MANAGING SKIN TEARS IN THE ELDERLY POPULATION WITH ADAPTIC TOUCH® NON ADHERING SILICONE DRESSING

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CASE SERIES

The International Skin Tear Advisory Panel (ISTAP) defines skin tears as “a wound caused by shearing, friction and/or blunt force resulting in separation of skin layers. A skin tear can be partial-thickness (separation of the epidermis from the dermis) or full-thickness (separation of both the epidermis and dermis from underlying structures).” Individuals at the extremes of age and the chemically or acutely ill have an increased skin tear risk.4 As an aging population coupled with an increased prevalence of chronic disease, translates into longer healing times for the majority of wounds, including skin tears.1 Individuals suffering from skin tears complain of increased pain that, in addition to other biopsychosocial factors associated with chronic wounds such as physical disability, social needs, and mental anguish, may negatively impact an individual’s quality of life.5

Particularly at risk are the elderly with more than 1.5 million reported to occur each year in adults in health care facilities.6 The higher risk for the elderly is due in part to the fragility of the aging skin, flattening of the basal cell layer and impaired circulation.1 Some researchers have hypothesized that the prevalence rates of skin tears are equal to or greater than those of pressure ulcers.6,8,9 Despite these assumptions, limited prevalence studies have been conducted to support this hypothesis. Several prevalence studies conducted in long-term care (LTC) settings have reported skin tear prevalence rates between 14 and 46%.10 A Canadian study conducted by LeBlanc, Christensen et al. (2010) reported a 22% prevalence rate in a LTC facility. These findings support the assumptions that the prevalence rates of skin tears, particularly in the LTC setting, closely resemble these of pressure ulcers.10

Prevention of skin tears, especially in the elderly presents a clinical challenge for health care providers working with this population. Even the slightest bump may result in a skin tear. Removal of adhesive tapes or dressings can cause trauma to fragile skin. Skin tears occur predominantly on the lower legs and arms, however they can occur anywhere on the body.7

Patients who are dependent or others for total care, have altered cognition or dementia are at the greatest risk for skin tears.8,11 These patients frequently acquire skin tears during routine activities of dressing, bathing, repositioning and transferring. Independent ambulatory patients are at the second highest risk and the majority of their skin tears occur on the lower extremities.11,12

While prevention of skin tears is the primary focus for managing this problem, health care professionals working with the elderly population must be equipped to manage skin tears challenges wounds when they occur. In recent literature there has been an increase in the attention given to these wounds, however there has been no gold standard developed for the management of skin tears. Through case study format, this poster highlighted one treatment option available for skin tears. The results demonstrate the need for further study into the wound healing benefits of non-adherent dressings in the treatment of skin tears and its cost effectiveness.

CONCLUSION

While prevention of skin tears is the primary focus for managing skin tears, health care professionals working with the elderly population must be equipped to manage these challenging wounds when they occur. In recent literature there has been an increase in the attention given to these wounds, however there has been no gold standard developed for the management of skin tears. Through case study format, this poster highlighted one treatment option available for skin tears. The results demonstrate the need for further study into the wound healing benefits of non-adherent dressings in the treatment of skin tears and its cost effectiveness.

PROTOCOL

- Clean skin tear with normal saline and control bleeding
- Approximate wound edges when possible
- Initial digital photo if consent has been obtained (written consent by resident or POA required)
- Apply ADAPTIC TOUCH® non-adherent silicone contact layer
- Appropriate secondary dressings included
- Foam with or without alginates dressings depending on the amount and type of discharge and location of the wound
- Change ADAPTIC TOUCH® non-adherent silicone contact layer Q weekly and secondary dressings as per local wound conditions and amount of exudate
- Document with every dressing change
- Photo at wound closure.

RESULTS

- Complete closure in 7 out of 7 wounds within one month since the above protocol
- Compression therapy was not required in the treatment of patients with lower limb wounds
- Patients did not experience any pain with application
- There were no signs and symptoms of infection at wound sites
- Nurses reported no problems encountered with the application of product
- Nurses reported decreased nursing time required for wound care as the product was not adherent to the fragile skin and therefore took less time for removal of dressings
- Nurses reported an increase in patient comfort during dressing changes.

CASE STUDY

Through case study format, this poster reviews one treatment option available for skin tears. Shown pictorially using the ISTAP Skin Tear Classification System,”11,12 some researchers have hypothesized that the prevalence rates of skin tears are equal to or greater than those of pressure ulcers.6,8,9

The ISTAP Skin Tear Classification System distinguishes between three types of skin tears: Type I: Partial Flap tear, Type II: Partial Flap tear, Type III: Partial Flap tear. ISTAP Skin Tear Classification System14 with KDS Professional Consulting, Ottawa, Ontario, Canada.

Table: ISTAP Skin Tear Classification System

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Type I: Partial Flap tear</td>
<td>Flap cannot be repositioned to cover the wound</td>
</tr>
<tr>
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<td>Linear or flap tear which can be repositioned to cover the wound</td>
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<td>Type III: Partial Flap tear</td>
<td>Entire wound bed is exposed</td>
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92 year old female, type 3 skin tear. Photos taken at day 8 and day 45.

95 year old male, type 2 skin tear. Photos taken at day 1 and day 41.

82 year old female, type 1 skin tear. Photos taken at day 1 and day 43.

83 year old male, type 2 skin tear. Photos taken at day 1 and 51, he had sustained 2 other skin tears.

87 year old female, type 2 skin tear. Photos before and after application of ADAPTIC TOUCH®

97 year old female, type 3 skin tear. Photos taken at day 3 and day 43.

79 year old female, type 3 skin tear. Photos taken at day 4 (after consent obtained) and day 45.

82 year old female, type 3 skin tear. Photos before and after application of ADAPTIC TOUCH®

<table>
<thead>
<tr>
<th>Size</th>
<th>Dressing per</th>
<th>Tetrapama code</th>
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<tbody>
<tr>
<td>5cm x 7.6cm</td>
<td>10</td>
<td>TCH901</td>
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<tr>
<td>17.6cm x 7.6cm</td>
<td>10</td>
<td>TCH902</td>
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<tr>
<td>12.5mm x 5.1cm</td>
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<td>TCH905</td>
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<td>20cm x 32cm</td>
<td>5</td>
<td>TCH904</td>
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