

SKIN TEAR PATHWAY



Type 1: Skin tears without tissue loss



Type 2: Partial flap loss



Type 3: Total flap loss

• If the skin tear is bleeding, apply gentle pressure with a gauze swab and elevate limb, if necessary (for a minimum of 15 minutes.)

• If a skin flap is present, gently realign.

• Measure the wound, photograph, document the size and classification (type) of the skin tear on the wound chart.

Is the skin tear very wet/leaking?

YES



Cleanse the wound with drinkable water. Apply silicone wound contact layer ADAPTIC TOUCHTM Dressing, absorbent pad and a bandage for the first 24hours or until fluid levels reduce. Reassess daily by removing absorbent pad only, leaving ADAPTIC TOUCHTM Dressing in place, once fluid loss is minimal continue down the pathway. Swab wound before continuing on pathway or after 72hrs if fluid loss remains high. NO



Cleanse the wound with drinkable water.
Apply a barrier around the wound and extending beyond to the edge of the dressing
Apply KERRALITE COOL[™] Dressing

KERRALITE COOL[™] Dressing has no upper wear limit as the dressing is transparent and the wound visible: Leave in situ unless there are signs of edge lift, the dressing has begun to leak or there is evidence of infection. Remove in the direction of the skin flap.

APPLICATION AND REMOVAL

 Select a KERRALITE COOL[™] Dressing size that will allow the gel layer to completely cover the wound and extend on to healthy tissue (by approx 25mm)

- 2. To remove the dressing, first remove half of the overlaid white plastic liner. Position and smooth into place whilst removing the second half of the white plastic liner
 - 3. Remove the clear PU support liner, after carefully securing the adhesive border to the skin
 - 4. KerraLite Cool is shower and bacteria proof and can be left in place until the wound has healed

For more information, please contact Tissue Viability:

GCS Tissue Viability Team: 0300 421 1407

Care Home Support Team: 0300 421 8293