



## South West Regional Wound Care Toolkit:

### F.4.3 Skin Tears Classification & Risk Assessment Tool

Client Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Assessment Date: \_\_\_\_\_

#### Skin Tear Classification

##### Actual Skin Tear Classification

- Category 1 – Skin tears without tissue loss  
 Location: \_\_\_\_\_
- Category 2 – Skin tears with partial tissue loss (scant or moderate loss)  
 Location: \_\_\_\_\_
- Category 3 – Skin tears with complete tissue loss (absent epidermal flap)  
 Location: \_\_\_\_\_

#### Skin Tear Risk Classification Tool

<b>Group 1</b> <input type="checkbox"/> History of skin tears <input type="checkbox"/> Actual number of skin tears	<b>Group 2</b> <input type="checkbox"/> Decision making skills impaired <input type="checkbox"/> Sight-impaired <input type="checkbox"/> Extensive/total assistance for ADLs <input type="checkbox"/> WC assistance needed <input type="checkbox"/> Impaired balance <input type="checkbox"/> Bed or chair confined <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Bruises	<b>Group 3</b> <input type="checkbox"/> Physically abusive <input type="checkbox"/> Resists ADL care <input type="checkbox"/> Agitation <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Decreased tactile stimulation <input type="checkbox"/> Wheels self <input type="checkbox"/> Manually/mechanically lifted <input type="checkbox"/> Contractures of arms, legs, shoulders, hands	<input type="checkbox"/> Hemiplegia, hemiparesis <input type="checkbox"/> Trunk–partial or total loss of balance or turn body <input type="checkbox"/> Pitting edema of legs <input type="checkbox"/> Open lesions on extremities <input type="checkbox"/> 3-4 senile purpura on extremities <input type="checkbox"/> Dry, scaly skin
--	---	---	--

##### Recommendations based on risk:

- Positive response for any one item in Group I: automatic placement in risk-reduction program.
- Positive response to any four items in Group II: automatic placement in risk-reduction program.
- Positive response to five or more items in Group III: automatic placement in risk-reduction program.
- Positive response to three items in Group II with three or more in Group III: automatic placement in risk-reduction program.



**South West Regional Wound  
Care Toolkit:  
Care Plan for Individuals at  
High Risk of Skin Tears**

Client Name:

Address:

Assessment Date:

**Provide Safe Environment**

- Free Room of any obstacles that obstruct pathway around bed and bathroom
- Protect arms and legs with long sleeves, long socks, leg warmers or special leggings
- Padded side rails, padded wheelchair devices, padded table edges
- Provide a safe area for wanderers
- Provide adequate lighting to reduce risk of bumping into furniture, doorways
- Leave night light on in bathroom
- Leave side rails down at night if possible
- Make hourly rounds
- Install bed alarm
- Provide well-fitting shoes with skid-free soles
- Loose-fitting adaptive clothing with back closures
- Protect all areas of previous purpura
- Use pillows between bony prominences
- Use pillows to keep arms and legs inside bed rails
- Check for sharp edges on wheelchairs and recliners
- Proper transferring and lifting techniques including mechanical lifts
- Avoid touching skin on arms and legs when transferring; use palms of hands.
- Get OT or PT consult for positioning and transferring; wheelchair assessment
- Extra precautions taken with patients/residents requiring extensive or total assistance with ADL's (dressing, bathing, toileting and transferring)
- Safe removal of tapes and dressings

**Maintain Nutrition and Hydration**

- Dietary assessment (if Braden Nutrition score is <3, refer to MNA Section B.8)
- Offer fluids between meals two times every shift
- Track intake and output
- Keep skin hydrated with lubricating cream twice daily

**Other  
Recommendations:**

**Nurse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_