

SKIN TEARS

9 October 2025
2.00 - 3.00pm (AEST)

Hosted by:
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*Let's Talk
Wounds*

**WOUND SPECIALIST
Services**

**phn
GOLD COAST**
An Australian Government Initiative

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Most common wound in older persons
Painful & affect quality of life
Increase risk of hospitalisation
Important safety & quality indicator
Reportable adverse event

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SKIN TEAR

*A traumatic wound caused by mechanical forces,
including removal of adhesives and patient handling,
the depth of which may vary (not extending through
the subcutaneous layer)*

(Nikaneng, 2023)

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INTERNATIONAL SKIN TEAR CLASSIFICATION TOOL (ISTAP)

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

Gafooni, Baranowski, Holmberg, & Longenecker, 2013

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CAUSES OF SKIN TEARS

- Trauma
- Falls
- During activities of daily living
- Dressing or treatment related
- During transfer
- Equipment injury



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RISK FACTORS

1. General health
2. Mobility
3. Skin, and skin care/hygiene practice & handling

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CASE STUDY 1

Let's meet Del

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HISTORY OF PRESENTING COMPLAINT

- 93-years old
- Recently widowed
- Increasing confusion
- History of falls
- Weight loss



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PAST HEALTH HISTORY

Medical / Surgical History / Social History

- Mild cognitive impairment
- Hypertension
- Osteoarthritis
- Right total hip replacement (2007)
- Left acoustic neuroma (1995)
- High falls risk
- Weight loss >3kg in last 3 months
- Recently widowed (12 months ago)
- Independently mobile
- Non-smoker, non-drinker

Allergies/Sensitivities

- Nil known allergies

Medications

- Irbesartan
- Alendronate
- Frusemide
- Vitamin C

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ASSESSMENT

Baseline Observations

- Blood pressure 160/80mmHg
- Heart rate 72 bpm
- Respiratory rate 12
- Temperature 37.1°C
- Weight 48kg
- Height 165cm

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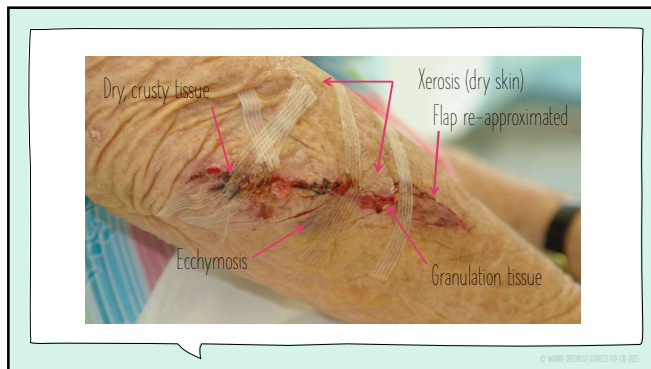
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WOUND ASSESSMENT



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WOUND MANAGEMENT PLAN

- Control bleeding
- Cleanse & debride
- Control exudate
- Monitor wound healing

Three small images showing different stages of wound care: cleansing, dressing, and monitoring.

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SELF-CARE CHECKLIST FOR CONSUMERS

- ☐ Have I been given an individualised skin care plan?
- ☐ Am I using an emollient every day?
- ☐ Am I eating sensibly and drinking enough water?
- ☐ Am I keeping as active and mobile as possible?
- ☐ Have I thought about wearing clothing to protect my skin e.g. long sleeves, limb protectors or tubular bandages?
- ☐ Has my environment been made as safe as possible e.g. adequate lighting, no obstacles, padding on furniture and equipment?
- ☐ Am I wearing sensible/comfortable shoes to avoid falls?

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CASE STUDY 2

Let's meet Jean

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HISTORY OF PRESENTING COMPLAINT

- 90-years old
- Sustained skin tear on 21 June 2023
- History of venous leg ulcers



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PAST HEALTH HISTORY

Medical / Surgical History / Social History

- Rheumatic fever (childhood)
- Tricuspid valve disease
- Pulmonary hypertension
- Atrial fibrillation
- Hypertension
- Iron deficiency anaemia
- Chronic venous insufficiency
- Venous leg ulceration
- Cellulitis
- Varicose veins

