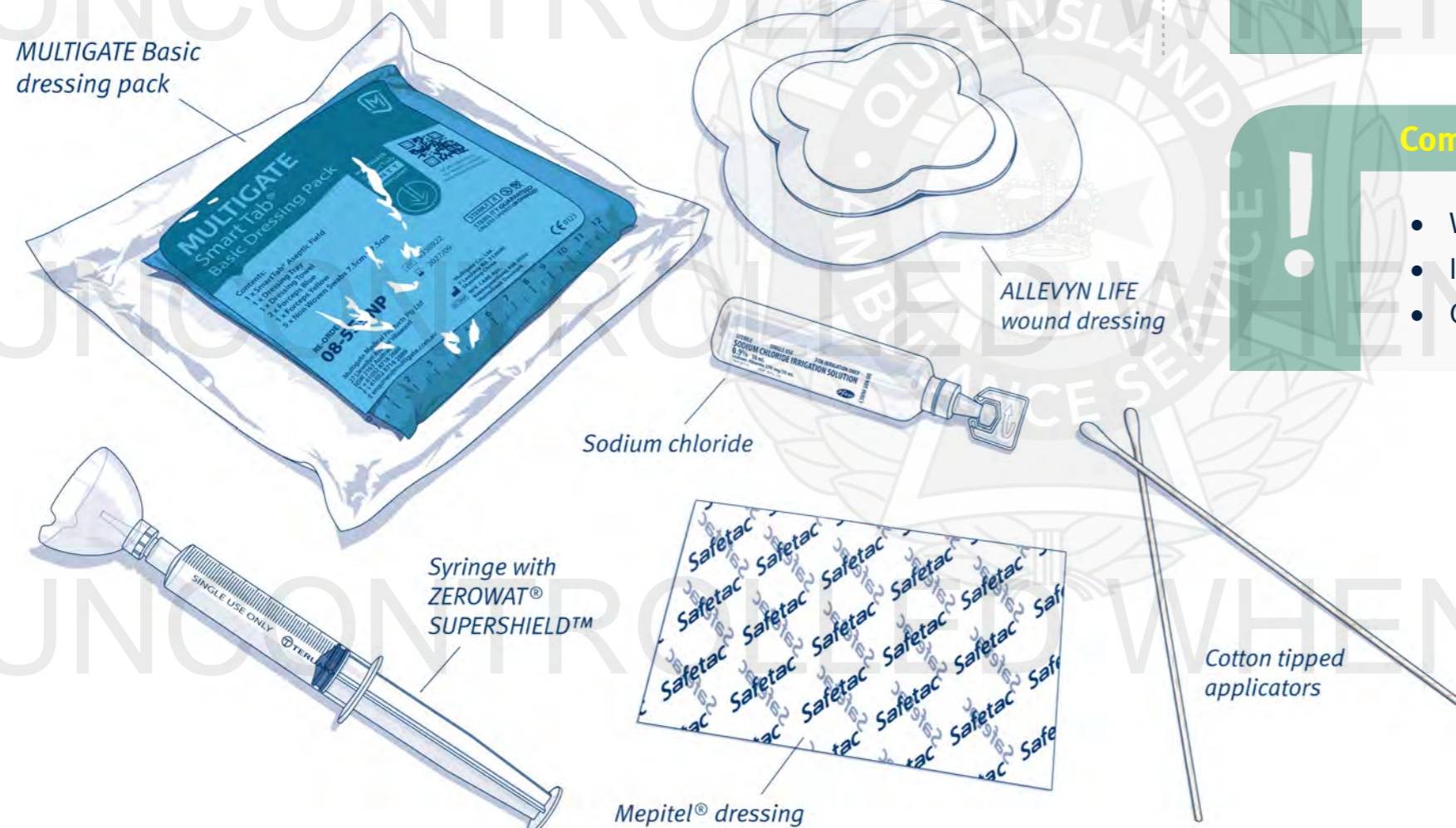
Skin closure – skin tear management

September, 2024

A skin tear is an acute traumatic avulsion of the skin from underlying tissue. The most common anatomical sites are arms (48%), lower legs (40%) and hands (12%).^[1]

