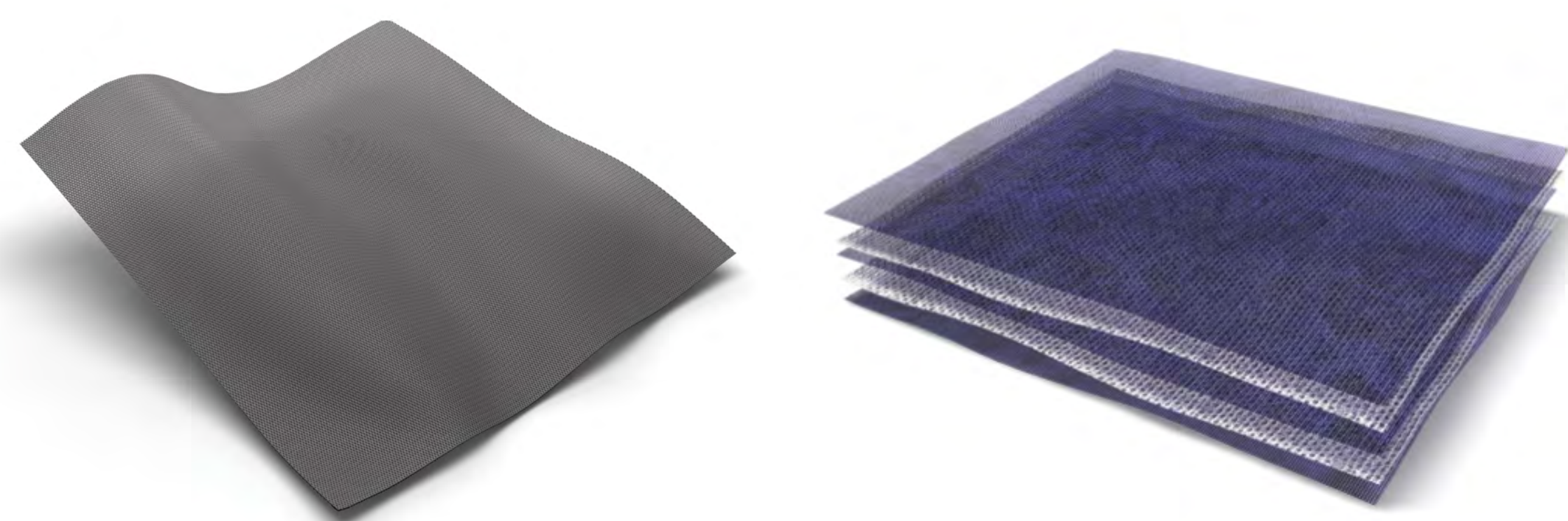


# + Act with certainty

Take control of the risk of infection

Take the ACTICOAT<sup>◇</sup>  
Two-Week Challenge



**Smith+Nephew**

ACTICOAT<sup>◇</sup>  
Antimicrobial Barrier Dressings

## + Wound infections can be difficult and costly to prevent, manage and treat

Recent principles of best practice recommend to use topical antimicrobial treatments to manage wounds exhibiting signs and symptoms of local wound infection.<sup>1</sup>

### Change the outcome

The consensus update further proposed: Use a topical antiseptic for at least 2 weeks before evaluating its efficacy in managing wound infection.<sup>1</sup>

### THE TWO-WEEK CHALLENGE

Apply ACTICOAT<sup>◇</sup> Dressing to wounds displaying signs and symptoms of infection.<sup>2</sup>

If after two weeks...



