

ACTICOAT is proven to be effective on infected chronic wounds in two weeks¹

TWO WEEK



ACTICOAT* 2 week challenge

Recognising infection

International Consensus

Improve Outcomes

Protect your budget

Case study 1

Case study 2



TWO WEEK CHALLENGE^{*}

Infected wounds Change the outcome

Chronic wounds (e.g. Diabetic foot ulcers, venous leg ulcers, arterial leg/foot ulcers, pressure injuries)

Localised infection **Classical signs and symptoms:**

- New, increased or altered pain
- Delayed (or stalled) healing
- Peri-wound oedema
- Bleeding or friable granulation tissue
- Distinctive malodour or change in odour
- Wound bed discolouration
- Increased, altered or purulent exudate
- Induration
- Pocketing or bridging

Spreading infection As for localised chronic infection, plus:

- Wound breakdown
- Erythema extending from the wound edge, crepitus, warmth, induration or discolouration spreading into peri-wound area
- Lymphangitis
- Malaise or non-specific deterioration in patient's condition







Acute wounds (e.g. surgical or traumatic wounds, burns)

Localised infection Classical signs and symptoms:

- New or increasing pain
- Erythema
- Local warmth
- Swelling
- Purulent discharge
- Pyrexia
- Delayed or stalled healing
- Abscess
- Malodour

Spreading infection As for localised chronic infection, plus:

- Further extension of erythema
- Lymphangitis
- Crepitus in soft tissues
- Wound breakdown/dehiscence





Systemic infection⁺

Sepsis:

Documented infection with pyrexia or hypothermia, tachycardia, tachypnoea, raised or depressed white blood cell count.

Severe sepsis:

Sepsis and multiple organ dysfunction.

+Use of an antimicrobial dressing (e.g. ACTICOAT) does not replace the need for concurrent antibiotic therapy when required as per local clinical protocol.



International consensus on the use of silver dressings^{2,3}

After 2 weeks;

TWO WEEK

CHALLENGE^{*}

- If the wound has improved and the signs and symptoms of wound infection are no longer present - the silver dressing should be discontinued
- If there is improvement in the wound, but continuing signs of infection – it may be clinically justifiable to continue the silver dressing with further regular reviews
- If there is **no improvement** the silver dressing should be discontinued. Consider changing to a dressing with a different antimicrobial agent and re-evaluate comorbidities.







TWO WEEK

CHALLENGE^{*}

With ACTICOAT^{*}, infection control happens fast for your patients

- Kills bacteria within 30 minutes (in-vitro)⁴⁻⁶
- Proven against over 150 micro-organisms (in-vitro)⁷, including antibiotic resistant bacteria such as CRE and MRSA^{8,9}
- Antimicrobial effect sustained for up to seven days (in-vitro) ^{9,10}





TWO WEEK

CHALLENGE^{*}

With ACTICOAT^{*}, infection control happens fast for your patients

 In a comparative study, ACTICOAT was shown to resolve the clinical signs of infection in

In contrast Aquacel[®] Ag and Comfeel[®] / Biatain[®] Ag resolved the signs in less than

The wounds in the ACTICOAT group then went on to heal faster than those in the other two groups.

- of patients after









TWO WEEK

CHALLENGE^{*}

With ACTICOAT, your **budget** is protected too

- Faster healing reduces treatment costs^{1,11}
- Sustained release of silver means ACTICOAT potentially reduces the number of dressings needed¹²
- Resolving infection quickly improves time to healing and reduces costs by allowing you to move on to nonantimicrobial dressings^{1, 11}













Surgical wound left to heal by secondary intention. Wound present for eight months and treated with a hydrofiber and low adherent adhesive dressing. The patient complained of odour and discharge.











ACTICOAT Flex in situ (NPWT to lower wound).











Improvement after two weeks using ACTICOAT Flex 3.

Following just a few weeks, all the signs and symptoms of infection had disappeared and the wound continued to follow a normal wound healing trajectory.



















ACTICOAT used as primary dressing in conjunction with compression bandaging on a long standing venous leg ulcer.

Treatment plan of twice-weekly bandage changes due to high levels of exudate.











Wound progressing after the first dressing change.











After six weeks ACTICOAT was discontinued as the wound bed was now not infected.







Two weeks TWO WEEK CHALLENGE* ACTICOAT*

CASE 214







Take the ACTICOAT* TWO WEEK CHALLENGE*

Do you have a patient displaying one or more of the signs and symptoms of infection^{2, 3} listed? Apply* online to receive a free ACTICOAT Flex** sample. www.twoweekchallenge.com

PROVEN EFFECTIVE ON INFECTED CHRONIC WOUNDS IN TWO WEEKS¹

*Qualification criteria need to be fulfilled to receive free sample. **ACTICOAT variant provided may vary depending on regional availability.



References

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For patients. For budgets. For today.*