Patients of any age can sustain a skin tear, however, they are most commonly reported in patients with fragile or thin skin. General skin tear risk factors include:

- The older person (> 65 years)
- Infants (< 2 years)
- Specific long-term medication use e.g., topical steroid creams
- Certain skin conditions e.g., dry skin
- Impaired mobility or cognitive impairment & more prone to accidental injury
- Post-menopausal women



Indications

- Skin tears requiring wound repair

Contraindications

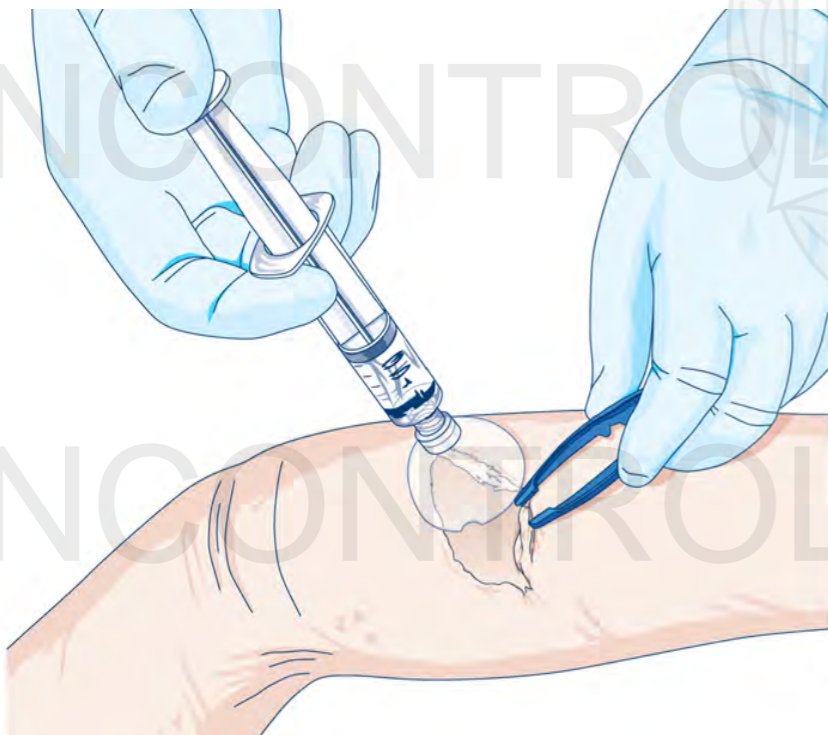
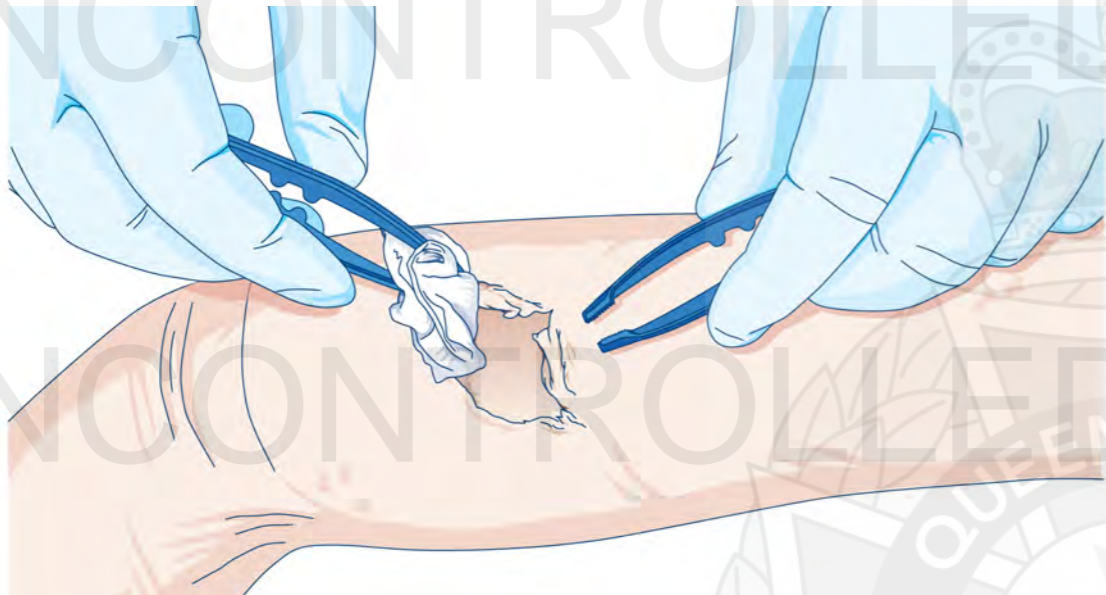
- Nil in this setting