- A** the wound is improved, but signs of infection continue, **it may be clinically justifiable to continue use with further regular reviews.**
- B** the wound has improved and the signs and symptoms of wound infection are no longer present, **discontinue and step down to an appropriate dressing, e.g. ALLEVYN<sup>◇</sup> Foam Dressing.**
- C** the wound shows no improvement, **ACTICOAT Dressing should be discontinued** and consideration given to changing the dressing to one that contains a different antimicrobial agent e.g., **IODOSORB<sup>◇</sup> Cadexomer Iodine Dressing.** If the patient is unwell, consider using a systemic antibiotic and re-evaluate any possible untreated comorbidities.<sup>2,3</sup>

# + Act with certainty

Appropriate early use of silver antimicrobial dressings for local infection control and management can help to prevent biofilm formation and reserve antibiotics for spreading or systemic infections<sup>3-9</sup>

## ACTICOAT<sup>o</sup> Dressings demonstrated to be:

- Effective against over 150 pathogens,\* including antibiotic resistant bacteria like Methicillin-resistant *Staphylococcus aureus* (MRSA) and *Pseudomonas SPP*<sup>10-14</sup>
- ACTICOAT Dressings can be used in a variety of hard-to-heal wound types, including venous leg, pressure ulcers, diabetic foot ulcers and dehisced wounds

In a comparative study, after 2 weeks...<sup>15</sup>

**25 patients**

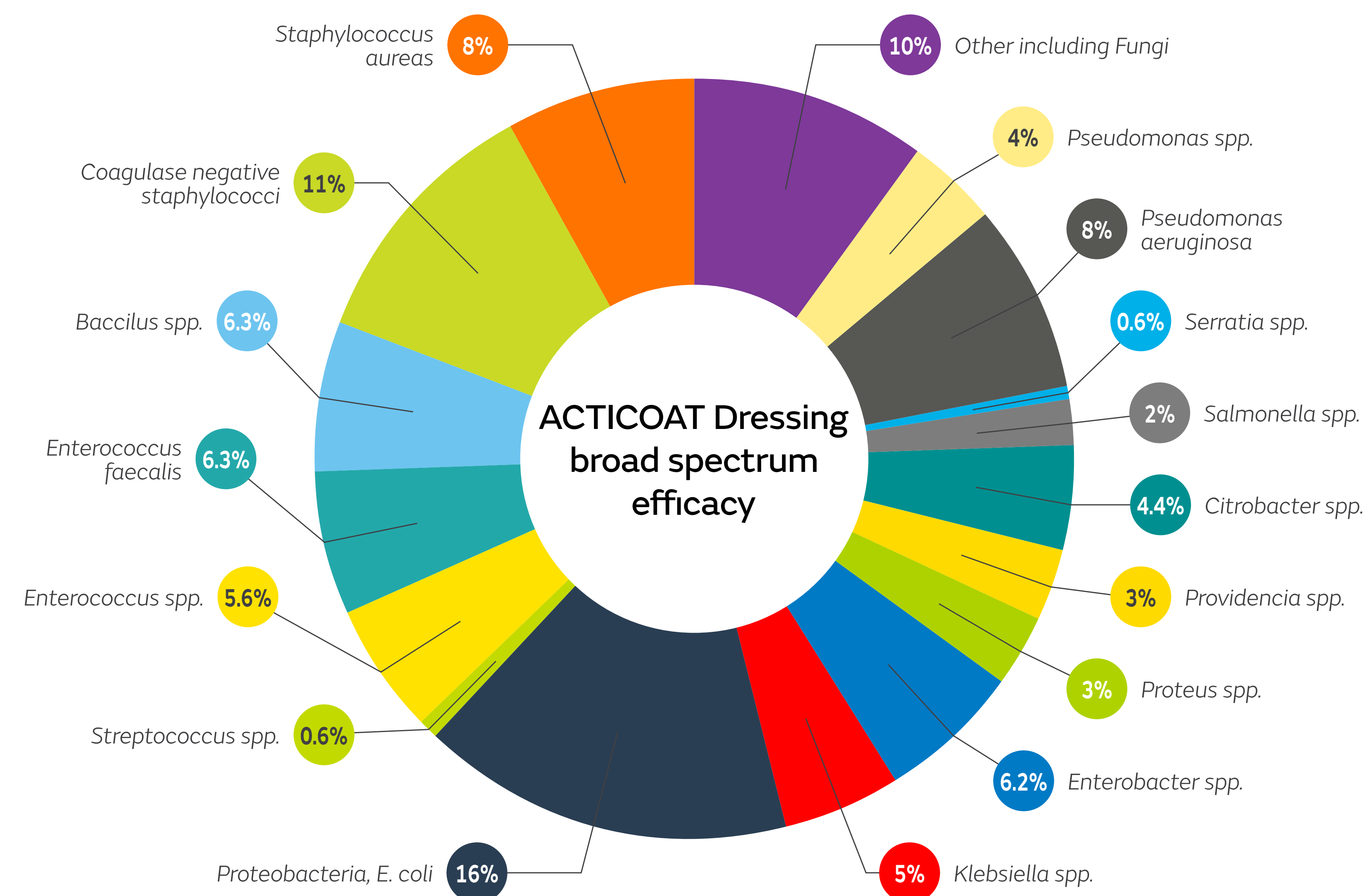
ACTICOAT Dressing was shown to resolve the clinical signs of infection in

