

Title	Guideline: The Assessment of People with Skin Tears and/or Pre-Tibial Injuries
Background	<ul style="list-style-type: none"> • A skin tear is a traumatic wound caused by mechanical forces, including removal of adhesives. These wounds do not extend through the subcutaneous layers. • Skin tears can be caused through the removal of medical adhesives • Risk factors for skin tears: <ul style="list-style-type: none"> ○ Extremes of age (older adult and neonate), most common among older adults ○ Female sex ○ History of previous skin tear ○ Dry, fragile skin ○ Medications that thin the skin – such as steroids ○ Bruising ○ Impaired mobility or vision ○ Poor nutrition and hydration ○ Cognitive or sensory impairment ○ Comorbidities that compromise vascularity and skin status, including chronic heart disease, renal failure, cerebral vascular accident ○ Dependence on others for activities of daily living • Skin tears are often thought to be minor wounds and often go unreported • For comprehensive Best Practice Recommendations please visit: <ul style="list-style-type: none"> ○ http://www.skintears.org/wp-content/uploads/2020/05/best-practice-recommendations-holistic-strategies-promote-and-maintain-skin-integrity-ISTAP-2020.pdf ○ https://www.woundscanada.ca/docman/public/health-care-professional/bpr-workshop/552-bpr-prevention-and-management-of-skin-tears/file
Indications	This guideline is intended to be used by health care providers, to guide their assessment of individuals admitted or presenting with a skin tear or pre-tibial injury.
Guideline	<ol style="list-style-type: none"> 1. Upon discovery of a skin tear or pre-tibial injury on a patient or upon admission of a patient with such a wound to your health care facility/service, conduct a history and focused physical assessment to determine the patients: <ol style="list-style-type: none"> a. Current and previous medical history, including medications b. Nutritional status c. Wound history d. Wound related pain and quality of life e. Extrinsic and intrinsic factors affecting wound healing f. Patient goals and ability to participate in the care plan 2. If the patient has a skin tear on their lower leg or a pre-tibial injury, assess the patients lower leg for: <ol style="list-style-type: none"> a. Edema, lymphedema, lipidema b. Signs of venous/arterial/mixed leg disease c. The quality of the patient's lower limb circulation (pedal pulses and ABPIs) Ankle brachial Pressure index (ABPI) tests should be performed by a healthcare professional trained in such testing 3. Conduct a psychosocial assessment to determine the: <ol style="list-style-type: none"> a. Patients understanding of the wound and their risk factors b. Impact of the wound on the patient and their body image

	<ul style="list-style-type: none"> c. Financial concerns and availability of support systems to address concerns d. The impact of the patients environment, physical/medical/psychosocial factors, and end-of-life goals on their care, as applicable e. Functional, cognitive, and emotional status of the patient and their family to manage self-care <ol style="list-style-type: none"> 4. Complete a validated wound assessment/monitoring tool (such as the “NPUAP PUSH Tool 3.0”). It is important to track wound progression over time using a validated tool so that treatment plan effectiveness can be evaluated. This should be done weekly at a minimum. 5. Classify the skin tear using the “ISTAP Skin Tear Classification System” <ul style="list-style-type: none"> a. Type 1: No skin loss: linear or flap. Tear can be repositioned to cover the wound bed b. Type 2: partial flap loss that cannot be repositioned to cover the wound bed c. Type 3: total flap loss that exposes the entire wound bed 6. For pre-tibial injuries, classify the injury according to Dunkin Classification: <ul style="list-style-type: none"> a. Type I: Laceration b. Type II: Laceration or flap with minimal hematoma and/or skin edge necrosis c. Type III: Laceration or flap with moderate hematoma and/or skin edge necrosis d. Type IV: Major de-gloving injury 7. Assess the wound for signs/symptoms of increased bacterial burden using “NERDS and STONEES” or refer to the “Guideline: The assessment and management of bacterial burden in acute and chronic wounds” to help guide your assessment. NOTE: in those with lower leg skin tears or pre-tibial injuries, visible evidence of infection may be muted or non-existent in those with compromised arterial blood flow to their lower legs or in those with diabetes 8. Assess the wound’s moisture balance and appropriateness of the current dressing. See the “Guideline: The Assessment and management of Moisture in Acute and Chronic Wounds” for further guidance. 9. Assess the wound to determine if debridement interventions are warranted. See “Guideline and Procedures: Wound Debridement (excluding conservative sharp debridement)” and “Guideline: Conservative Sharp Wound Debridement”. NOTE: Follow your organization policies and standard operating procedures as well as your College’s Standards before completing care below the dermis 10. Determine the healability of the patients pilonidal sinus wound based on your holistic assessment. Choose the most appropriate wound healing goals based on the wound’s ability to heal: <ul style="list-style-type: none"> a. Healing b. Not-healing (“Maintenance”) c. Non-healable/palliative <p>NOTE: Wound healing goal may change over time and should be re-assessed on an ongoing basis</p> 11. Once you have completed a thorough assessment of the patient and their skin tear/pre-tibial injury proceed to implement appropriate interventions, as outlined in “Guideline: The Management of People with Skin Tears and/or Pre-Tibial Injuries”
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References	<ol style="list-style-type: none"> 1. Beeckman, D., et al. 2020. Best practice recommendations for holistic strategies to promote and maintain skin integrity. Available at: http://www.skintears.org/wp-content/uploads/2020/05/best-practice-recommendations-holistic-strategies-promote-and-maintain-skin-integrity-ISTAP-2020.pdf [Accessed June 3, 2020] 2. LeBlanc, K., et al., 2018. Best practice recommendations for the prevention and management of skin tears. Available at: https://www.woundscanada.ca/docman/public/health-care-professional/bpr-workshop/552-bpr-prevention-and-management-of-skin-tears/file [Accessed June 3, 2020]. 3. Stephen-Haynes, J. and Carville, K. 2011. Skin tears made easy. Available at: https://www.woundsinternational.com/uploads/resources/f4bcdbfac0ac39b4610be85fe0ce38c6.pdf [Accessed June 3, 2020]. 4. Singh, P., et al. 2017. The management of pretibial lacerations. <i>Ann R Coll Surg Engl</i> 99, pp 637-640.
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