Complications

- Wound dehiscence
- Infection
- Cosmetic (e.g., scarring)

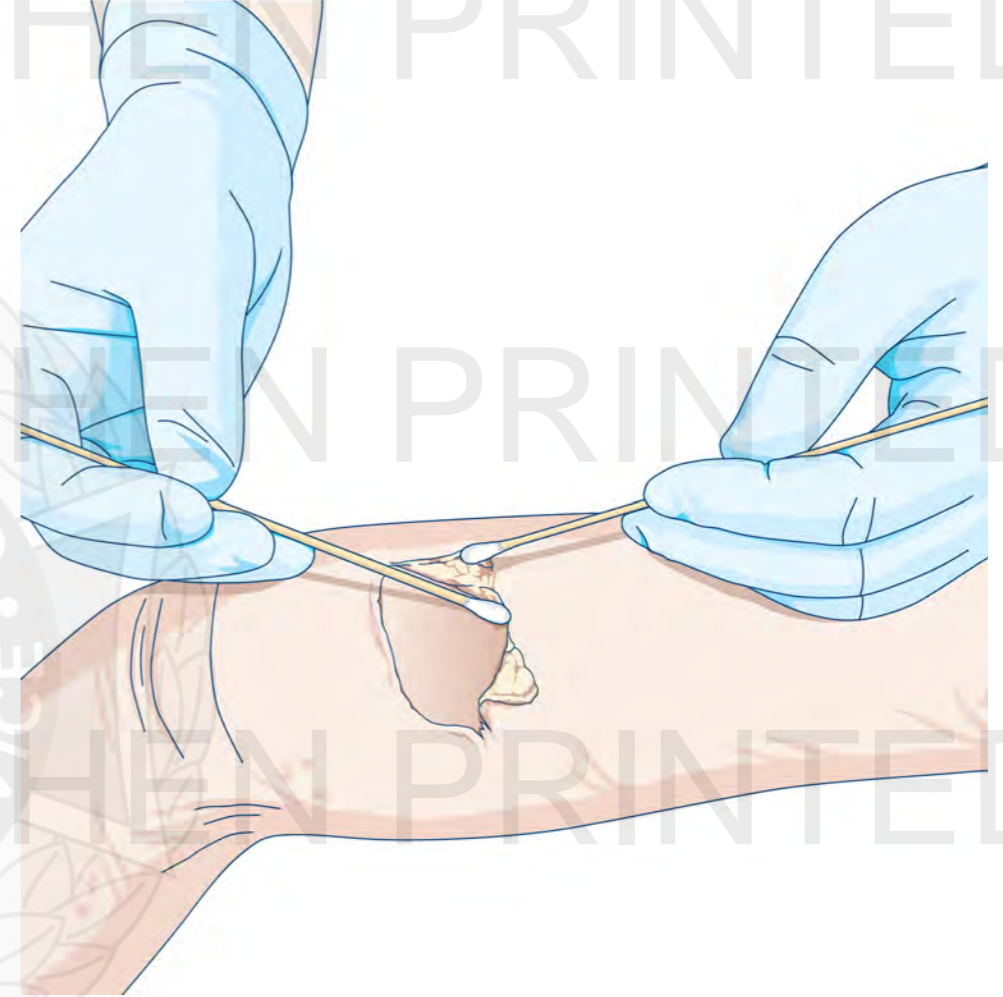
Procedure – Skin closure – Skin tear management

1. Apply the required infection control measures (refer to the *QAS Infection Control Framework*).
2. Thoroughly clean the wound using sodium chloride 0.9%.



