Ordering Information

3M™ Reston™ Self-Adhering Foam			
Product code	**Size**	**Items/box**	**Boxes/case**
1560	1.11cm x 20 cm x 30 cm	10 pads	1
1561	2.5cm x 20 cm x 30 cm	5 pads	1
1563	10cm x 5m	1 roll	5

3M™ Cavilon™ Extra Dry Skin Cream			
Product code	**Size**	**Items/box**	**Boxes/case**
3386	118 mL tube	12	1

3M™ Cavilon™ No Sting Barrier Film			
Product code	**Size**	**Items/box**	**Boxes/case**
3344E	1 mL wipe	30	6
3343E	1 mL wand	25	4
3345E	3 mL wand	25	4
3346E	28 g spray	12	1

3M™ Tegaderm™ Absorbent Clear Acrylic Dressing					
Product Code	**Shapes**	**Dressing Pad Size**	**Overall Dressing Size**	**Items/ box**	**Boxes/Case**
90800	Oval	3.8 × 5.7 cm	7.6 × 9.5 cm	5	6
90801	Oval	6.0 × 7.6 cm	11.1 × 12.7 cm	5	6
90802	Square	9.8 × 10.1 cm	14.9 × 15.2 cm	5	6
90803	Oval	8.5 × 10.7 cm	14.2 × 15.8 cm	5	6
90805	Square	14.9 × 15.2 cm	20.0 × 20.3 cm	5	4
90807	Sacral	11.75 × 14.3 cm	16.8 × 19 cm	5	4

Reference

1. 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): The Skin Tear Audit Research (STAR) Skin Tear Classification Tool was developed by the Silver Chain Nursing Association and School of Nursing and Midwifery, Curtin University of Technology, WA. Permission has been given to 3M to use this tool.
2. Stephen-Haynes J, Carville K. Skin Tears Made Easy, *Wounds International* 2011, Volume 2, issue 4.
3. Carville, K., Leslie, G., Osseiran-Moisson, R., Newall, N. and Lewin, G. (2014), The effectiveness of a twice-daily skin-moisturising regimen for reducing the incidence of skin tears. *Int Wound J*, 11: 446–453. doi:10.1111/iwj.12326
4. Carville K, Wound Care Manual 6th edition 2012. Silverchain foundation. Page 114.

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Skin Tear Prevention and Management Protocol.

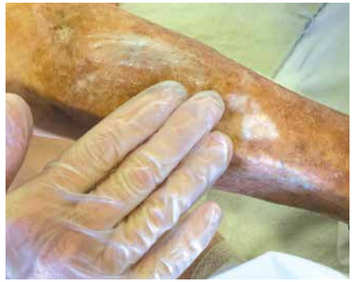
3M Science. Applied to Life.™

Skin Tear Prevention and Management Protocol

Simple 4 step approach

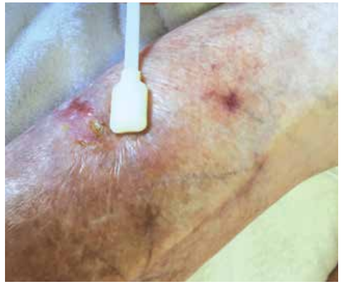
Prevention

1 Create a safer environment.[2]
Pad sharp borders of furniture or equipment.
Use 3M™ Reston™ Foam Products.

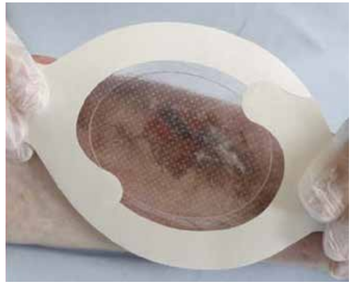


2 Maintain skin integrity.[2]
Apply moisturiser twice daily.[3]
Use 3M™ Cavilon™ Extra Dry Skin Cream.

Management



3 Protect the periwound.[2]
Apply at every dressing change.
Use 3M™ Cavilon™ No Sting Barrier Film.



4 Manage the wound.[4]
Clear dressing allows for assessment and extended wear time.
Use 3M™ Tedagerm™ Absorbent Clear Acrylic Dressing.

