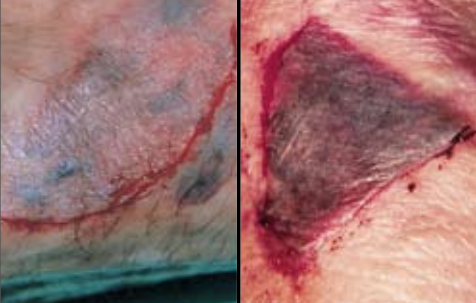
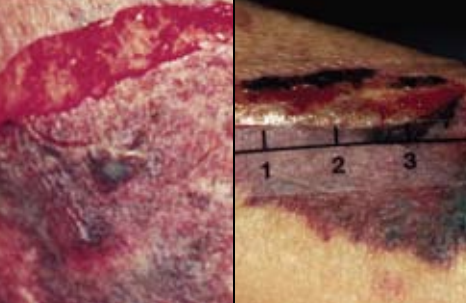





# Skin Tear Dressing Selection Guide

Description	Skin Tear without Tissue Loss	Skin Tear with Partial Tissue Loss	Skin Tear with Complete Tissue Loss	**
Wound Appearance				
Classification*	Category I	Category II	Category III	Skin at Risk
Definition	Linear and flap type skin tears: Skin flap can be approximated so that no more than one millimeter of dermis is exposed	Skin tears with partial tissue loss: a. Scant tissue loss. 25% or less of the epidermal flap is lost b. Moderate to large tissue loss. More than 25% of the epidermal flap is lost	Skin tears with complete tissue loss: Epidermal flap is absent	Aged skin is vulnerable to skin tears, primarily due to epidermal thinning and flattening of the epidermal-dermal junction – See Risk Factors on back
Suggested Products and Change Rates <small>To the right are management options for each wound condition</small>	<p><b>Mepitel®</b> (up to 10 days) Use with secondary absorptive / cover dressing (PRN)</p> <p><b>Mepilex® Border Lite</b> (up to 7 days)</p> <p><b>Mepilex® Lite</b> (up to 7 days)</p>	<p><b>Mepitel®</b> (up to 10 days) Use with secondary absorptive / cover dressing (PRN)</p> <p><b>Mepilex® Border Lite</b> (up to 7 days)</p> <p><b>Mepilex® Lite</b> (up to 7 days)</p> <p><b>Mepilex® Border</b> (up to 7 days)</p> <p><b>Mepilex®</b> (up to 7 days)</p>	<p><b>Mepitel®</b> (up to 10 days)</p> <p><b>Mepilex® Transfer</b> (up to 7 days) Use with secondary absorptive / cover dressing (PRN)</p> <p><b>Mepilex® Border</b> (up to 7 days)</p> <p><b>Mepilex®</b> (up to 7 days)</p>	<p><b>Mepilex® Border Lite</b> (up to 7 days)</p> <p><b>Mepilex® Lite</b> (up to 7 days)</p> <p>Monitor skin</p>
	Consider using  <b>Mepilex® Ag</b> when antimicrobial effect is desired			
Notation	<ul style="list-style-type: none"> <li>✦ Gently cleanse with normal saline and avoid disruption of skin flap</li> <li>✦ Re-approximate viable skin flap when present</li> <li>✦ <b>Normlgel®</b> may be used with dressing changes to donate moisture</li> </ul>		<ul style="list-style-type: none"> <li>✦ Soft silicone technology dressings do not require use of skin barrier products</li> <li>✦ Use Mepitac or Tubifast for retention/securement as needed</li> <li>✦ See back for Prevention and Management Tips</li> </ul>	


Individuals with wound infection or those at high risk for infection may require more frequent changes as well as adjunctive antibiotic therapy. Before any healing process can begin, two critical steps must be taken as part of a well-defined management protocol: 1) wound assessment and 2) management of causative and contributing factors including unrelieved pressure, shear and friction, excessive moisture and altered nutritional status.

\* Payne RL, Martin ML: Defining and classifying skin tears: need for common language, *Ostomy Wound Mgt* 39 (5): 16, 1993.


\*\* Photo © Wound Care Strategies, Inc. Harrisburg, PA 2000.