**60% of patients**

Aquacel<sup>TM</sup> and Comfeel<sup>TM</sup> Ag/Biatain<sup>TM</sup> Ag resolved the signs in

**less than 10% of patients**

## Cover a broad spectrum efficacy against 150 pathogens<sup>7-11</sup>



Schematic shows the percentage (%) of each organism type tested as a proportion of the total of 150 organisms

\*As demonstrated in vitro



## + Two weeks with ACTICOAT<sup>◇</sup> Dressings

Use of ACTICOAT FLEX 3 Dressing in the case below helped to remove barriers to healing, and set the wound on the pathway to healing.

### Presentation

- Recent history of infective exacerbation of chronic obstructive pulmonary disease, and presented with wounds on the right hand and arm.
- Wound bed at the proximal aspect of the right forearm has dark eschar and slough requiring debridement.
- Initial treatment consisted of a hydrogel plus Hydrofiber dressing to remove the slough.



Necrotic right forefinger and sloughy hand wound at presentation

### Months 1–3

- Following resolution of most of the slough, a wound contact layer was applied, then once stable, the patient had the remaining devitalised tissue surgically removed. NPWT was applied to promote granulation tissue then stopped.
- Friable granulation tissue was managed with PHMB, however, the hand wound was slow to heal and zinc paste bandage was applied.



Following 2 weeks of ACTICOAT FLEX 3 Dressing

### Months 4–5

- The hand wound remained slow to heal, was itchy and the friable tissue bled easily. New superficial wounds were opening on the forearm.
- ACTICOAT FLEX 3 Dressing was applied. After 2 weeks the infection had resolved, along with the itching and bleeding. In 3.5 weeks the wound had healed.



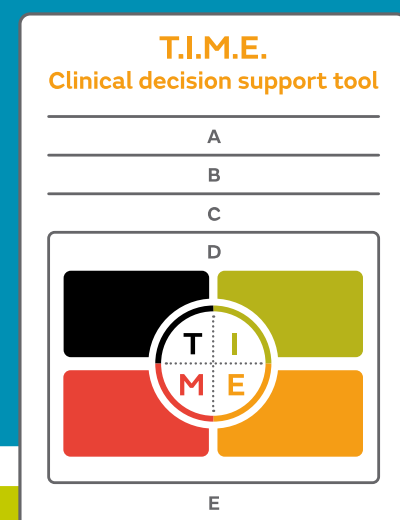
Healed after 3.5 weeks of ACTICOAT FLEX 3 Dressing

# + Take the ACTICOAT<sup>®</sup> Two-Week Challenge

The pathway below may be used to provide guidance concerning the use of ACTICOAT Dressings, depending on the presenting signs and symptoms of infection

## A route to more effective infection management

Improve patient outcomes<sup>1</sup> with accurate decision making, a fast response and effective treatment choices



**Start with the following steps to undertake a comprehensive assessment<sup>2</sup>**

- A Assess** patient, wellbeing and wound
- B Bring in** a multi-disciplinary team and informal carers to promote holistic patient assessment
- C Control** and treat the underlying causes and barriers to wound healing
- D Decide** appropriate treatment
- E Evaluate** and reassess the treatment and wound management outcomes