For further instructions refer to product information leaflet and **www.3m.com.au/C3SD** or **www.3m.co.nz/C3SD**

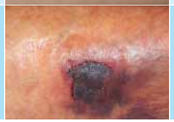
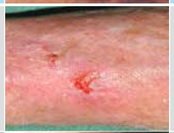
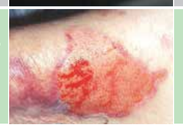
Manage the wound

Follow facility infection control and wound management guidelines.

Adapted from STAR Skin Tear Classification System Guidelines, (Carville et al 2010)

Basic Principles[1]

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, dusty or darkened reassess in 24 - 48 hours or at the first dressing change.

CATEGORY		MANAGEMENT
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		• Control bleeding • Cleanse the wound with normal saline • Approximate edges / re – align skin flap • Apply an even layer of 3M™ Cavilon™ No Sting Barrier Film (wipe) to the wound edges and to extend beyond where the dressing will be • Apply 3M™ Tegaderm™ Absorbent Clear Acrylic Dressing
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		• Control bleeding • Cleanse the wound with normal saline • Approximate edges / re – align skin flap • Apply an even layer of Cavilon No Sting Barrier Film (wipe) to the wound edges and to extend beyond where the dressing will be • Apply Tegaderm Absorbent Clear Acrylic Dressing
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.		• Control bleeding • Cleanse the wound with normal saline • Approximate edges / re – align skin flap as much as possible without stretching • Apply an even layer of Cavilon No Sting Barrier Film (wipe) to the wound edges and to extend beyond where the dressing will be • Apply Tegaderm Absorbent Clear Acrylic Dressing
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.		• Control bleeding • Cleanse the wound with normal saline • Approximate edges / re – align skin flap as much as possible without stretching • Apply an even layer of Cavilon No Sting Barrier Film (wipe) to the wound edges and to extend beyond where the dressing will be • Apply Tegaderm Absorbent Clear Acrylic Dressing
Category 3 A skin tear where the skin flap is completely absent.		• Control bleeding • Cleanse the wound with normal saline • Apply an even layer of Cavilon No Sting Barrier Film (wipe) to the wound edges and to extend beyond where the dressing will be • Apply Tegaderm Absorbent Clear Acrylic Dressing

Once skin tear has healed

On removal of Tegaderm™ Absorbent Clear Acrylic Dressing and if epithelising (pink) tissue is present apply 3M™ Tegaderm™ Transparent Film Dressing for a further 7 days.

The Skin Tear Audit Research (STAR) Skin Tear Classification Tool was developed by the Silver Chain Nursing Association and School of Nursing and Midwifery, Curtin University of Technology, WA. Permission has been given to 3M to use this tool.

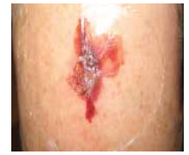
3M Tegaderm Absorbent Clear Acrylic Dressing

In use

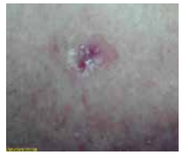
It is expected that some wound exudate drainage will occur and this will be visible in the dressing. This is normal and expected. It does not mean the dressing needs changing. Early removal may interfere with wound healing.

Below are some examples of a **normal** appearance of the dressing in place.

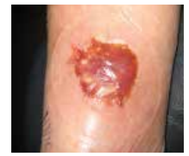
Wound 1



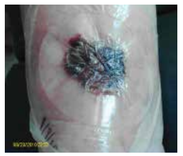
Healed at 22 days



Wound 2: Day 6



2 weeks

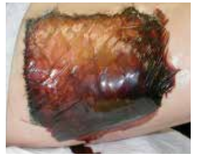


Healed at 1 month

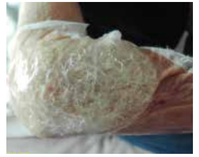
When to change

A change is required when:

- Leaking occurs
- The absorbent pad appears full and hardens slightly
- If there are signs of infection such as fever, pain, redness, hot & inflamed surrounding skin, bleeding (notify RN/GP)
- Edge lift occurs and dressing becomes wet and saturated
- Dressing can become wet if it is not stuck down properly to the skin. The dressings crystallise to a soft, malleable and “jelly like” feel.



Example of a leaking dressing



Example of a wet dressing

Example of an infected wound