Management of skin tears in the elderly with a unique absorbent clear acrylic dressing*

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Background

CLINICAL PROBLEM: The skin of the elderly is at high risk for skin tears. Clinically, these wounds are defined as traumatic wounds or lacerations, and usually occur on the extremities as a result of friction and/or shear. There are numerous aging factors that contribute to their phenomenon, few of which can be controlled. Skin tears are generally not life-threatening, but cause considerable discomfort, predispose individuals to infection, and are costly to treat due to frequency of occurrence and prolonged healing time of aged skin. Treatment has yet to be standardized and is often complicated by fragility of aged skin. Generally the principles of moist wound healing apply in combination with strategies to handle drainage. Care must also be applied to avoid further trauma to the skin.

Current Clinical Approach

This facility has standardized first line skin tear treatment with an absorbent clear acrylic dressing in combination with an alcohol-free skin barrier film." This combination provides a moist and protective environment for healing, while controlling drainage and minimizing damage to the fragile peri-wound skin. Additionally, the ability to monitor the wound through the dressing allows for extended wear time. Two case studies are presented documenting this treatment approach. Case Study 2 also includes episodic use of a silver mesh dressing placed under the absorbent clear acrylic dressing. Prior treatment of skin tears for this facility included the use of antibiotic ointment and gauze dressings.

Table provided below compares the dressing characteristics for the two different treatment modalities.

<table>
<thead>
<tr>
<th>Dressing Characteristics</th>
<th>Absorbent Clear Acrylic Dressing</th>
<th>Antibiotic Ointment &amp; Gauze Dressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorbent</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Anti-microbial wound seal</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Antimicrobial</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-traumatic dressing removed</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Case Study 1

Patient History

- Fragile 85-year old female resident of a long-term care facility (LTC).
- Admitted for rehabilitation s/p hip fracture sustained from a fall.
- Presented with generalized weakness, difficult ambulation, and anticoagulant therapy.
- Areas of ecchymotic discoloration were noted on all extremities.
- Medical history: hypertension, placement of pacemaker for syncope, CVA, COPD, hip replacement, and skin tears as a result of frequent falls.
- Patient age, history of previous falls, skin condition and impaired mobility are consistent with known risk factors for skin tear development.
- 15 days after admission patient sustained a Class III skin tear on her lower extremity, (Wound 1), during a transfer from wheelchair.
- Care initiated, see photos at right.
- 7 days later she sustained a Class II skin tear on her right forearm, (Wound 2), as a result of contact within a doorway.
- Moderate serosanguineous drainage was noted from both wounds.

Outcomes

- Dressings remained in place up to 7 days.
- Wound could be monitored through the dressing, avoiding unnecessary dressing changes.
- Dressing provided a moist wound healing environment.
- Total healing of lower extremity wound, including re-injury, was complete within 40 days.
- There were no reports of adverse events, residue, adhesive trauma, or dressing adherence to the wound bed.

Conclusions

- In this case study, the absorbent clear acrylic dressing provided a protective, moist wound healing environment for the management of skin tears.
- Transparency of the absorbent clear acrylic dressing allowed for monitoring the wound without the need for frequent dressing removal.
- Extended wear time of the absorbent clear acrylic dressing, in combination with use of an alcohol-free barrier film, helped to minimize the potential for damage to fragile peri-wound skin while skin tears healed.

References


Case Study 2

Patient History

- A frail, confused, deconditioned, 85 year old female was admitted to a long-term care facility (LTC).
- Diagnosed: fractured vertebrae, retinal hemorrhage secondary to frequent falls, osteoporosis, hypertension, and bilateral lower extremity edema.
- Medical history: impaired cognition, history of falls, L1 compression fracture with kyphoplasty, dysphasia, and PEG tube placement.
- In addition to above, her age; complex medical history; impaired mobility; polypharmacy; and history of falls placed this patient at high risk for skin tear development.
- 1 month after admission to LTC sustained a traumatic Class III skin tear.
- Wound presented as a draining hematoma, creating increased risk of infection.
- Care initiated, see photos at right.
- 4 weeks after initial injury, patient sustained traumatic re-injury to skin tear site.
- Total healing was noted within 12 additional days.

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References


Acknowledgments

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