

Skin Tears Putting It All Together

International Skin Tear Advisory Panel (ISTAP)

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Conflicts of Interest

Speakers Bureau, Advisory Board, Unrestricted
Education Grants

Kimberly LeBlanc

- Hollister
- 3M
- Molnlyke
- Systagenics
- Coloplast

Sharon Baranoski

- Hollister
- KCI
- Molnlyke

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International Skin Tear Advisory Panel (ISTAP)

Founding members:

Co-Chairpersons:

Kimberly LeBlanc, MN ,RN, CETN (C)
Sharon Baranoski, MSN, RN, CWCN, APN-CCNS, FAAN

Panel Members:

Karen Campbell, RN, PhD, NP
Dawn Christensen, MHSc(N), RN, CETN(C)
Karen Edwards, MSS, BSN, RN, CWOCN
Mary Gloeckner, RN, MS, COCN, CWCN
Samantha Holloway, MSc, RN
Diane Langemo, RN, PhD , RN, FAAN
Mary Ann Sammon, BSN, CWCN
Ann Williams, BSN, RN, BC, CWOCN
Mary Regan, RN, PhD, CNS, CWCN



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Objectives

- Introduce a new and recently validated Skin Tear Classification System
- Discuss the ISTAP Skin Tear Tool Kit
- Initiate an ongoing global discussion regarding skin tears in all health care settings

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Pre test

1. What are skin tears?
2. Are skin tears more or less common than pressure ulcers?
3. Who is at highest risk of developing Skin Tears?
4. Are all skin tears preventable?
5. What do you need in place to prevent Skin Tears?
6. Name the three types of Skin Tears in the ISTAP Skin Tear classification system?
7. What factors do you need to consider when assessing and treating skin tears?
8. How do you select topical treatment options for skin tears?

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How did we know that Skin Tears were an issue?

Survey says!



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Survey results

- A total of 1127 healthcare professionals from 16 countries completed an online survey.
- More than half (69.6%) of respondents reported a problem with current assessment and documentation of skin tears in their practice settings.
- The vast majority (89.5%) favored a simplified method for documenting and assessing skin tears.
- A total of 80.9% of respondents admitted to not using any tool or classification system for assessing and documenting skin tears.

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Survey results

- **Does your facility/hospital/home care agency use any of the following scales for assessing and documenting skin tears?**
 - Payne/Martin Classification for Skin Tears 10.2%
 - STAR Skin Tear Classification System 6.3%
 - None 79.7%
 - CAWC Best Practice Recommendations 3.8%

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Prevalence of Skin Tears

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Prevalence Of Skin Tears: Review of the Literature

- A 2011 study in a 114 bed Long Term Care Facility demonstrated a 22% prevalence of skin tears (LeBlanc & Christensen 2013)
- Carville et al (2007) asserted that skin tears are perceived to be common wounds and occur more frequently than pressure ulcers
- 20% of known wounds in the veteran population (Carville, Smith 2004)
- Studies of community settings reported skin tear prevalence rates of 5.5% in known wounds in all age groups (Carville, Lewin,1998)
- A 1994 study in a 347-bed facility in Western Australia demonstrated a 41.5% skin tear prevalence rate within its population (Everett, Powell 1994)
- Early research estimated that 1.5 million skin tears occur each year in institutionalized adults in the United States (Malone et al 1991)

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Consensus 2011



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Supported by an educational grant from Hollister



3 phase modified Delphi Method

- Phase 1
 - 13 key opinion leaders
- Phase 2
 - 68 global reviewers
- Phase 3
 - 13 + 68

99% "agreed" or "somewhat agreed" with statements

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Skin Tear Definition:

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).



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Consensus Statements:

1. *Intrinsic and extrinsic factors contribute to the occurrence of skin tears; some of these factors are yet to be determined*
2. *Skin tears are more prevalent with, but not limited to, the extremes of age*
3. *Physiological changes related to the aging process affect the skin's ability to resist shear, friction and/or blunt force*
4. *Physiological characteristics of neonatal / infant skin may affect the skin's ability to resist shear, friction and/or blunt force*
5. *Individuals with impaired activity, mobility, sensation, or cognition have increased risk of shear, friction and/or blunt force injury related to the need for increased assistance*

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Consensus Statements:

6. *A comprehensive assessment of risk factors for skin tears should be conducted for all individuals within the context of their environment.*
7. *A collaborative multidisciplinary approach should be utilized for skin tear prevention and management*
8. *Skin tears are to be assessed and documented on a regular basis according to health care setting practice and policy*
9. *Evidence based wound care principles should guide treatment of skin tears*

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Consensus Statements:

- 10. Patients, caregivers and healthcare providers should be educated regarding prevention and management of skin tears.
- 11. Not all skin tears are preventable
- 12. Further research is needed to expand scientific knowledge to determine best practice in skin tear prediction, prevention, assessment, treatment and documentation

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Introducing a validated Skin Tear Classification System

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ISTAP Skin Tear Classification

Type 1: No Skin Loss Type 2: Partial Flap Loss Type 3: Total flap loss



Linear or Flap Tear which can be repositioned to cover the wound bed

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

Total Flap loss exposing entire wound bed

LeBlanc, K., Baranoski et al. Advances in Skin and Wound Care June 2013

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Type 1



Linear or Flap Tear which can be repositioned to cover the wound bed

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Type 2



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

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Type 3



Total Flap loss exposing entire wound bed

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ISTAP Skin Tear Classification: Just the Beginning!



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ISTAP Tool Kit



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ISTAP Skin Tear Tool Kit

The tool kit was designed to include components that would serve as a basis for education and implementation guidance for Skin Tear prevention and treatment programs.



LeBlanc, K., Baranoski et al,
Advances in Skin and Wound Care,
Oct 2013 Issue

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ISTAP Skin Tear Tool Kit

Goals and Objective

- The goal of the ISTAP Skin Tear Tool Kit is to provide a foundation to assist and guide individuals, their circle of care, and health care professionals in the risk assessment, prevention and treatment of skin tears.
- The ISTAP Skin Tear Tool Kit is designed to allow the clinician to implement systematic approach to the prevention, management and treatment of skin tears.

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ISTAP Skin Tear Tool Kit

The tool kit includes the following:

- Risk assessment Pathway
- Quick Reference Guide for the ISTAP Risk Reduction Program and Rationale
- Skin Tear Decision Algorithm
- Pathway to Assessment / Treatment of Skin Tears
- ISTAP Classification System
- Prevalence Study Data Collection Sheet
- Product Selection Guide

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ISTAP Skin Tear Tool Kit

Methodology

- The ISTAP group developed the tool kit and subsequently subjected it to a global review and input from a wide group of 50 international reviewers.
- The purpose of this document is to disseminate the globally agreed ISTAP Skin Tear Tool Kit and to generate further research on this topic.
- A three-phase modified-Delphi method was used to reach consensus on the components of the ISTAP Skin Tear Tool Kit.

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Mobility

- **Mobility Related Issues**
- **Assistance with Activities of Daily Living (ADLs)**
- **History or Risk of Falls**
- **Mechanical Trauma (Not related to mobility aids)**



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Skin



- **Skin**
 - **Skin Changes related to Extremes of Age and Critically Ill**
 - **History of previous skin tears**



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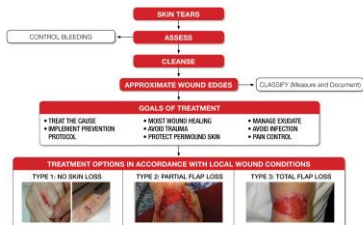


- **Health Care Setting**
 - Recognize the need for and implement a comprehensive skin tear reduction program,
 - Support the use of atraumatic topical dressing options for the treatment of skin tears when they do occur to minimize the risk of further skin damage
 - Include the prevalence and incidence of skin tears in current wound audit programs

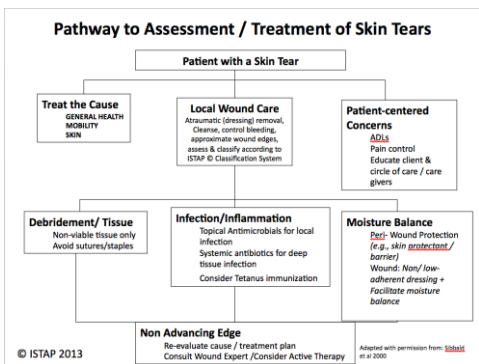
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ISTAP Skin Tear Tool Kit



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Various pain assessment tools may be used to determine pain severity

PAIN SCALES

0

No Pain

10

Worst Pain

Ask the patient to pick a point on the continuum that best describes the severity of their pain