3. Using a syringe fitted with a ZEROWAT® SUPERSHIELD™ carefully and thoroughly wash any contaminants from the wound.

4. Use moistened cotton tip applicators to gently roll under or over the wound edges to ensure it is thoroughly cleaned of all clots and debris – the skin flaps are fragile and must be treated gently.



5. Remove excess moisture with a sterile gauze/combine.

6. Identify the severity of the skin tear according to the STAR classification system.

STAR Skin Tear Classification System Guidelines

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

STAR Classification System



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.



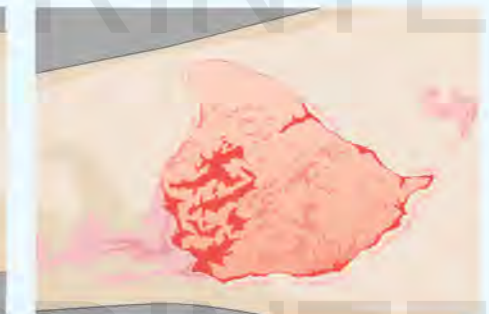
Category 2a

A skin tear where the edges **cannot** be realigned to the normal anatomical position (without undue stretching) 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 (without undue stretching) and the skin or flap colour **is** pale, dusky or darkened.

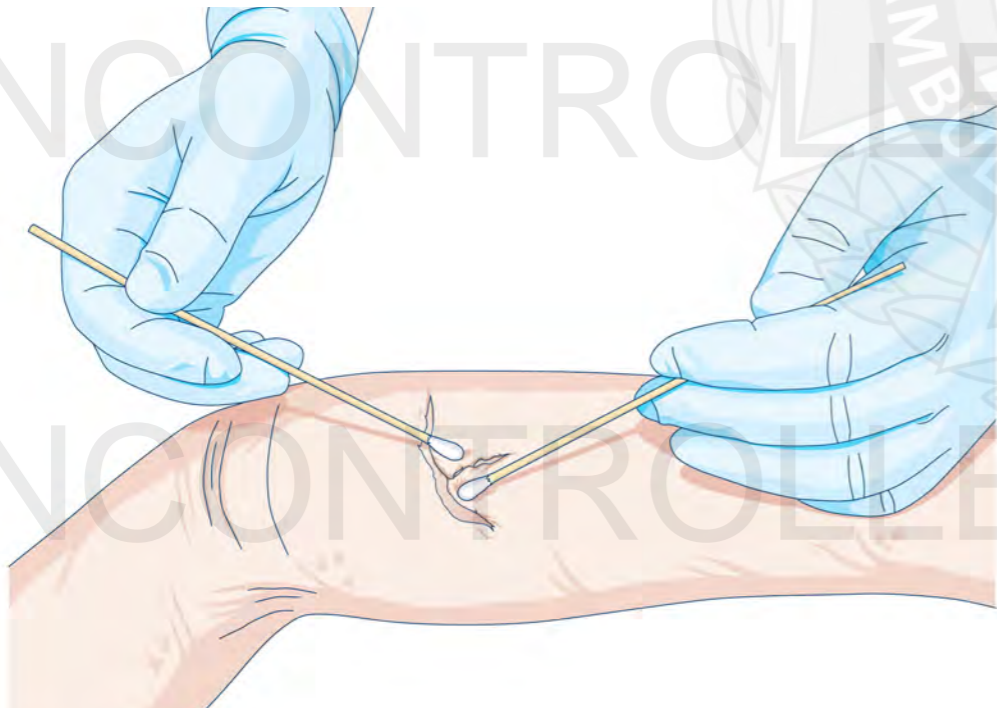
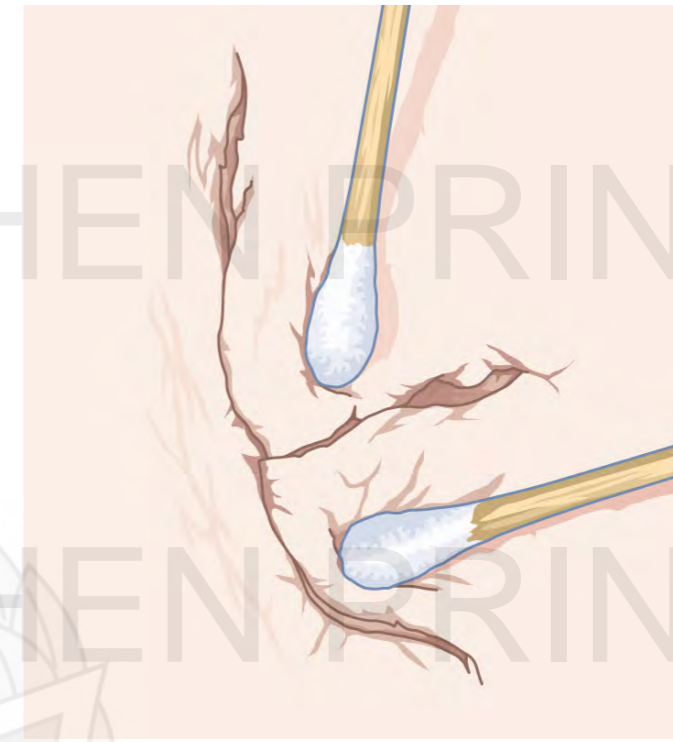
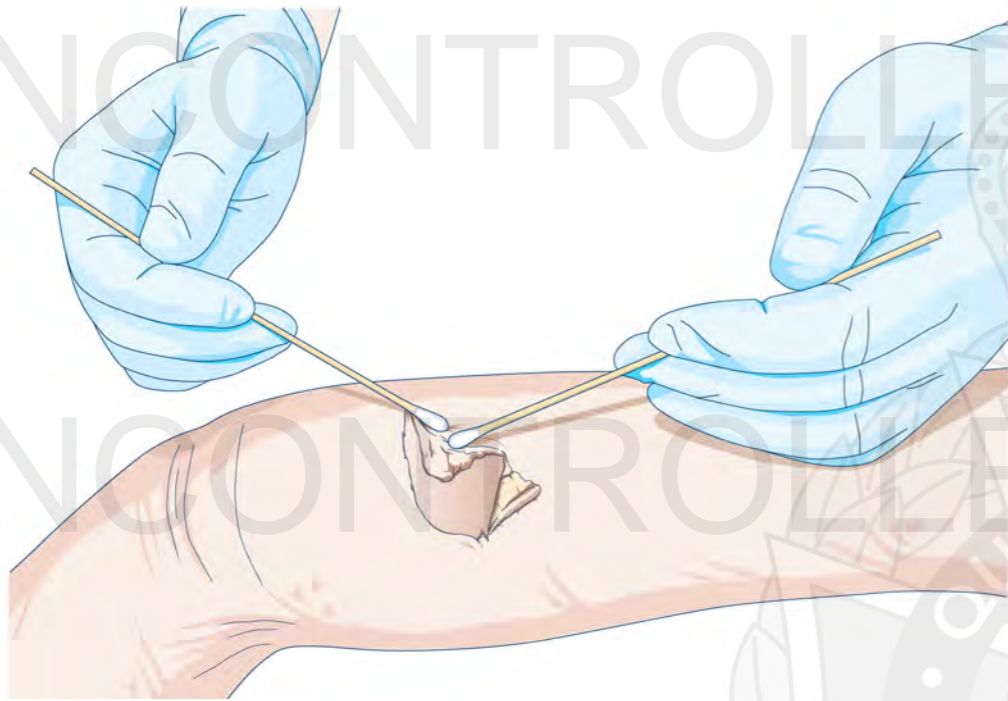


