ACTICOAT Flex handling guide

smith&nephew
ACTICOAT° FLEX
Antimicrobial Barrier Dressing

What's ACTICOAT Flex?

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ACTICOAT Flex is a highly conformable dressing made of 100% polyester substrate with SILCRYST° silver coated onto both sides. The dressing can be stretched one way and is designed to move with the patient to facilitate a comfortable duration of wear. The silver is rapidly released and replenished to achieve a sustainable bactericidal barrier that may help to protect the wound from infection. ACTICOAT Flex may be used on infected wounds in line with relevant facility protocols.

ACTICOAT Flex 3 and 7 are coated with the unique SILCRYST technology which incorporates Nanocrystalline silver. The structure of the silver coating provides a larger surface area to volume ratio; The larger this ratio the more dissolution of silver can take place so that effective bactericidal levels of Ag^{+}/ions.

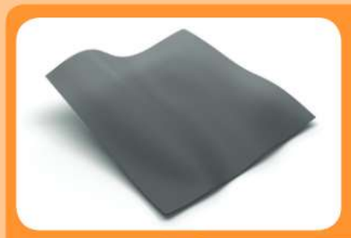
The silver coating also release small clusters of Ag^{0} that release further silver ions to maintain release of bactericidal levels of silver.

ACTICOAT Flex

This poster aims to assist the clinician in the use of ACTICOAT Flex by highlighting cases in which the dressing efficacy has been maintained by simple ways of moistening and applying the dressing, which enabled its use on awkward anatomical areas and ensured easy removal. The sources of recommendations within this document have come from a number of topical wound care protocols currently in use within several internationally recognised burn units.

There are two types:

- ACTICOAT Flex 3: Change every 3 days
- ACTICOAT Flex 7: Seven day application



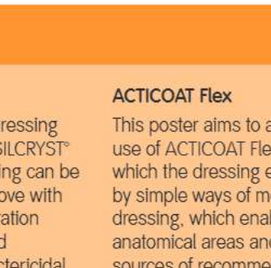
Silver coated on both sides

Open weave structure polyester

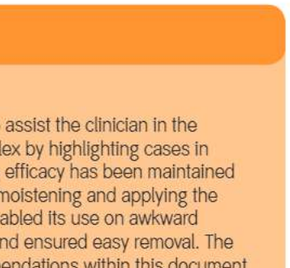
Difficult to dress area and secondary dressing

Covering with a moist wound healing dressing such as OPSITE° or ALLEVYN

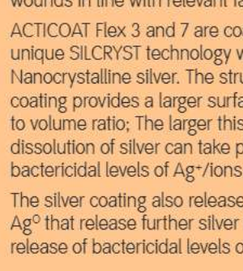
Choice of secondary dressing:
If you select a semi-occlusive or occlusive secondary dressing to maintain a moist wound healing environment you may not need to moisten ACTICOAT Flex during wear.



ACTICOAT Flex *in situ* (NPWT to lower wound) courtesy of Sue Murray and Ann Pardoe



ALLEVYN Gentle Border used as secondary dressing courtesy of Sue Murray and Ann Pardoe



Scald of the ear in a paediatric patient courtesy of Dr Pancani

ACTICOAT Flex conforms well in the scalded ear courtesy of Dr Pancani

ACTICOAT Flex in combination with Negative Pressure Wound Therapy courtesy of Sue Murray and Ann Pardoe

Moistening techniques

ACTICOAT Flex needs to be moistened with sterile water or drinking water. DO NOT use saline.

- ACTICOAT Flex is more likely to dry-out as exudate levels in the wound decrease (vigilance is required following use of the product in superficial and partial thickness burns and over graft sites.

Submerge

Begin the wetting process with a gloved hand

Second degree scald in a child moistening ACTICOAT Flex with distilled water courtesy of Dr Pancani

How to care for ACTICOAT Flex

- ACTICOAT Flex must remain moist for the silver to be continuously released. The dressing should be checked every 6-8 hours and moistened, if required, with sterile or drinking water in line with local protocols.
- ACTICOAT Flex may be managed at home as long as the dressing is kept moist, this can be achieved by moistening/irrigation 2-3 times a day.
- The dressing needs to be moist rather than wet

Application with a Hydrogel

ACTICOAT Flex can be maintained moist using INTRASITE° Gel or with INTRASITE Gel conformable

- ACTICOAT Flex can be used with INTRASITE Gel or INTRASITE Gel Conformable, covered with dressings such as EXU-DRY°, or Gauze.
- INTRASITE Conformable should be placed over ACTICOAT Flex, then an absorbing dressing on top.
- INTRASITE Gel should be applied directly to the wound and/or to the dressing

Feeding tubes

Maintenance of moist dressings in Paediatrics

ACTICOAT Flex can be moistened using a syringe via catheters/feeding tubes without the need to remove the dressing for up to 3 days.

Cut irrigation tube (plastic feeding catheter) to a length that will enable access on completion of dressing and secure irrigation tube to ACTICOAT Flex with adhesive tape or fabric zinc oxide tape. The number of irrigation tubes is dependant upon the size of area to be covered. For example, for a small wound one tube is adequate. For a large surface area one tube is required for an area of 20cm x 20cm. Spare tubes may be includes in the event that one is removed.

- Each tube is irrigated with 3-5mls of water in order to moisten 2-3 times a day
- If it is dripping, it is too wet which could cause maceration around the wound edges

Securring the product/secondary dressing

ACTICOAT Flex *in situ* secured with Gauze and Stat - Wrap

It is possible to staple large ACTICOAT Flex pieces to the secondary absorbent dressing and transfer to the patient in one procedure. Ensure that stapling does not compromise the performance of the secondary dressing. Care should be taken to avoid the staples coming into direct contact with the wound or surrounding skin.

Choice of secondary dressing	
For wounds with Light exudate	**For wounds with Medium to high levels of exudate**
ALLEVYN° Lite/Thin	ALLEVYN Adhesive, Gentle, Gentle Border
EXU-DRY	Hydrofiber
MELOLIN°	EXU-DRY
Gauze	Alginate
Granuflex/hydrocolloid INTRASITE Gel / INTRASITE Gel Conformable	

ACTICOAT Flex can be wrapped over each finger. Strips of ACTICOAT Flex placed into the web spaces, then a dressing like Fixomul over each finger and into the web spaces. Individual finger bandaging can then be used. Irrigation of the fingers only requires 1ml into each finger tip.

Two ALLEVYN Thin adhered together or two thin Hydrocolloids stuck together

ALLEVYN cut to fit the shape of the hand

ACTICOAT Flex can be covered with OPSITE film

Dressing removal

When maintained in a moist environment, ACTICOAT Flex is non adherent to the wound bed and easily removed courtesy Dr Pancani