

Evaluating a New Non-Adherent Contact Layer in the Treatment of Skin Tears

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Skin tears are caused by skin damage resulting from shearing, friction or blunt trauma. Skin tears are frequently mismanaged resulting in prolonged pain and suffering to the patient, risk of secondary infection, and cost to the facility. More than 1.5 million skin tears occur each year in adults in US healthcare facilities.¹



The current protocol at Piedmont Hospital for the treatment of skin tears is double thickness White Petrolatum and 3% Bismuth Tribromophenate dressing* secured with roll gauze which is changed every other day.

Concerns with Current Protocol:

- Wound bed desiccation, depending on the amount of wound exudate
- Trauma to the wound bed during dressing change
- Painful dressing change
- Residue remaining in the wound bed
- Over utilization of antimicrobial agents (3% Bismuth)
- Frequent dressing changes



A new protocol was proposed and tried on 10 wounds. The new protocol included a non-adherent contact layer**, secured with roll gauze and changed once per week. This protocol was evaluated for effectiveness over a two month period.

Objectives for Protocol Change:

- Maintain a moist wound environment
- Reduction in capillary disruption during change
- Reduction in pain
- Reduce dressing residue
- Reduce routine use of antimicrobials
- Reduce costs

* Xeroform Petrolatum Gauze, Covidien AG.

** Restore Contact Layer Dressing, Hollister Wound Care LLC.



Results:

By using the new non-adherent contact layer** and changing the dressing once per week, each of the 10 wounds maintained a moist wound environment, the dressings did not adhere to the wound bed, there was no pain reported by patients during dressing changes, and no residue remained in the wound bed. The cost per week of caring for these wounds was decreased by nearly 50%.

Conclusion:

This evaluation is still underway, however the preliminary data suggests the new non-adherent contact layer** is a superior dressing for the treatment of skin tears as compared to the White Petrolatum and 3% Bismuth Tribromophenate Dressing* Gauze Protocol. Our next steps are to implement this new protocol of using the new non-adherent contact layer for all skin tears in the hospital, to provide improved care to our patients using the evidence-based principles of wound care^{2,3} while reducing our patient care costs.

Estimated Dressing Costs per Week

	Current Protocol (based on 3x/wk dressing changes—this is minimum dressing change frequency)	Proposed Protocol (based on 1x/wk dressing changes)	Savings
Primary Dressing	\$ 3.30	\$ 4.66	
Secondary Dressing	\$ 0.81	\$ 0.27	
Staff Costs (Estimated Nursing Assistant time of 15 min./dressing change)	\$11.25	\$ 3.75	
Total Cost Per dressing per week	\$15.36	\$ 8.68	\$ 6.68/wound per week

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