Visual analogue scale

NO PAIN

MILD PAIN

MODERATE PAIN

SEVERE PAIN

Ask the patient which word best describes his/her current level of pain

Verbal rating scale

Ask the patient on a scale of 0-10, where 0 = no pain and 10 = worst possible pain, to choose a number that best places his/her current level of pain

0
1
2
3
4
5
6
7
8
9
10

Numerical rating scale

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ISTAP Skin Tear Classification

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Data Collection Tool

Patient Identifier _____
 Unit/Floor _____
 Type of care facility _____
 Sex male female
 Age _____

Skin Tear	Location of skin tear	Skin Tear Type	Cause of Skin Tear	Where Skin tear occurred	Facility acquired Yes/No
A					
B					
C					
D					

ISTAP Skin Tear Classification



Location of Skin Tear:

1. Hands
2. Arms
3. Legs
4. Feet
5. Head / Face
6. Trunk
7. Other _____

Cause of Skin Tear:

1. During ADLs
2. Trauma
3. Fall
4. Self Inflicted
5. Dressing Removal
6. Resisting care
7. Ulklowers
8. Other _____

Where Skin Tear Occurred:

1. Acute Care
2. Long Term Care
3. Home care
4. Rehab
5. Other _____

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Local Wound Care/Moisture Balance

Product – Avoid Adhesives	Indications	Considerations for Use
Hydrocolloid Mesh (Carbomer/Chelucase [CMC] + Petrolatum) minimal skin shear	Dry or exudate wound (with secondary absorptive dressing)	Maintains moisture balance for variable amounts of wound exudate ; atraumatic removal
Silicone Mesh Adherence to skin with low skin shear	Dry or exudate wound (with secondary absorptive dressing)	Maintains moisture balance for variable amounts of wound exudate ; atraumatic removal
Impregnated Gauze Mesh	For barrier function	Variable degrees of trauma on removal, no moisture balance
Foam, Polyurethane cells	Absorption of moderate to heavy exudate	Potential for ost wound maceration & for skin stripping on removal
Hydrogel (70-90% H ₂ O) available in gel and sheet form	Donates moisture for dry wounds	May result in ost wound maceration, excellent for autolytic debridement
Calcium Alginates: Available in rope & sheet	Hemostatic and autolytic debridement properties + moisture balance, requires moderate to high exudate	Biodegradable
Hydrofiber (CMC)	Mild to moderate exudate , minimal autolytic debridement	Non biodegradable, no hemostatic properties
Acrylic dressing Conformable acrylic pad enclosed between 2 film layers	Mild to moderate exudate without any evidence of bleeding	May become completely adherent / very cautious removal but should be left in place until it falls off
Skin Glue Liquid acrylic	To approximate wound edges	Use in a similar fashion as sutures within first 24 hours post injury, medical directive/ protocol may be required

Products **NOT** recommended: Hydrocolloid, Transparent Films, Closure Strips (TBA)

Post test

1. What are skin tears?
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DEDICATED TO GROWTH IN THE AWARENESS, PREVENTION, & MANAGEMENT OF SKIN TEARS

A Skin Tear Consensus Panel Has Been Established To Address Prevention, Assessment, And Treatment Of Skin Tears.

A panel of 13 internationally recognized key opinion leaders convened to address skin tears. Co-chairpersons Kimberly LeBlanc, MN, RN, CETN(C), and Sharon Barancok, MSN, RN, CWCN, APRN-CNS, FAAN have kindly granted permission to share their publication.

Skin Tears: State Of The Science: Consensus Statements For The Prevention, Prediction, Assessment, And Treatment Of Skin Tears.

When Mismanaged And Misdiagnosed, Complications Follow.
Despite preliminary studies that suggest skin tears may be more prevalent than pressure ulcers, there remains a paucity of literature to guide prevention, assessment and treatment of skin tears. As a result, these wounds are often mismanaged and misdiagnosed, leading to complications including pain, infection, and delayed wound healing.

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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).



The skin tear consensus panel recommends the following future research and tool development projects in order to fill the gaps in current literature:

- **International prevalence and incidence studies** across different healthcare settings are needed to determine the true extent of the problem of skin tears.
- Development of a **valid and reliable risk assessment tool** applicable to skin tears in all health care settings.
- Conduct **randomized controlled trials** to determine best practices for the prevention and treatment of skin tears.
- **Identify unpreventable skin tear situations** as protective measure to the health care systems.

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Questions ????



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