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Product Information Sheet

Acticoat Flex 3 / Acticoat Flex 7			
Classification	Antimicrobial Agent: Silver – Mesh		
Key Points	 A flexible, conformable and low adherent polyester layer coated with nanocrystalline silver with antimicrobial properties effective for 3 days (Acticoat Flex) and 7 days (Acticoat Flex 7). Nanocrystalline silver is effective against bacterial and fungal microorganisms within the wound. Has anti-inflammatory properties. May be used for both wounds and 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. Can be used as an interface between new skin grafts and cover dressings. May be used in combination with negative pressure wound therapy (NPWT) and compression therapy. Can be used when client is undergoing Hyperbaric Oxygen Therapy. 		
Precautions	 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. For MRI and CT Scan, if the dressing is in the anatomical field being imaged, the dressing <u>must</u> <u>be removed</u>; a new Acticoat Flex 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 Acticoat Flex dressing can be applied following. Consult with NP/Physician prior to using on lactating individuals. The use of Acticoat Flex 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 benefit outweighs potential risk. Consult with physician/NP prior to use. 		
Contraindications	 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). 		
Formats & Sizes	 Acticoat Flex 3 – sheet 5 x 5 cm 10 x 10 cm 10 x 20 cm 40 x 40 cm 10 x 120 cm Acticoat Flex 7 – sheet 5 x 5 cm 10 x 12.5 cm 15 x 15 cm Acticoat Flex 7 – ribbon 		















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Directions	Rationale / Key Points
Selection	
Choose Acticoat Flex 3 or Acticoat Flex 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 shape and size of wound and cut to size for any undermining/ sinus tracts.	Amount of exudate, condition of wound and client, and treatment plan (e.g., NPWT (use Acticoat Flex 3) or compression therapy) influence the frequency of dressing change. Fitting dressing to shape and size of wound minimizes staining of periwound skin.
For a wound with depth, choose appropriate wound filler for exudate expected and the anticipated frequency of dressing change. 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.	Refer to <u>Wound Packing Procedure</u> or QR Code below. 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 before applying Acticoat Flex. Dry periwound / surrounding skin.	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. Compatibility of Acticoat Flex with chloride-based cleansers (e.g., Anasept, Vashe) has not been established.
If required and appropriate for secondary dressing, apply 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 Acticoat Flex to size and shape of wound.	Fitting dressing to wound limits transient staining of periwound skin.
Moisten Acticoat Flex by fully submerging in sterile water. Allow excess water to drain prior to application. <u>OR</u>	Do not use saline or saline based gel as the chloride may inactivate the silver.
Apply 1-2 mm layer of water-soluble gel to wound bed or Acticoat Flex.	Moisture from sterile water and/or gel will activate the silver and help maintain moisture balance.
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.	Should be applied with the direction of stretch running along the limb to allow for movement.
For wounds with minimal depth (less than 1 cm): cover wound bed with single layer of Acticoat Flex without stretching the dressing and ensuring there are no creases.	Multiple layers may restrict the exudate from going into the secondary dressing leading to a wet wound bed. Stretching dressing during application will prevent natural movement of body part/joint.
For wounds with depth (more than 1 cm): cover wound bed with single layer of Acticoat Flex without stretching the dressing and ensuring there are no creases. Then lightly fill the dead space up to skin level with appropriate wound filler.	Over-packing undermining or sinus tracts can lead to tissue necrosis. Use one piece of packing whenever possible. Refer to <u>Wound Packing Procedure</u> or QR Code below.
For undermining/sinus tracts: lightly pack with one piece (where possible) of the sheet or Acticoat Flex 7 ribbon. Leave a	



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Directions	Rationale / Key Points		
tail of packing so that it can easily be seen.	The tail will facilitate the removal of packing.		
Apply secondary dressing to cover the wound.			
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.	Do not allow product to dry out as effectiveness will be reduced and it may adhere to wound.		
When a non-bordered moisture retentive dressing is used, ensure Acticoat Flex remains damp by checking dressing twice a day and applying additional moisture (sterile water/water- soluble gel) as needed.	Do not allow product to dry out as effectiveness will be reduced and it may adhere to wound.		
If continuous pain is experienced after application, remove Acticoat Flex. Apply a 1-2 mm layer of water-soluble gel to wound bed and reapply Acticoat Flex as described above.	Transient pain on application may be experienced. Pain usually resolves without intervention.		
If pain persists, remove dressing, discontinue use of Acticoat Flex and notify Wound Clinician/NSWOC or Physician/NP.			
Removal			
Consider using adhesive remover to remove adhesives (e.g., border dressings, tape).	To decrease risk of medical adhesive related skin injury (MARSI).		
Gently lift the edge of the secondary dressing and remove.	If dressing is dry or adheres to wound bed, moisten or		
Remove wound filler if present.	soak with sterile water or normal saline to assist with removal.		
Remove Acticoat Flex. Do not remove residual silver from wound bed.	Residual silver will continue to stimulate healing in the		
	wound and it will eventually wear off the healed skin.		
Frequency of Dressing Change Acticoat Flex 3 may be left in place for up to 3 days.	Dressing change frequency is dependent on amount of		
	wound exudate.		
Acticoat Flex 7 may be left in place for up to 7 days.			
Expected Outcomes			
S&S of wound infection resolved within 14 days.			
If used prophylactically, S&S of wound infection did not develop.			
Product 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			
Wound Packing Wound Cleansing Wound Infection QRG			
For further information please contact NSWOC/Wound Clinician			