


Skin and Wound Product Information Sheet

Acticoat Flex for Burns (for wounds see Acticoat Flex for Wounds)	
Classification	Antimicrobial/Antiseptic: Silver - Mesh
Key Points	<ul style="list-style-type: none"> Nanocrystalline silver in a flexible mesh sheet format which has anti-inflammatory properties Vancouver Hospital's Burns, Plastics and Trauma Unit has its own guideline for this product
Indications	<ul style="list-style-type: none"> For partial thickness and full thickness burn wounds which show signs & symptoms (S&S) of local wound infection at risk for developing a local wound infection Can be used as an interface between new skin grafts and cover dressings Can be used with Negative Pressure Wound Therapy (NPWT) as the small "mesh" allows exudate to move through the dressing Can be used when client is undergoing Hyperbaric Oxygen therapy or CT Scan procedure Can be used on pregnant or nursing women
Precautions	<ul style="list-style-type: none"> Should only be used on premature infants (less than 37 weeks gestation) when clinical benefits outweigh potential risks. Transient pain may be experienced on application; this can be minimized by carefully following application procedure below. Should continuous pain be experienced after application, remove the dressing and discontinue use (inform Wound Clinician and/or Physician) Avoid putting electrodes or conductive gels in contact with silver products Upon removal for its package, the dressing must be uniform in colour on both sides (no discolouration) Protect from light
Contraindications	<ul style="list-style-type: none"> Do not use for clients with a known sensitivity or allergy to silver or polyester Do not apply dressing to exposed internal organs Do not use normal saline or normal saline based gels to moisten or cover product Do not use silver nanocrystalline products in combination with oil-based products such as petrolatum or paraffin Do not use silver products when client is undergoing MRI examination or during radiation therapy (dressing can be replaced after MRI or radiation treatment is completed)
Formats & Sizes	<ul style="list-style-type: none"> Sheets Acticoat Flex 3 <ul style="list-style-type: none"> 5 x 5 cm 10 x 10 cm 10 x 20 cm 20 x 40cm 40 x 40 cm 10 x 120 cm Sheets Acticoat Flex 7 <ul style="list-style-type: none"> 10 x 12.5 cm 15 x 15 cm Ribbon Acticoat Flex 7 <ul style="list-style-type: none"> 2.5 x 60 cm 
Application Directions	
De-roof blisters and remove loose tissue from ruptured blisters (Contact Wound Clinician, NP or Physician if not within your scope of practice).	
Flush burn with normal saline or sterile water and dry peri-wound skin.	Reduces wound debris and allows for adhesion of dressing or tape.
Ensure excess normal saline (NaCl) is removed from the wound bed.	Chloride (Cl-) alters the silver (Ag+) compound and decreases its effectiveness.
To Apply	
Acticoat Flex may be cut to size as needed.	Cutting to size limits the silver staining on the surrounding skin. Product does not shrink during use.

Skin and Wound Product Information Sheet

<p>Acticoat Flex is designed to stretch with body movement. Find direction of stretch and place over the wound to allow the natural flexion of the body part/joint; do not stretch the product during application.</p> <p>For moderate to large amounts of exudate, apply either side of the dry Acticoat Flex directly to the wound bed.</p> <p>For small amounts of exudate: moisten (do not soak) with sterile water and/or apply 1-2 mm layer of water-soluble gel directly to the wound bed or to the piece of dressing. Apply Acticoat Flex to the wound bed.</p>	<p>Stretching the dressing during application will prevent natural movement of the body part/joint.</p> <p>Product must be directly in contact with wound bed to be effective; exudate will activate the silver. Do not allow product to dry out or effectiveness of silver will be reduced.</p> <p>Moisture from the water-soluble gel will activate the silver and maintains the moisture balance which will prevent the product from drying out and potentially adhering to the wound bed; soaking the product will diminish its wear time and increase the potential for maceration.</p> <p>Do not use normal saline(NaCl) with Acticoat Flex as chloride (Cl-) alters the silver (Ag+) compound and decreases the effectiveness of the product.</p>
<p>Cover with appropriate bordered dressing. Leave at least a 2cm border beyond the margins of the burn.</p> <p>If unable to use a bordered moisture retentive dressing; apply a thin layer of sterile water dampened gauze over Acticoat Flex prior to securing appropriate moisture retentive cover dressing with Kling and/or elastic-type mesh. For large areas, plastic wrap or plastic blue pads may be used as the cover dressing over the sterile water dampened gauze and absorptive dressings.</p> <p>When a non-bordered moisture retentive dressing is used, ensure Acticoat Flex remains damp by checking dressing BID and applying additional moisture as needed.</p>	<p>Do not apply adhesive to newly epithelialized or grafted tissue. Cover dressing will depend on the amount of exudate expected.</p>
<p>Transient pain may be experienced on application; should continuous pain be experienced after application, remove the dressing and discontinue use (inform Wound Clinician or Physician).</p>	
<p>To Remove</p>	
<p>Gently remove Acticoat Flex with forceps or gloved hands.</p> <p>If dressing has adhered to the burn, flush with sterile water, or normal saline; if the burn areas are large then the client may shower using clean tap water to remove old dressing.</p> <p>Do not remove residual silver from the wound bed.</p>	<p>To avoid trauma to the wound bed.</p> <p>Residue silver will continue to stimulate healing in the burn and it will eventually wear off the healed skin.</p>
<p>Frequency of Dressing Change</p>	
<p>Will depend on the amount of exudate and on which Acticoat Flex product is used. Acticoat Flex3 can be left in place up to three days. Acticoat Flex7 can be left in place up to seven days.</p>	
<p>Expected Outcome</p>	
<p>S&S of local wound infection are resolved within 2 weeks.</p>	
<p>For further information, please contact your Wound Clinician.</p>	