

# Skin Tears



Skin tears are a separation/loss of the epidermis from the dermis due to shearing or friction.

## Who is at Risk?

Those with fragile skin, users of wheelchairs, those with visual, mental or sensory impairment, and those needing total care. Be alert to possible physical abuse.

## Treatment

- If the flap is present, after final cleansing with normal saline, unroll the skin flap and approximate edges with butterfly/skin tapes
- Cover with non-adhesive, non adherent dressing
- Secure with gauze wrap or stockinette
- Avoid tape
- Do not disturb the wound unless exudates lifts the dressing: then use an absorptive dressing
- If no flap, use moist wound healing principles

This pamphlet has been brought to you by the Association for the Advancement of Wound Care (AAWC) through the volunteer support and clinical expertise of the AAWC Public Awareness Task Force.

## Our Mission

AAWC is a non-profit, multidisciplinary Association that gives its members the opportunity, through numerous Association benefits and leadership opportunities, to build a collaborative community to facilitate optimal care for those who suffer with wounds.

## Did you know?

AAWC has a variety of membership options. Categories of membership exist for all types of healthcare providers, including those who are in training or are retired. There are also categories of membership for facilities, as well as for your patients and their caregivers.

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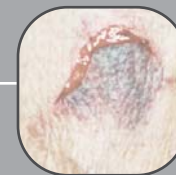
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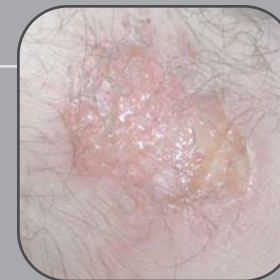


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# The ABC's of Skin and Wound Care

## A Guide for Healthcare Providers on the Treatment of Minor Wounds



# Abrasions



An abrasion or excoriation is a wearing away of the epidermis as a result of applied friction or force. An abrasion is usually a minor injury and normally will heal well without an antimicrobial ointment. It can become serious if it covers a large area or if foreign materials become imbedded in it. The most common sites are usually over the upper and lower extremities and the buttocks.

## Signs and Symptoms

- Skin that looks scraped or irritated
- Immediate pain
- Bleeding at the abrasion site
- Scabbing/crusting over of dried wound fluids of the abraded area in 3 to 5 days, not to be confused with eschar (Eschar, which is necrotic tissue indicative of deep tissue damage, requires sharp debridement.)

## Causes

- Falling on or contact with a hard, rough or jagged surface
- Rough fabric, seams in clothing, ill fitting shoes, or parts of athletic equipment such as helmets and shoulder pads that rub and irritate the skin
- Friction or shear from bed or wheelchair mobility
- Be alert to possible physical abuse

## Risk Factors

- Skin that is not properly covered or protected

- Activity such as bicycling, playing ball, skateboarding, and wheelchair/bed mobility

## Treatment

- Stop the bleeding with direct pressure
- After bleeding has stopped, cleanse the wound with normal saline or a noncytotoxic wound cleanser
- Do not use hydrogen peroxide, iodine solutions, merthiolate, mercurochrome or alcohol (as these are cytotoxic to healthy tissues)
- Debride foreign material with forceps and/or pulsatile lavage with suction
- After debridement, stop any recurrent bleeding with pressure
- Apply appropriate non adherent dressing to protect the wound and keep it moist for optimal healing
- Instruct the patient in general maintenance and changing schedule

## Medication

- Pain medication as appropriate

# Bruises



A bruise is the visible result of tissue and blood vessel damage due to minor traumas. The ecchymosis is a discoloring of the skin caused by seepage of blood underneath the skin. It can indicate more serious damage.

## Treatment

Ecchymosis is typically superficial

- Treatment may consist of monitoring for adverse events
- Most patients should be treated with cold compresses for 15 to 20 minutes per hour while awake for the first 2 days
- After the first 2 days apply warm compresses for comfort
- Patients should be counseled against massaging the affected area
- Patients should be counseled against using aspirin for pain relief

## Alert

The physician or licensed independent health care provider must be aware of the need to closely examine any bruise that

- Occurs on the head or face
- Occurs on the abdomen
- Occurs on the mid to low back, accompanied by hematuria
- Leads one to suspect hematoma or thrombosis
- Occurs in the context of familial history of clotting disorder or other blood dyscrasia
- Occurs in the anticoagulated or hemophilic patient
- Leads one to suspect physical abuse
- If the area develops a scab or eschar, this could indicate a deeper injury which needs further assessment and monitoring, and may require debridement by a qualified wound care professional and additional wound care as appropriate.

# Cuts



A cut or laceration is an opening in the skin caused by trauma.

## Who is at Risk?

Anyone, especially those who use tools or other sharp instruments.

## Treatment

- If not up to date, a tetanus inoculation should be given at the discretion of the primary health care provider.
- The wound should be irrigated with normal saline until clean and any embedded material is removed. Do not irrigate with hydrogen peroxide or Povidone iodine solutions.
- Superficial lacerations are treated by bringing together the wound edges, securing them with butterfly/skin tapes and applying a clean, nonadherent dressing. A topical antimicrobial may be applied if indicated. Be alert to possible reactions to neomycin. The dressing is changed when wet or soiled until wound closure occurs.
- Lacerations that involve deeper tissues may require sutures with topical care as described above.
- Lacerations, especially on the face, where cosmetic concerns are involved, may be referred to an appropriate surgeon.
- Suspected cases of physical abuse should be reported to the appropriate authorities.