Category 3

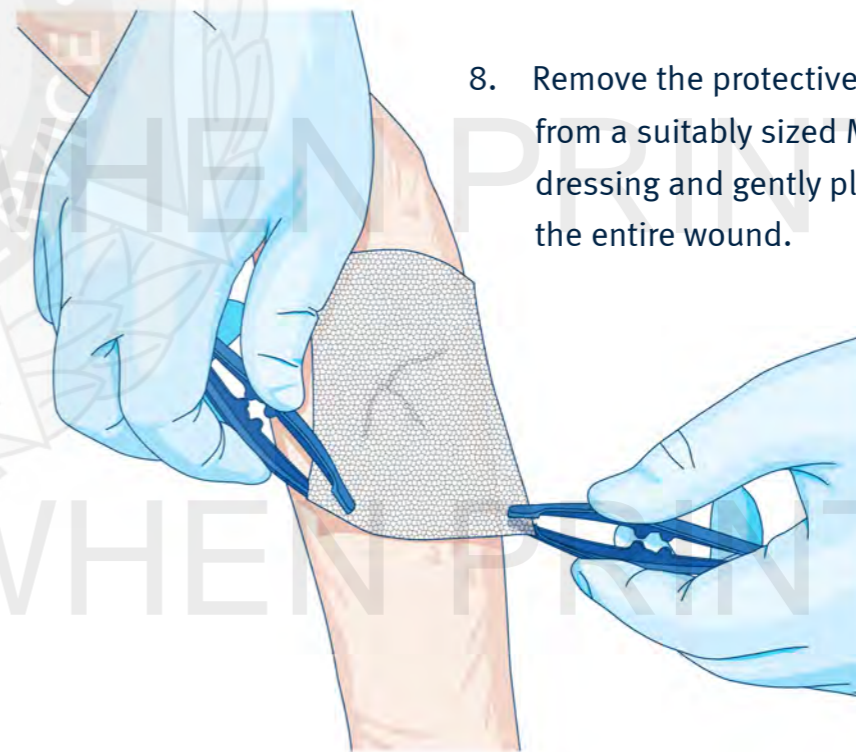
A skin tear where the skin flap is completely absent.

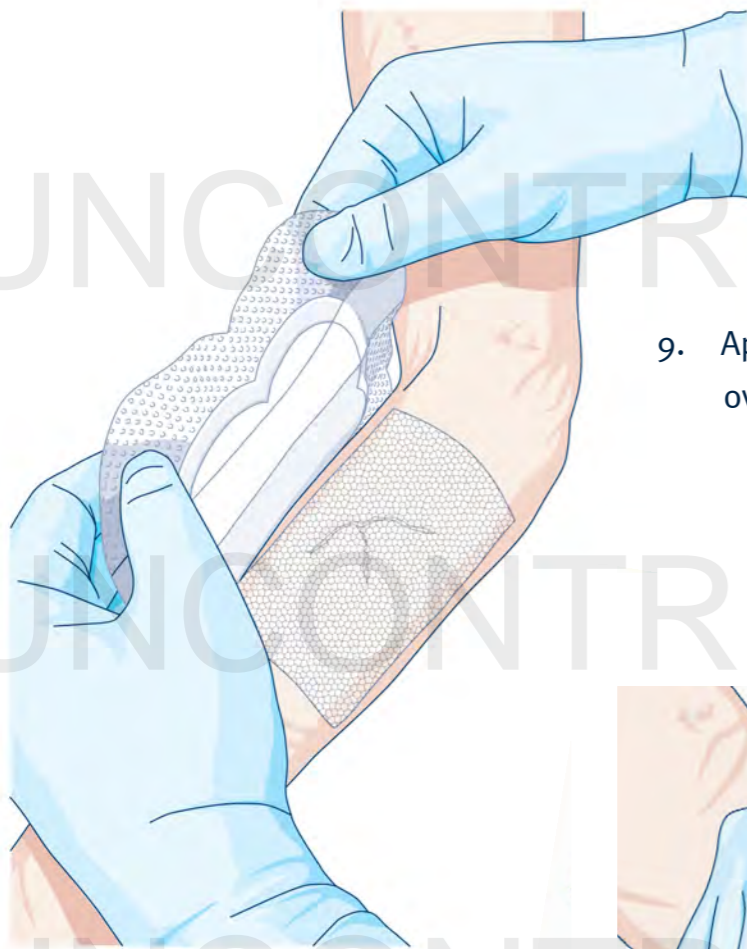
Procedure – Skin closure – Skin tear management

