A guide to the use of ACTICOAT
This booklet aims to assist the clinician in the use of ACTICOAT® 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.

What is ACTICOAT?
ACTICOAT contains patented Nanocrystalline® silver technology to provide clinicians with a revolutionary new class of anti-microbial barrier dressings ideal for the prevention and management of infection in burns.
In burns particularly, the consequences of infection can be severe as bacterially contaminated wounds can lead to systemic, especially renal, problems. ACTICOAT was designed to manage the bacterial burden over a sustained time period in order to protect the wound and associated coverings.

Indications for ACTICOAT
- Superficial burns
- Partial dermal burns
- Deep dermal burns
- Full thickness burns
- Recipient graft sites

How to care for ACTICOAT
- ACTICOAT 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 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
How to apply ACTICOAT®

1. Measure the wound
2. Cut the ACTICOAT to size
3. Moisten with water
4. Apply (either side to wound)
5. Cover

ACTICOAT may also be cut into strips to facilitate application to awkward anatomical areas and to allow better drainage of the exudate.

Image courtesy of Dr. Marazzi MD. Department of plastic surgery and burns. Niguarda Ca Granda Hospital, Milano, Italy.
Ways in which ACTICOAT™ may be moistened

In wounds with moderate levels of exudate it may not be necessary to moisten ACTICOAT after the first application. However, if there is minimal exudate it is recommended that ACTICOAT is always kept moist.

For extensive burns such as those covering the torso or limbs, the following case gives an indication of how the dressings may be kept moist, whilst in place.

1. ACTICOAT is moistened with sterile water or drinking water depending on local protocol
2. ACTICOAT is kept in place by stapling the dressings together but not directly to the wound
3. ACTICOAT is then covered with EXU-DRY™ dressings, though gauze can also be used
4. ACTICOAT is moistened twice a day using a spray applicator filled with water and the dressing changed every third day

It is possible to use INTRASITE™ Gel to keep ACTICOAT moist.

In order to minimise pain on application INTRASITE Gel can be put directly on the wound and then ACTICOAT placed over it. Alternatively, if the wound is drying out, the gel can be placed on top of the ACTICOAT dressing once in situ and covered with gauze.
Maintenance of moist dressings in Paediatrics

ACTICOAT™ 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 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 3-5 mls of water 6 hourly.

Images courtesy of Julie Mill, Stuart Pegg
Paediatric Burns Unit, Brisbane Australia
Application to awkward anatomical areas

Equipment required

ACTICOAT strips applied to fingers and web space

ACTICOAT and irrigation tubes in place

Hand prior to application

The hand is then dressed as per local procedure with access to the catheter ports available for the injection of water. This technique may allow for the patient to be discharged and treated either as an outpatient or at home.

Images courtesy of Julie Mill, Stuart Pegg, Paediatric Burns Unit, Brisbane, Australia
Irrigation is possible without the use of tubes.

Small digits
If all surfaces of the fingers/toes are affected, place ACTICOAT™ strips into the web spaces, and then cover the fingers/toes with a piece of ACTICOAT. Cover with an appropriate secondary dressing leaving the top of the ACTICOAT exposed in order to irrigate when required.

Larger digits
If it is possible, wrap the fingers/toes individually and secure the ACTICOAT. It may then be possible to individually bandage the digits, leaving the ends of the digits exposed for irrigation. As a guide, irrigate each digit with 1-2 mls, though the dressing should be kept moist rather than wet.

Face
ACTICOAT may be secured with tape or wound closure strips, leaving some ACTICOAT exposed. Irrigate with 2-5 mls in 1 to 2 places on the face.

Dressing Removal
Remove outer dressings.
If required, moisten ACTICOAT prior to removal to reduce adherence to wound.