Created by the British Columbia Provincial Professional Practice Stream - Wound Ostomy Continence









Product Information Sheet

Acticoat / Acticoat 7			
Classification	Antimicrobial Agent: Silver Sheet		
Key Points	 Nanocrystalline silver in a 3-day (Acticoat) or 7- day (Acticoat 7) sheet format consisting of a rayon/polyester non-woven core with an upper and lower layer of silver-coated high density polyethylene mesh. Low adherent wound contact layer to minimize trauma at dressing changes. Nanocrystalline silver is effective against bacterial and fungal microorganisms. May be used for wounds as well as first- and second-degree burns. Consult with NSWOC/Wound Clinician, NP or Physician before using on third-degree burns. A primary dressing requiring a secondary dressing. 		
Indications	 Treatment of wounds with signs and symptoms (S&S) of local infection. See <u>Wound Infection</u> <u>Quick Reference Guide</u> or QR Code below. In combination with systemic antibiotics, to treat wounds with S&S of spreading infection or systemic infection. Prophylactically to prevent infection in clients at high risk for developing a wound infection. Acticoat may be used under negative pressure wound therapy. Acticoat and Acticoat 7 may be used under compression therapy. May be used when client is undergoing Hyperbaric Oxygen therapy. 		
Precautions	 Indy be used when chent is undergoing hyperbanc oxygen therapy. Do not use if the product colour is not uniform. Protect from light once opened. Avoid contact with electrodes or conductive gels. Transient pain may be experience on application. Pain can be minimized by carefully following application procedure below. If continuous pain occurs remove dressing, discontinue use and notify NSWOC/Wound Clinician, Physician and/or NP. May cause transient discolouration of periwound skin. Consult with NSWOC/Wound Clinician, NP or Physician before using on third-degree burns. For MRI and CTScan, if the dressing is in the anatomical field being imaged, the dressing <u>must be removed;</u> a new Acticoat dressing can be applied following the procedure. If dressing is not within the image field it may remain in place during procedure. Remove prior to radiation therapy. A new dressing can be applied following the procedure. Consult with NP/Physician prior to using on lactating individuals. The use of Acticoat is not contraindicated but should only be used during lactation when necessary and when no alternative is suitable. Some silver may be absorbed systemically, and it is not known whether silver is excreted in breast milk. Has not been evaluated on pregnant individuals and neonates/infants, consult with physician/NP prior to using on these populations. Should only be used on premature infants (less than 37 weeks gestation) when the clinical 		
Contraindications	 benefit outweighs potential risks. Consult with physician/NP prior to use. Sensitivity or allergy to silver or other components of the dressing. Do not apply to exposed internal organs. Do not use normal saline or normal saline based gels to moisten or cover product. Do not use in combination with oil-based products such as petrolatum or paraffin. Do not use as the silver conductor for High Voltage Pulsed Current Wound Therapy (E-STIM). 		
Format & Sizes	 Acticoat – sheet 5 x 5 cm 10 x 10 cm 10 x 20 cm 20 x 40 cm 40 x 40 cm 10 x 120 cm Acticoat 7 – sheet 5 x 5 cm 10 x 12.5 cm 15 x 15 cm 		











