Skin tears cause pain for the individual and increase the cost of care for residents in long-term care facilities. Each year, an estimated 1.5 million skin tears occur among the institutionalized elderly. Literature suggests that mild skin cleansers, moisturizers, and skin sleeves are among the interventions that will assist in the reduction of skin tears.

**Objectives**

- Describe the impact of skin tears on patients.
- Identify the impact of skin tears on a facility.
- List interventions relevant to decreasing skin tears.

**Setting**

209-bed urban nursing and rehabilitation center.

**Methodology**

To assess the clinical effectiveness of the protocol, a 13-month retrospective pre-intervention data collection followed by a 15-month post-intervention skin tear incidence data collection was conducted among all patients.

**Statement of the Problem**

Skin tears changed from a mean of 18.7 to a mean of 8.7 per month (P <0.001) after interventions implemented (53% decrease).

The average monthly reduction in nosocomial skin tears was projected to reduce dressing and labor costs of wound management by an average of $1,698 per month.

**Conclusion**

Implementation of skin tear prevention protocols involving staff education, Posey SkinSleeves™ Protector, Padded Side Rails, mild skin cleansers and moisturizers lead to a significant reduction of skin tears with an estimated cost savings of $20,376 annually.


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**Interventions**

- Posey SkinSleeves™ and padded side rails for skin tear history.
- Gentle skin cleanser*
- Frequent moisturizing with a longer lasting lotion**
- Staff educated regarding risk identification and product use.

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**Results**

<table>
<thead>
<tr>
<th>Nosocomial Skin Tears Per Month</th>
<th>Dressing Change Cost Per Month</th>
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</thead>
<tbody>
<tr>
<td>April 2002</td>
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<td>December</td>
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**53% decrease in skin tear incidence with an estimated cost savings of $20,376 annually.**

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**Visit www.posey.com for a complete selection of Padded Side Rails.**

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**References:**

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**Graphs:**
- **Pre-Intervention**
- **Post-Intervention**