### What clinical signs and symptoms of infection are present?\*

Biofilm <sup>1,3-5</sup>	Covert (subtle) <sup>1,3</sup>	Overt (classic) <sup>1,3</sup>	Spreading or systemic infection <sup>1,3</sup>
 <ul style="list-style-type: none"> <li>Antibiotic/antimicrobial treatment failure</li> <li>Recurrence of delayed healing on cessation of antibiotic treatment</li> <li>Delayed healing despite optimal wound/patient management</li> <li>Low level chronic inflammation</li> <li>Low level erythema</li> <li>Friable granulation</li> <li>Covert (subtle) signs of infection</li> </ul>	 <ul style="list-style-type: none"> <li>Delayed wound healing</li> <li>Serous drainage with concurrent inflammation</li> <li>Hypergranulation</li> <li>Bleeding, friable granulation</li> <li>Epithelial bridging and pocketing in granulation tissue</li> <li>Wound breakdown &amp; enlargement</li> <li>New or increasing pain</li> <li>Increasing malodour</li> </ul>	 <ul style="list-style-type: none"> <li>Erythema</li> <li>Warmth</li> <li>Oedema/swelling</li> <li>Purulent discharge</li> <li>Pain</li> <li>Increasing malodour</li> <li>Delayed wound healing</li> </ul>	 <ul style="list-style-type: none"> <li>Spreading erythema, warmth</li> <li>May include cellulitis, crepitus</li> <li>Wound breakdown/dehiscence with or without satellite lesions</li> <li>Malaise/lethargy</li> <li>Loss of appetite</li> <li>Systemic inflammatory response</li> <li>Sepsis</li> <li>Organ dysfunction</li> </ul>

#### Biofilm based wound care<sup>4,5</sup>

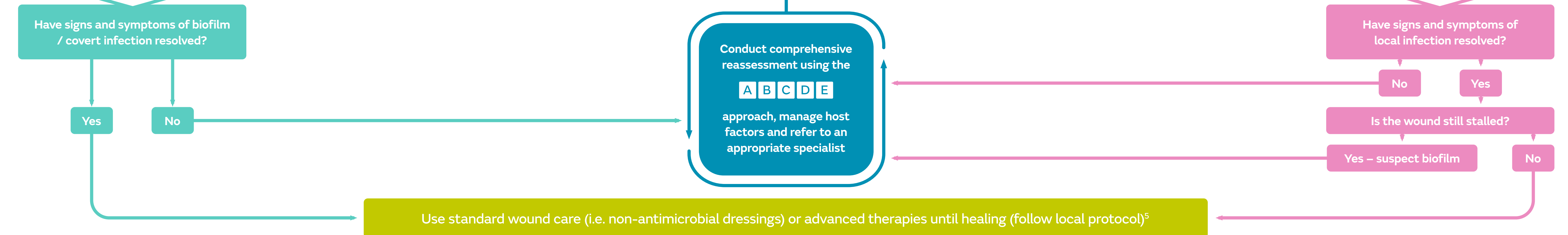
- Repeated aggressive debridement and cleanse<sup>†</sup> as per local protocol
- Manage suspected biofilm with **IODOSORB<sup>®</sup>** 0.9% Cadexomer Iodine Ointment / **IODOFLEX<sup>®</sup>** Cadexomer Iodine Dressing<sup>7,9,10</sup>
- Reassess at regular intervals as per local protocol and appropriate antimicrobials use. **Two weeks' minimum treatment – may need longer than overt local infection treatment due to persistent nature of biofilms**

#### Local wound infection management<sup>1,3,6</sup>

- Debride and cleanse<sup>†</sup> as per local protocol
- Manage local bioburden and infection with **ACTICOAT<sup>®</sup>** 101 Antimicrobial Barrier Dressing
- Reassess at regular intervals as per local protocol and following **the two-week challenge principles<sup>6</sup>**

#### Spreading or systemic infection management

- Refer to appropriate specialist
- Tissue sample for culture and sensitivity
- Systemic antibiotics per local protocol



**TWO-WEEK CHALLENGE<sup>1,6,9</sup>**

Antimicrobial dressings are recommended to be used for a minimum of two weeks' duration. After two weeks, re-evaluate and either:

- discontinue if signs and symptoms of infection have resolved,
- continue with antimicrobial if wound is progressing but there are still signs and symptoms, or
- consider an alternative antimicrobial and refer to an appropriate specialist if no improvement.

