

# Skin tear pathway <sup>[13]</sup>

Using **Atrauman®** and **Zetuvit®** families

## Types of skin tears

### Type 1: No skin loss



Linear or flap tear which can be repositioned to cover the wound bed

### Type 2: Partial flap loss



Partial flap loss which cannot be repositioned to cover the wound bed

### Type 3: Total flap loss



Total flap loss exposing entire wound bed

## Treatment plan for skin tears

**1 Stop bleeding**  
Apply pressure and elevate if appropriate.

**2 Irrigate wound**  
Remove debris and any partial haematoma with sterile gloved finger, swab or sterile forceps.



**3 Perform wound assessment**  
Categorise type of skin tear and document. Include size and note colour and viability of flap.

**4 Type 1 and 2 only**  
Moisten flap if dry and realign without stretching, using a gloved finger or moist non-woven swab.



**5 Dress wound**  
Using appropriate **Atrauman®** product or **Zetuvit® Plus Silicone Border** (whichever is most appropriate) for atraumatic protection



If using Zetuvit® Plus Silicone Border draw an arrow in the direction the dressing should be removed to protect flap viability.

**6** If using an **Atrauman®** product cover with **Zetuvit®/Zetuvit® Plus** (depending on exudate levels) for padding and absorbency, secure with a tubular or retention bandage.



**7 Review**  
If flap is non-viable, pale, dusky or darkened - review after 24–48 hours  
Otherwise review after 4–5 days.