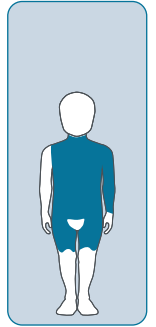


## Successful management of a paediatric patient with an extensive hot water scald using ACTICOAT<sup>◇</sup> FLEX 3 Antimicrobial Barrier Dressing, BIOBRANE<sup>◇</sup> Temporary Biosynthetic Skin Dressing and skin grafts



### Presentation

An otherwise healthy 6-year-old female patient presented in the emergency room with extensive scalding to the arm, chest, back and thighs, caused by a burst hot water bottle three days earlier. The child was in pain, was having trouble bending their arm and was concerned about scarring; there had also been a clear negative psychological impact on the parents.

### Treatment

- The burn wound area was debrided and skin grafts were used on small areas; BIOBRANE Dressing was used on other affected areas secured with sterile gauze and crepe bandages
- ACTICOAT FLEX 3 Dressing was applied to some areas, secured with sterile gauze and crepe bandages
- The wound management plan was to reduce pain, prevent infection, improve mobility of the affected areas and minimise scarring
- Pain was managed with intravenous analgesics
- Recorded wound area was 450 x 350mm on the trunk, and 300 x 120mm on the arm

#### Assessment 1



At the first assessment approximately four days later, areas of granulation tissue were present, although some over-granulation had occurred. The wound area was unchanged. Surgical debridement was performed, slough was removed, unsuccessful grafts were replaced, and ACTICOAT FLEX 3 Dressing was reapplied, secured with gauze and crepe bandages.

#### Assessment 2



After approximately four days, granulation tissue formation had increased, and inflammation had reduced. The wound area was the same (wound depth was recorded as 30mm for both arm and trunk). Areas where skin grafts had not taken were debrided and ACTICOAT FLEX 3 Dressing was applied. A silicone wound contact layer was applied to areas that had been grafted, which were then covered with a secondary absorbent dressing.

### Assessment 3



Skin grafts had taken well, and donor sites were dry at the next visit three days later. Any small open areas were covered with PRIMAPORE<sup>◊</sup> Adhesive Non-Woven Wound Dressing. An emollient was applied to the skin for hydration. There was no residual immobility.



**ACTICOAT<sup>◊</sup> FLEX 3**  
Antimicrobial Barrier Dressing

### Follow-up visits

Once hospitalisation for debridement was no longer necessary and skin grafts had taken, all follow-up visits for dressing changes were performed at the wound clinic.

### Outcomes



Patient **resumed daily activities within 2 weeks** of burn injury



**Inflammation and oedema reduced; no infection occurred**



**No rehabilitation hospitalisation required** after skin grafting

Dried ACTICOAT FLEX 3 Dressing **easily removed with water**



### Considerations and summary

Following treatment, including ACTICOAT FLEX 3 Dressing:

- Inflammation and oedema were reduced, and the patient reported a reduction in pain after one week of treatment
- The burn wound healed within 21 days with no residual immobility
- The patient resumed normal daily activities within two weeks of injury; dressing changes were performed at the wound clinic with no need for further hospitalisation
- The specialist nurse commented that ACTICOAT FLEX 3 Dressing was easy to remove by soaking it with water where it had adhered to the wound bed

**Acknowledgements:** With kind permission of M Second, Specialist Nurse, Waterfall City Hospital, Midrand, South Africa.

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