# Skin Tear Management with ISTAP\* Classification Tool



Correctly identify on first presentation

Stop the bleeding and clean

- Control superficial bleeding
- Select appropriate cleanser
- Gently clean wound bed





Tissue alignment

 Align skin flap and classify according to ISTAP classification system (measure and document)



No skin loss. Flap can be repositioned.



Type 2
Partial flap loss. Flap will
not fully cover wound bed.



**Type 3**Total flap loss. Exposing entire wound bed.



 Use <u>TIME Clinical Decision Support Tool</u> (CDST) to set goals of treatment

 Mark the dressing with an arrow to indicate correct direction of removal and add the date the dressing was applied



Scan for the TIME CDST



Consider limb protector and support if clinically indicated

- Use SECURA No-Sting Barrier Film for periwound protection and moisturise twice a day with SECURA Moisturising Lotion
- Implement Risk Reduction tool from ISTAP guidelines



## **Smith**Nephew



#### **Product Solutions**

ALGISITE® M
to assist with control
of bleeding



#### **Product Solutions**

ALLEVYN<sup>°</sup> LIFE

OR.

ALLEVYN<sup>°</sup>
Gentle Border/
Gentle Border Lite

OR

ALLEVYN<sup>°</sup> Ag Gentle Border



### **Product Solutions**

SECURA<sup>®</sup>
No-Sting Barrier Film &
Moisturising Lotion



### ISTAP Skin Tear Classification\*







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.

smith-nephew.com/en-au

<sup>\*</sup>International Skin Tear Advisory Panel. Adapted from LeBlanc K et al. Best practice recommendations for the prevention and management of skin tears in aged skin. Wounds International 2018. Used with permission. Download from <a href="https://www.woundsinternational.com">www.woundsinternational.com</a>. Products listed and outline of care are examples only. Product selection and management should always be based on comprehensive clinical assessment.