# Skin Tear Dressing Selection Guide


Risk Factors	Prevention Tips	Management Tips	Documentation
<ul style="list-style-type: none"> <li>• History of previous skin tears</li> <li>• Presence of ecchymosis (discoloration of an area of skin caused by leakage of blood into the subcutaneous tissues as a result of trauma to the underlying blood vessels)</li> <li>• Aged skin</li> <li>• Immature skin (premature infants)</li> <li>• Compromised nutrition</li> <li>• Cognitive impairment or Dementia</li> <li>• Dependency with ADLs</li> <li>• Immobility</li> <li>• Dry skin - poor skin turgor</li> <li>• Dehydration</li> <li>• Presence of friction, shearing, pressure</li> <li>• Use of corticosteroids</li> <li>• Use of anti-coagulants</li> <li>• Impaired sensory perception</li> <li>• Comorbidities (renal failure, CHF, CVA)</li> </ul>	<ul style="list-style-type: none"> <li>• Caregivers should use caution when assisting with ADLs                             <ul style="list-style-type: none"> <li>– Avoid friction or shearing force (lift sheets should be utilized)</li> <li>– Protect fragile skin by covering with <b>Tubifast®</b> or long sleeves/pants</li> <li>– Avoid use of soaps that cause drying</li> </ul> </li> <li>• Traditional adhesives should be avoided when the skin is at risk. Gentle micro-adherent products such as dressings with <b>Safetac®</b> Soft Silicone Technology should be used. For additional fixation, secure dressing with <b>Tubifast®</b> or roll gauze and apply tape to gauze. Avoid adhesive tape directly on skin</li> <li>• If adhesive products have been used remove tape/dressing with extreme caution:                             <ul style="list-style-type: none"> <li>– Consider solvents or saline to loosen the bond</li> <li>– If firmly attached to the skin, consider leaving undisturbed and allowing to lift over time (clip loosened edges)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• If the skin tear flap has dried, it should be removed according to policy</li> <li>• If the skin flap is viable, gently cleanse area and reposition the flap into place utilizing a moistened applicator</li> <li>• After securing the flap, manage it as you would a skin graft. The flap should not be disturbed for approximately 5 to 7 days to allow for the skin flap to re-adhere to underlying structures</li> <li>• Skin sealants are not required or recommended when using dressings with <b>Safetac®</b> Soft Silicone Technology</li> <li>• Remove dressings away from the attachment of the skin tear to avoid disruption of the healing skin flap. Mark outer dressing with arrow to indicate direction for dressing removal</li> </ul>	<ul style="list-style-type: none"> <li>• Classification/ type of skin tear (Payne-Martin)</li> <li>• Location</li> <li>• Size (length, width, depth)</li> <li>• Wound bed condition                             <ul style="list-style-type: none"> <li>— % Viable tissue</li> <li>— % Non-viable tissue</li> </ul> </li> <li>• Peri-Wound skin color and condition (edema, maceration, induration)</li> <li>• Exudate (level, type)</li> <li>• Presence of odor</li> <li>• Presence of pain</li> </ul>




**Mepitel®**  
Soft silicone wound contact layer




**Mepilex® Lite**  
Absorbent soft silicone thin foam dressing




**Mepilex® Border**  
Absorbent soft silicone self-adherent bordered foam dressing




**Mepitac®**  
Soft silicone tape




**Mepilex®**  
Absorbent soft silicone foam dressing



**Mepilex® Transfer**  
Soft silicone exudate transfer dressing



**Mepilex® Border Lite**  
Absorbent soft silicone self-adherent bordered thin foam dressing



**Tubifast®**  
Lightweight, tubular dressing retention

The information provided herein is not to be construed as the practice of medicine or substituted for the independent medical judgment of a patient's treating physician. This information, including but not limited to suggestions for product wear time, product selection and suggested use is based on generalizations and does not consider the unique characteristics of an individual's wound. Each patient's physician shall remain solely responsible for assessing the severity of patient wounds, determining the appropriate treatment, and managing treatment of the wound. For additional information, please refer to the applicable product insert or contact Mölnlycke Health Care at 800.882.4582.

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