



# Ubiquity Quality Healthcare Group, Inc.

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## **Skin Tears: Facts and Preventative Interventions**

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Each year, more than 1.5 million skin tears are reported in long term care facilities. While it is evident that skin tears are a common occurrence among the elderly, commonality should not be cause for apathy among healthcare workers or acceptance as being a normal part of the aging and long term care process.

### **Facts**

- 50% of all reported skin tears are of “unknown origin.”
- 25% of skin tears of known cause occur in and/or related to wheelchairs
- 25% of skin tears of known cause occur from accidents, bumping into objects
- 18 – 24% of all skin tears of known cause occur during transfers or the provision of activities of daily living by care staff
- 12.5% of all skin tears of known cause occur during a fall

### **Anatomy of the Skin and Skin Tears**

The skin is made up of two layers; the epidermis or the outer layer of skin and the dermis; the inner layer of the skin. These layers cover and protect the subcutaneous tissue below. In a skin tear, one or both of the skin layers become separated from the underlying tissue. The epidermis can shear away from the dermis or both layers of skin can be ‘torn’, exposing the subcutaneous tissue. In addition to being unsightly, with the potential for scarring, skin tears can be very painful.

### **Assessing Risk**

It’s important to identify residents at risk for skin tears in order to implement a preventative plan of care. Elderly people are at a higher risk for skin tears due to the fact that as we age, the skin has less collagen and elastin, which presents in the form of wrinkles or sagging skin. The skin is less able to handle normal wear and tear. In assessing residents to determine who is at risk for skin tears, consider the following risk factors:

- People over the age of 85
- Thinning of the skin due to aging process
- Compromised nutritional status
- Compromised hydration status

- History of previous skin tears or skin breakdown, thus making that skin weaker and more vulnerable
- Confusion
- Limitations in mobility
- Reliance on others to provide activities of daily living, such as bathing, dressing and transfers
- Behaviors related to cognitive changes
- Altered sensory status
- Visual impairment
- Neuropathy (decreased sensation)
- Use of assistive devices such as wheelchairs and walkers
- Stiffness and spasticity
- Vascular or cardiac problems
- Muscle weakness
- Presence of bruises---damaged skin predisposed
- History or current use of Corticosteroids...either intern or external use
- Race: Caucasians have naturally thinner skin than other races
- Gender: Females tend to have thinner skin than males

### **Development and Implementation of a Preventative Plan**

The following interventions can be employed, once a resident has been identified as being at risk for skin tears:

- Good skin hygiene. (Keep in mind, however, that the more frequently the resident bathes, the dryer the skin can become.)
- Emollient soaps
- Application of emollient lotions; make sure lotions are soap and alcohol-free
- Improved nutrition; consider appetite stimulants or supplements if necessary
- Improved hydration; encourage fluids in between meals
- Removal of environmental risk factors, such as sharp protuberances in resident room and common area, walkways free of obstacles/clutter
- Provide safe area for wandering, if indicated
- Staff education: Intervention and caution during daily care, to include:
  - ✓ Care during transfers; take note of hand and arm placement on residents
  - ✓ Use of draw sheet for pulling residents up in bed, rather than pulling the resident themselves
  - ✓ Use draw sheets to gently roll residents in bed
  - ✓ Do not pull linens out from under residents when changing bed; log roll to prevent shearing of skin
  - ✓ Careful and proper use of equipment, such as walkers, wheelchairs, lifts, transfer and turn aids
  - ✓ Careful handling of resident's arms during care (many residents are thin and frail)
  - ✓ Pad bed rails, wheelchair arm rests, leg supports on wheelchairs, etc.
  - ✓ Keep nails short and filed---both staff and residents
  - ✓ Reminders for residents to turn and move slowly
  - ✓ Support dangling arms or legs with pillows
  - ✓ When applying dressings to the skin, use paper-tape only, if tape must be used. Consider using Kling gauze or Geri-sleeves to hold dressings in place instead
  - ✓ Use of Geri-sleeves, long sleeves on shirts and pants for extra protection

## **Managing a Skin Tear**

Once a skin tear has occurred, healing and prevention of further skin tears becomes the goal. A thorough assessment of the cause of the skin tear should be made and preventative measures should be identified and put into place. A Care or Service Plan should be established and implemented:

- Proper nursing care of the skin tear is imperative.
- Consult the resident's physician for treatment orders and provide dressing changes as indicated.
- Pain management is crucial.
- Focus on nutrition and hydration and consider the addition of vitamins and minerals for the promotion of wound healing.
- Protein supplements can also aid in wound healing.
- Observe and report signs and symptoms of infection.

## **Risk Management**

In addition to staff training and education as to the prevention and treatment of skin tears, residents' family members should also be educated about the potential problem, how it can occur and what steps are being taken via the Care or Service Plan to prevent skin tears. It is always better to plan for the "what if" rather than wait until something untoward happens to alert family.

With risk identification, preventative measures identified, carried out and documented in the Care or Service plan, the facility staff, resident and resident's family can address a skin tear from a team perspective. Equipping residents and family members with knowledge of how and why skin tears can occur, including the pathophysiology of the aging body, will assist in reducing allegations that may point toward liability exposure.