

Skin Tears

- Skin tears are a separation, but not a loss, of the epidermis from the dermis as a result of shearing or friction.
- Skin tears are classified in three categories related to amount of tissue loss.

Category I

Includes linear and flap-type tears that can be approximated so that one millimeter or less of the underlying tissue is exposed.



Category II

- Scant loss: 25% loss of epidermis exposing dermis or underlying tissue.
- Moderate to large tissue loss: more than 25% of the epidermal flap is lost and more than 25% of the dermis is exposed.



Category III

- Involves an absent epidermal flap and/or exposure of underlying structures. Moderate to large tissue loss should be treated under this category.



Treatments

General Instructions

- Change outer dressing as needed.
- Inspect the skin tear 72 hours after occurrence.
- Always use a protective barrier film when applying dressing and steri-strips. No barrier is required when Safetac products are used.

General Instructions

- Avoid use of tapes and adhesive dressings. The use of these products result in additional skin assault. Use non adhering dressings with borders. Foams are always a safe option.
- Avoid the use of occlusive type dressings, i.e., thin films, hydrocolloids.
- Before applying any dressing evaluate possible damage when dressing is removed.









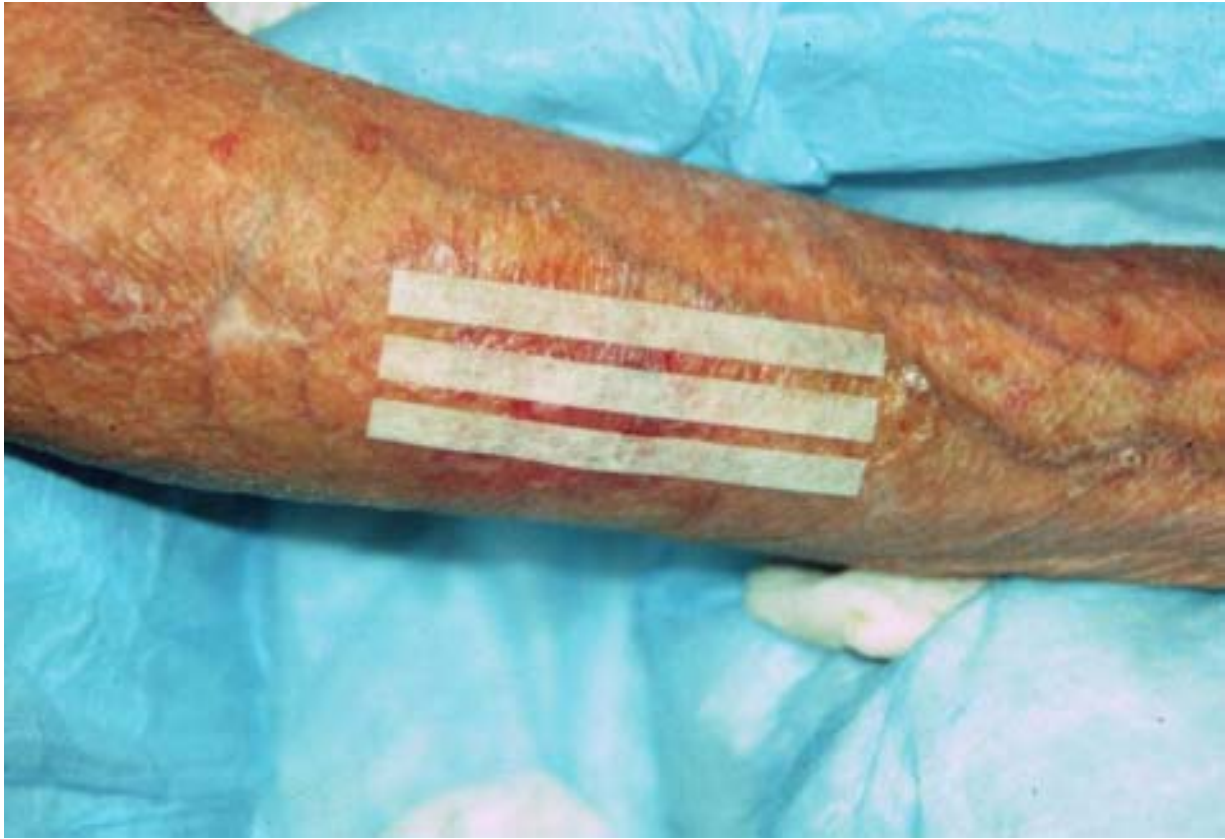


Category I Treatment

- Cleanse, removing all old blood and debris. Pat dry.
- Approximate edges with a sterile swab, normal saline or surfactant.
- Place Steri-strips across approximated edges from intact skin over injury to intact skin.
- Apply the strips across the longest continuous line of the tear. Do not cross the strips over each other. Do not place individually.
- Cover with non-adherent foam. Avoid the use of tape. Wrap in kerlix.













Category II Treatment

- Cleanse thoroughly removing all old blood and debris. Pat dry.
- Approximate edges using a sterile swab, normal saline or surfactant.
- If the tissue loss is 25% or less, apply steri-strips over the approximated edges over the longest continuous line.
- Cover with a non adherent foam.
- Wrap in kerlix or surgilast.















Category III Treatments

- Cleanse thoroughly. Surfactant and sponge may be required to remove all blood and debris.
- If bleeding continues apply firm pressure. Alginates also are very helpful in promoting clotting.
- If underlying structures are exposed, cover with an alginate and foam. Change the dressing in 24 hours to remove absorbed blood and drainage.
- Reassess the site every 2 to 3 days while drainage is present.
- Once the drainage is minimal and granulation tissue is present, apply foam and change every 5 to 7 days.











We are responsible for what
happens around us