7. Gently re-lay the skin flap neatly over the wound bed with moistened cotton tip applicators. Do not force or stretch the skin flap over the wound bed.

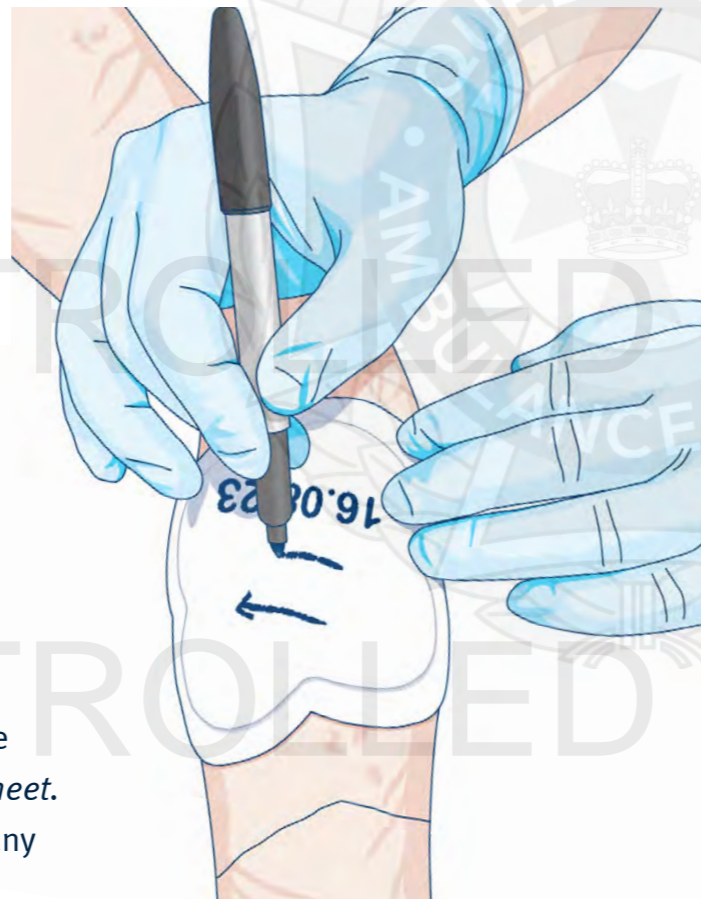


8. Remove the protective plastic from a suitably sized Mepitel® dressing and gently place over the entire wound.





9. Apply an ALLEVYN LIFE wound dressing over the primary Mepitel® dressing.



10. Carefully mark the top of the ALLEVYN LIFE dressing with the date it was applied and the direction the dressing should be removed to reduce the risk of the skin flap being lifted off by the dressing during removal.
11. Provide the patient with a copy of the *QAS Wound Care Information Fact Sheet*. Explain all information and answer any questions asked by the patient.

+ Additional information

- The use of medical gloves is not a substitute for hand hygiene. Hand hygiene should be performed before donning and after doffing medical gloves and immediately before and after any procedure.
- Eye protection must be worn by all clinicians. The potential of blood and body fluid exposure (especially in the face and eyes) during this procedure is **HIGH**.
- All patients with unknown Tetanus immunisation status (or 5 years or more since their last Tetanus immunisation), must be reviewed within 24 hours by a doctor.
- All patients must be advised to follow-up with their General Practitioner within 72 hours for review of the wound and healing progress.