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Ace Your Certification Exam

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Abstract Dr Jayesh Shah authors this quarterly column, consisting of 5 questions with explanations, to help you practice for your exam.

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1. According to the Payne-Martin Skin Tear Classification Tool, a patient with a skin tear with less than 25% of the epidermal flap lost is classified as which of the following?
 - a. Category IA
 - b. Category IB
 - c. Category IIA
 - d. Category IIB
 - e. Category III
2. Which of the following are intrinsic or extrinsic factors associated with an increased risk of skin tears?
 - a. Neonates
 - b. Long-term corticosteroid use
 - c. Transfers and falls
 - d. Polypharmacy
 - e. All of the above
3. Which of the following is *not* a normal physiological change related to the aging process?
 - a. Thickening of the dermal-epidermal junction
 - b. Atrophy of the subcutaneous tissue
 - c. Delayed angiogenesis
 - d. Increase in time for epidermal regeneration
4. Which of the following is *not* a strategy in preventing skin tears?
 - a. Consulting a dietitian to ensure adequate nutrition and hydration
 - b. Keeping skin dry
 - c. Ensuring safe patient-handling techniques, safe equipment, and a safe environment
 - d. Having individuals who are at risk wear long sleeves, long pants or trousers, or knee-high socks
5. Suggested education points for skin tear prevention include which of the following?
 - a. Performing skin hygiene with hot water and soap
 - b. Keeping skin dry
 - c. Avoiding use of adhesive products on frail skin
 - d. After showering, applying moisturizers while skin is wet

Answers

1, c; 2, e; 3, a; 4, b; 5, c

Question 1: Answer c

Payne-Martin Skin Tear Classification Tool^{1,2}:

Category IA: Linear-type skin tear; epidermis and dermis are pulled apart without tissue loss.

Category IB: Epidermal flap completely covers the dermis within 1 mm of the wound margin.

Category IIA: Scant tissue loss; less than 25% of the epidermal flap is lost.

Category IIB: Greater than 25% of the epidermal flap is lost.

Category III: Epidermal flap is absent.

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Question 2: Answer e

Intrinsic and extrinsic factors associated with increased risk of skin tears include all of the above choices and more: extremes of age (neonates and older people); female; white; immobility (chair or bed bound); inadequate nutritional intake; long-term corticosteroid use; altered sensory status; cognitive impairment; limb stiffness and spasticity; neuropathy; polypharmacy; presence of ecchymosis; dependence for activities of daily living; use of assistive devices; application and removal of stockings; removal of tape or dressings; vascular, cardiac, or pulmonary problems; transfers and falls; prosthetic devices; incontinence; skin cleansers; improper use of skin sealants.^{1,3,4}

Question 3: Answer a

Many physiological changes in skin are related to aging. With aging there is thinning, not thickening, of the dermal-epidermal junction. Aging also leads to atrophy of subcutaneous tissue. Delayed angiogenesis and increase in capillary fragility in body mass are other important changes that happen with aging. Aging skin also requires increased time for epidermal regeneration.^{1,3,5}

Question 4: Answer b

Strategies to prevent skin tear include all of the following except keeping the skin dry. Skin tears can be prevented by

measures such as keeping the skin moist; ensuring safe patient-handling techniques; safe equipment, and a safe environment consulting a dietician to ensure adequate patient nutrition and hydration; and wearing long sleeves, long pants or trousers, and knee-high socks.^{1,4}

Question 5: Answer c

Suggested education points for skin tear prevention include avoiding use of adhesive products on frail skin. After a shower, apply moisturizers to the patient's skin when it is dry. Keep the patient's skin moist and perform skin hygiene with lukewarm water and mild soap.^{1,4}

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