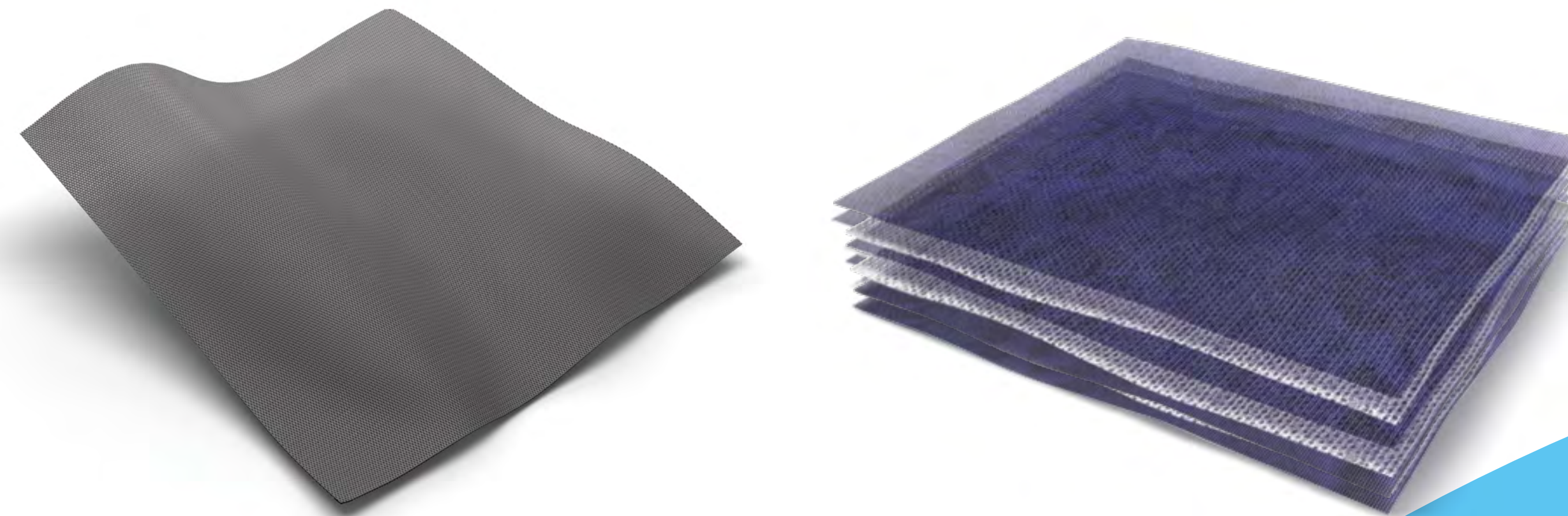
\*No one sign or symptom can reliably confirm the presence of infection, and those with immunosuppression may not exhibit signs and symptoms of clinical infection. † Cleanse wound and periwound skin thoroughly. Should an antiseptic cleanser be selected, the product's Instructions for Use (IFU) and soak time should be followed. ‡ Consider the use of DURAFIBER<sup>®</sup> Ag Silver Gelling Fibre Dressing for deep infected wounds.<sup>5</sup> Unless iodine contraindicated. <sup>4</sup>For very-high risk patients and wounds (e.g. osteomyelitis), it may be appropriate to use antimicrobial treatment for longer than the two-week challenge.

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Photographs (from left to right) courtesy of Kerlyn Carville, Kevin Woo, and Henri Post.



## Take the ACTICOAT Two-Week Challenge



**Shaping**   
what's possible  
in wound care

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For further information about ACTICOAT Dressing also refer to:  
[www.smith-nephew.com/acticoat/](http://www.smith-nephew.com/acticoat/)

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's Instructions for Use (IFU).

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