

Definition:

A traumatic wound that often results from external friction and/or shearing forces (such as tape/dressing removal) that separates the epidermis from the dermis (partial thickness wound) or separates both the epidermis and dermis from the underlying structure (full thickness wound).

STAR Skin Tear Classification System Guidelines

1. Control bleeding and clean the wound according to protocol
2. Realign (if possible) any skin or flap
3. Assess degree of tissue loss and skin or flap colour using the STAR Classification System
4. Assess the surrounding skin condition for fragility, swelling, discolouration or bruising
5. Assess the person, their wound and their healing environment as per protocol
6. If skin or flap colour is pale, dusky or darkened reassess in 24-48 hours or at the first dressing change

STAR Classification System



Category 1a

A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is not pale, dusky or darkened.



Category 1b

A skin tear where the edges can be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is pale, dusky or darkened.



Category 2a

A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is not pale, dusky or darkened.



Category 2b

A skin tear where the edges cannot be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened.



Category 3

A skin tear where the skin flap is completely absent.

Skin Tear Wound Dressing Options

Granudacyn®



Clean wound using Granudacyn®



Mepilex® Border Flex

SafetaC
TECHNOLOGY



Can be left for up to 7 days depending on the wound conditions^{1,2}



Mepitel® One

SafetaC
TECHNOLOGY



Can be left for up to 14 days depending on the wound conditions³⁻⁷



Mesorb®

(or another secondary dressing)



To be changed according to the clinical condition of the wound or when saturated



Tubifast® WITH 2-WAY STRETCH TECHNOLOGY



Secure with Tubifast®, fixation or crepe bandage

Epaderm® Cream



Moisturise twice daily

Step 1:

- Collect required equipment.
- Greet resident and explain procedure.
- Ensure privacy and dignity.
- Wash hands and don gloves.

Step 2: Bleeding present

- If skin tear is bleeding, apply gentle pressure using a Mesorb® dressing.

Step 3: Cleanse wound and realign flap

- Gently cleanse the wound using Granudacyn® or saline warmed to body temperature.
- Gently realign the skin flap back into place as much as possible using moistened cotton tip or gauze.
- If skin flap is dry, soak with damp gauze to re-hydrate.
- Dry the surrounding skin with gauze.

Step 4: Assess the skin tear

- Assess and classify the skin tear using the STAR Classification System.

Step 5: Dressing choice and application

- Do **NOT** use Steri-Strip™ under any circumstances.
- Do **NOT** use Iodine-based dressings*.
- Apply Mepitel One® ensuring dressing extends at least 2cm beyond the skin tear onto the intact skin.
- Apply Mesorb as a secondary dressing (white side to the wound) and secure with fixation, Tubifast® cut to size or crepe bandage.
- Change the secondary dressing as needed, leaving Mepitel One undisturbed.
- Mepitel One can be left in place for up to 14 days dependent on clinical judgement³⁻⁷.
- Apply Mepilex® Border Flex to the skin tear overlapping intact skin by 1-2cm and draw an arrow on external dressing indicating direction of dressing removal.
- Date dressing application (see below).
- Mepilex Border Flex can be left in place for up to 7 days dependent on clinical judgement^{1,2}.

Step 6: Documentation

Step 7: Referral and wound monitoring

Granudacyn®



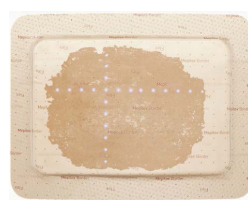
Clean wound using Granudacyn®

Mepilex® Border Flex

Safetac
TECHNOLOGY



Draw an arrow in the direction of the skin tear



Change dressing when the exudate touching 3 sides or clinically required



Mepitel® One

Safetac
TECHNOLOGY



Can be left for up to 14 days depending on the wound conditions³⁻⁷



Mesorb® (or another secondary dressing)



To be changed according to the clinical condition of the wound or when saturated



Tubifast® WITH 2-WAY STRETCH® TECHNOLOGY



Secure with Tubifast, fixation or crepe bandage

Epaderm® Cream



Moisturise twice daily

Iodine causes drying of the wound and peri-wound skin. The international review group maintained that as a major risk factor for skin tear development is listed to be dry skin, iodine-based products should not be used for the management of skin tears or for those who are deemed at risk for skin tears (LeBlanc et al. 2016). ©Silver Chain Nursing Association & Curtin University of Technology (2007). Reproduced with permission. Payne, R., & Martin, M. (1993). Defining and classifying skin tears: Need for a common language...a critique and revision of the Payne-Martin Classification system for skin tears. *Ostomy Wound Management*, 39(5), 16-20. Photographs courtesy of the Skin Tear Audit Research (STAR) photographic library, Silver Chain Nursing Association and School of Nursing and Midwifery, Curtin University of Technology. Carville, K., Lewin, G., Newall, N., Haslehurst, P., Michael, R., Santamaria, N., & Roberts, P. (2007). STAR: A consensus for skin tear classification. *Primary Intention*, 15(1), 18-28.

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