

# Skin Tear Pathway - Lower leg

A skin tear is a traumatic wound caused by mechanical forces, including the removal of adhesives. Severity may vary by depth (not extending through the subcutaneous layer). (Le Blanc K et al 2018)

## Skin Tear Pathway - Lower Leg

### 1 Stop the bleeding

- Apply clean gauze until the bleeding stops.
- Elevate the limb where possible.

### 2 Follow the Pathway for Wound Cleansing

### 3 Reapproximate where possible

- If a flap is present ease it back into position (reapproximate) without pulling or applying tension.
- If difficult to align, use moistened gauze for 5-10 minutes to rehydrate area.

**Important - if the bleeding does not stop after 10 minutes of pressure please seek medical assistance.**

**Important - the use of paper adhesive strips, sutures or glue may cause additional damage. DO NOT use due to fragility of the skin.**

### 4 Categorise the skin tear

**Type 1  
Skin tears  
without  
tissue loss**



**Type 2  
Skin tears  
with partial  
tissue loss**



**Type 3 Skin  
tears with  
entire skin  
loss**



### 5 Dress the wound

- Apply Urgotul Absorb Border ensuring a 2cm border around the wound margins.
- **Leave in place for 5 days (as a minimum)**  
Wear time will be determined by wound/exudate levels.
- Mark the dressing with an arrow to indicate direction of removal to reduce risk of flap disturbance along with the date of dressing change.



### 6 Dress the leg(s)

#### 6a For patients with symptomatic peripheral arterial disease (PAD).

##### Apply

- 1 x layer of sub bandage wadding followed by 1 x layer of light support bandage (Safe Soft Bandaging Technique).



- Bandage from toe to knee in a spiral with a 50% overlap using the Safe Soft Lower Leg Bandaging Technique.



- Refer to the Skin Integrity Team (SIT) using the Skin Integrity Datix/ Dashboard.

##### ALWAYS

- Refer to the Vascular Team for patients with limb threatening ischaemia/gangrene.

OR

#### 6b For patients with anti-embolism stockings (AES).

##### Measure

- Measure the patients leg(s) to determine the appropriate anti-embolism stocking size.

##### Apply

- Apply the AES working the stocking up in small sections.

##### Ensure

- Ensure the stocking is pulled up accordingly
- Any excess fabric should be smoothed back into the stocking.



##### ALWAYS

- Make sure that the toes are not restricted when the AES is in situ
- Remove AES 3 x daily to undertake skin inspections
- Wash the lower leg(s) and moisturize using an emollient from the local formulary on a daily basis.

OR

#### 6c Remaining Patients.

##### Measure

- Measure the patients legs to determine the appropriate hosiery liner 10mmHg
- For patients with limb sizes that fall outside the stock range sizes, dress the leg(s) as per 7a.

##### Apply

- Apply the hosiery liner 10mmHg working the stocking up in small sections.

##### Ensure

- Ensure the hosiery liner 10mmHg is pulled up to the bend of the knee
- Any excess fabric should be smoothed back into the stocking.



##### ALWAYS

- Make sure that the toes are not restricted when the hosiery liner is in situ
- Remove the hosiery liner 3 x daily to undertake skin inspections
- Wash the lower leg(s) and moisturize using an emollient from the local formulary on a daily basis.

### 7 Review, Reassess, Dress and Document

#### Secondary Care inpatients:

- Gently lift the dressing working away from the attached skin flap
- Monitor for changes ie infection, discolourisation to flap
- Redress accordingly.
- If there is no improvement after 14 days, or if advice is required contact the Skin Integrity Team (SIT).

#### Secondary Care Emergency/ outpatient areas:

- Refer to the District Nurse/Practice Nurse for a dressing change. Leave in place for 5 days (as a minimum) to minimise disturbance to the wound bed. Wear time will be determined by wound conditions eg. exudate levels.
- Provide 1 x dressing for the first District Nurse/Practice Nurse appointment.

#### Primary Care:

- Gently lift the dressing, working away from the attached skin flap
- Monitor for changes ie infection, discolourisation to flap
- Redress accordingly.
- If there is no improvement after 14 days, or if advice is required contact TVALS.

### 8 Promote patient involvement

Encourage patient involvement by:

- Keeping the skin well hydrated by maintaining adequate nutritional and fluid intake
- Apply an emollient from the local formulary on a daily basis to the other areas of the skin to minimize further skin tear development
- Protect fragile skin by covering with long sleeved clothing or tubular bandages.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.