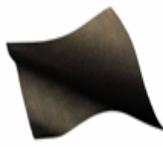**Skin and Wound Product Information Sheet**

Acticoat for Burns
(for wounds see Acticoat for Wounds)

Classification	Antimicrobial: Silver - Sheet
Key Points	• Nanocrystalline silver in a 3 day or 7 day sheet format consisting of a rayon/ polyester non-woven core with an upper and a lower layer of silver coated high density polyethylene mesh (HDPE)
Indications	• For partial thickness and full thickness burn wounds which show signs & symptoms (S&S) of local wound infection or are at risk for developing a local wound infection • Can be used when client is undergoing Hyperbaric Oxygen therapy or CT Scan procedure • Can be used on pregnant or nursing women
Precautions	• Should only be used for 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, NP and/or Physician) • Avoid putting electrodes or conductive gels in contact with silver products • Upon removal from its package, the dressing must be uniform in colour on both sides (no discolouration) • Protect from light once opened
Contraindications	• 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 when radiation treatment is completed)

Formats & Sizes	▪ Sheet Acticoat
	  ▪ 5 x 5 cm
	  ▪ 10 x 10 cm
	  ▪ 10 x 20 cm
	  ▪ 20 x 40 cm
	  ▪ 40 x 40 cm
	  ▪ 10 x 120 cm
	▪ Sheet Acticoat 7
	  ▪ 5 x 5 cm
	  ▪ 10 x 12.5 cm

Application Directions	Rationale
Ensure that wound bed is clean of all debris, loose tissue/skin or exudate before applying Acticoat.	Acticoat must be in direct contact with the wound bed for maximum effectiveness.
De-roof blisters and remove loose tissue from ruptured blisters (contact Wound Clinician, NP or Physician if not within your scope of practice).	Reduces wound debris and allows for adhesion of dressing or tape.
Flush burn with normal saline or sterile water and dry peri-wound skin. Ensure excess normal saline (NaCl) is removed from the wound bed.	Chloride (Cl-) alters the silver (Ag+) compound and could affect the quick bactericidal property of the dressing.
To Apply	
Acticoat may be cut to size as needed. When cutting the dressing, ensure to keep some weld spots (dots) on the cut piece so the layers will not separate. Either side of the dressing may be placed on the wound but placing the grey side down may decrease any transient pain.	Cutting to size limits the silver staining on the surrounding skin. Product does not shrink during use. Weld spots keep the layers of silver and gauze from separating.

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For moderate to large amounts of exudate, apply either side of the dry Acticoat directly to the wound bed.	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.
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 Acticoat dressing. Apply dressing to the wound bed.	Moisture from the sterile water or 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. Do not use normal saline(NaCl) with Acticoat as chloride (Cl-) alters the silver (Ag+) compound and could affect the quick bactericidal property of the dressing.
Cover with appropriate bordered dressing. Leave at least a 2cm border beyond the margins of the burn. If unable to use a bordered moisture retentive dressing; apply 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, ensure Acticoat remains damp by checking dressing BID and applying additional moisture (sterile water/water-soluble gel) as needed.	Do not apply adhesive to newly epithelialized or grafted tissue. Cover dressing will depend on the amount of exudate expected.
To Remove	
Gently remove Acticoat with forceps or gloved hands. 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. Do not remove residual silver from the wound bed.	To avoid trauma to the wound bed. Residue silver will continue to stimulate healing in the burn and it will eventually wear off the healed skin.
Frequency of Dressing Change	
Will depend on the amount of exudate Acticoat can be left in place up to three days. Acticoat 7 can be left up to 7 days.	
Expected Outcome	
S&S of local wound infection are resolved within 2 weeks.	
For further information, please contact your Wound Clinician.	