Product Information Sheet

Directions	Rationale / Key Points
Selection	
Choose Acticoat or Acticoat 7 based on frequency of dressing change required, amount of exudate present and the condition of the wound. Choose appropriate size of dressing. Will need to be cut to	Amount of exudate, condition of wound and client, and treatment plan (e.g., NPWT (use Acticoat) or compression therapy) influence frequency of dressing change.
shape and size of wound and cut to size for any undermining/ sinus tracts.	Fitting dressing to shape and size of wound minimizes staining of periwound skin.
For a wound with depth, choose appropriate wound filler for amount of exudate expected and the anticipated frequency of dressing change.	Refer to <u>Wound Packing Procedure</u> or QR Code below.
Choose secondary dressing based on amount of wound exudate expected and the anticipated frequency of dressing change. Use a bordered dressing that extends 2 cm beyond wound margins whenever possible.	Transparent film alone is not recommended. Secondary dressing must maintain a moist wound environment but not so moist that maceration occurs.
Preparation	
For burns, de-roof blisters and remove loose tissue from ruptured blisters (contact NSWOC/Wound Clinician, NP or Physician if not within your scope of practice).	Product must be in direct contact with the wound bed for maximum effectiveness.
Cleanse wound/burn and periwound/surrounding skin with sterile water. Do not use normal saline (NaCl). If other types of cleansers are used, rinse with sterile water.	See <u>Wound Cleansing Procedure</u> or QR Code below. Chloride (Cl-) alters the silver (Ag +) compound and could affect the bactericidal property of the dressing.
Dry periwound / surrounding skin. If required and appropriate for secondary dressing, apply	Compatibility of Acticoat with chloride-based cleansers (e.g., Anasept, Vashe) has not been established.
barrier film to periwound skin. Refer to Product Information Sheet for secondary dressing to determine if barrier film is appropriate.	To protect periwound skin from moisture associated skin damage and medical adhesive related skin injury. Barrier film may interfere with the function of some cover dressings, (e.g., some silicone dressings).
Application	
Cut to shape and size of wound ensuring that some weld spots (dots) remain on cut piece so layers do not separate.	Fitting dressing to wound limits transient staining of periwound skin.
If using under negative pressure wound therapy (NPWT), cut a number of slits into the dressing to allow exudate to pass through easily.	The slits allow NPWT to pull exudate from the wound bed.
For moderate to large amounts of exudate dry Acticoat/ Acticoat 7 may be applied to wound/burn.	Exudate will activate the silver.
For wounds/burns with small amounts of exudate: moisten (do not soak) with sterile water and/or apply 1-2 mm layer of water-soluble gel directly to wound bed or on to the dressing.	Do not use saline or saline-based gel. Moisture from sterile water and/or gel will activate the silver and maintain moisture balance.
For wounds/burns with minimal depth (less than 1 cm): cover wound bed with single layer of Acticoat/Acticoat 7.	Either side of dressing may be placed on the wound. Placing grey side down may decrease any transient pain.
For wounds/burns with depth (more than 1 cm): cover wound bed with single layer of Acticoat/Acticoat 7. Then lightly fill the dead space up to skin level with appropriate wound filler.	Multiple layers may restrict the exudate from going into the secondary dressing leading to a wet wound bed. Over-packing undermining or sinus tracts can lead to
For undermining/sinus tracts: lightly pack with one piece (where possible) of Acticoat sheet or spiral cut sheet to make a ribbon; ensure weld spots (dots) remain on strip so layers do not separate. Leave a tail of packing so it can easily be seen.	tissue necrosis. Use one piece of packing whenever possible. The tail will facilitate the removal of packing. Refer to <u>Wound Packing Procedure</u> or QR Code below.













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Directions	Rationale / Key Points			
Apply bordered secondary dressing to cover the wound.	Do not allow product to dry out as effectiveness will be			
If unable to use a bordered moisture retentive dressing; apply	reduced and it may adhere to wound.			
a thin layer of sterile water dampened gauze over Acticoat				
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.				
When a non-bordered moisture retentive dressing is used,	Do not allow product to dry out as effectiveness will be			
ensure Acticoat remains damp by checking dressing twice a	reduced and it may adhere to wound.			
day and applying additional moisture (sterile water/water-				
soluble gel) as needed. Removal				
Consider using adhesive remover to remove adhesives (e.g.,	To decrease risk of medical adhesive related skin injury			
border dressings, tape).	(MARSI).			
Gently lift the edge of the secondary dressing and remove.				
Remove wound filler (if present).				
Gently lift the edge of Acticoat/Acticoat 7 and remove from	If Acticoat is dry or adhered to the wound bed, moisten			
wound bed.	or soak the dressing to assist with removal.			
Frequency of Dressing ChangeActicoat may be left in place for up to 3 days.	Dressing change frequency is dependent on amount of			
Acticoat 7 may be left in place for up to 7 days.	wound exudate.			
Expected Outcomes				
S&S of wound infection resolved within 14 days.				
If used prophylactically, S&S of wound infection did not				
develop.				
Dressing did not adhere to wound bed.	If product does not perform as expected, notify NSWOC/Wound Clinician and then consider submitting			
Product performs as expected.	a Supply Chain Product Concern Form.			
QR Codes	· · · · · · · · · · · · · · · · · · ·			
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Wound Packing Wound Cleansing Wound Infection QRG For further information please contact NSWOC (Wound Clinician				
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