Allergies/Sensitivities & Medications

- Penicillin

Social History

- Recent admission to RAG
- Widowed 5 years ago
- 8 adult children, 24 grandchildren
- Ambulates with 4WW
- Non-smoker, non-drinker

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ASSESSMENT

Baseline Observations

- Blood pressure 110/60mmHg
- Heart rate 58 bpm
- Respiratory rate 12
- Temperature 37°C
- Weight 44kg
- Height 168cm

Investigations

- Blood tests
- Ankle Brachial Pressure Index (ABPI) assessment
- Bacterial wound swab

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WOUND ASSESSMENT

21 June



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WOUND PROGRESSION

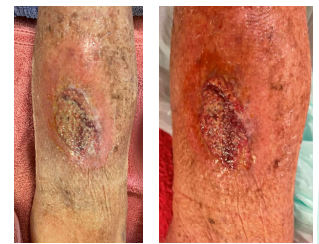
22 July
(one month later)



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WOUND PROGRESSION



22 August

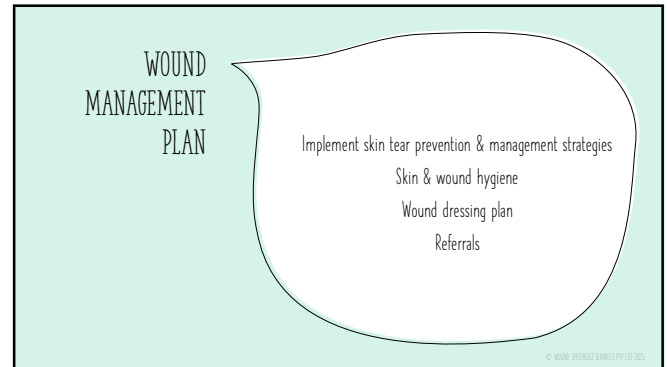
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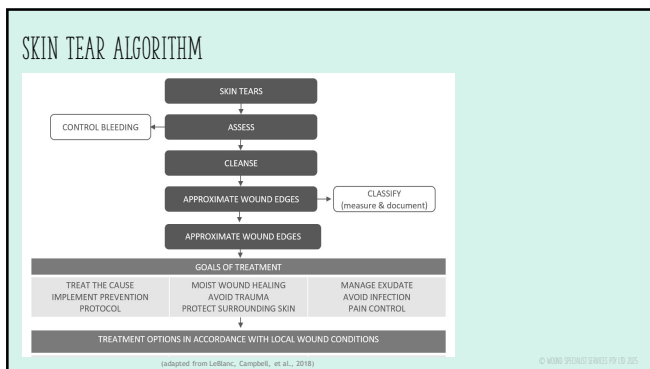
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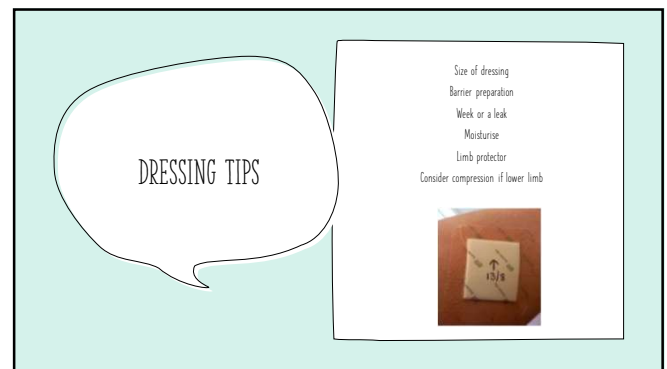
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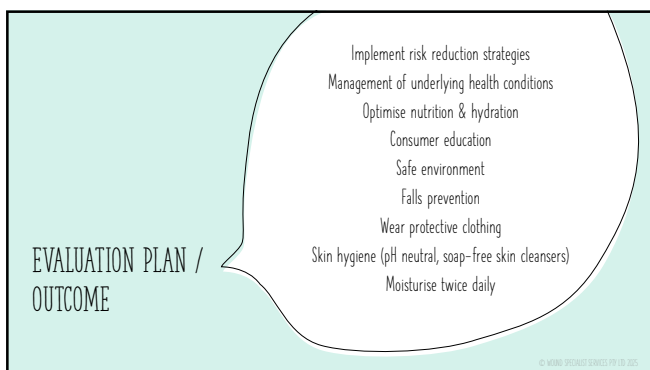
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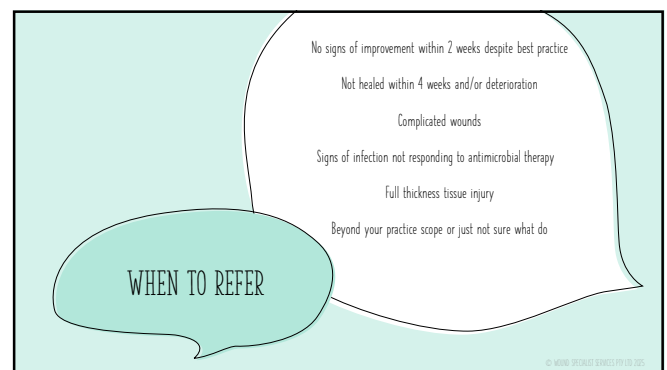
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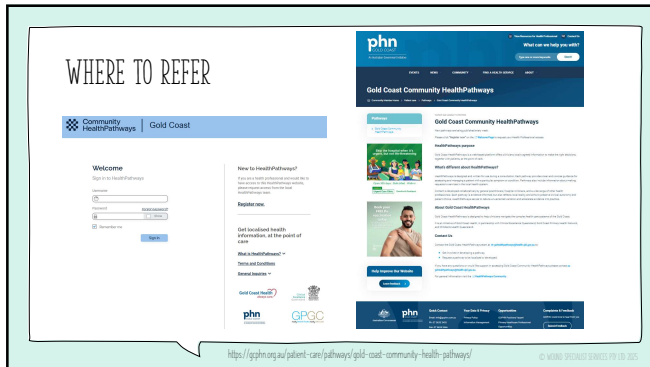
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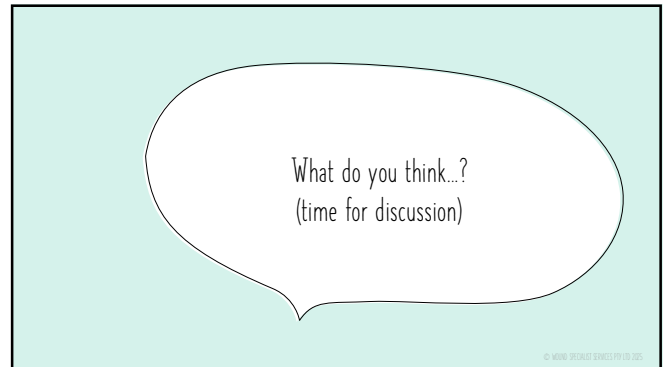
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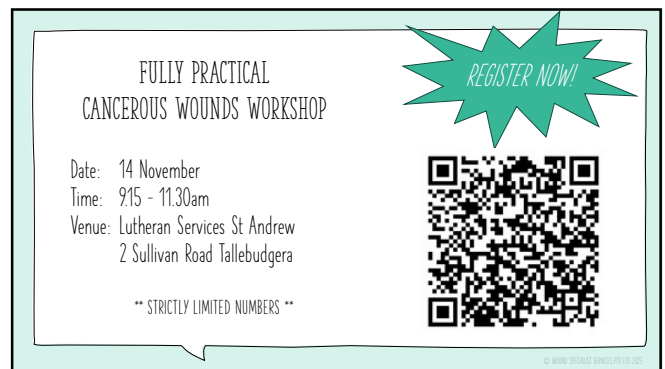
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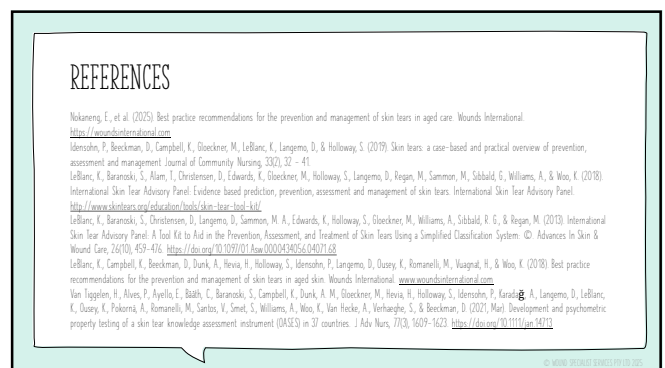
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