



'Life after your burn' sharing the care



Versatile. Dependable. Unique.

CE 0344

Looking after your wound with Flaminal® Hydro and Forte: Shared Care for patients

You have been prescribed Flaminal® Hydro and Forte by your healthcare professional for use at home, please follow these guidelines for use. Please read the Flaminal® instructions for use carefully.

BENEFITS

- Flaminal® Hydro / Forte is safe for the skin and wound tissue^{1,6,7}
- Helps to keep your wound clean²
- Offers antimicrobial protection^{1,3}
- Helps to support wound healing⁴
- Keeps your wound moist and in the right healing conditions²
- Reduces wound odour caused by bacteria^{4,6,7}
- Protects the edges of your wound⁵

CONTRAINDICATIONS

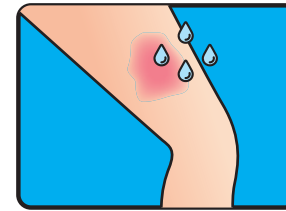
- Do not use if you have a known allergy to one of the components
- Do not apply to eyelids or in the eye. Should it come into contact with your eye, rinse the eye thoroughly. If irritation persists consult a healthcare professional

Your healthcare professional will advise you to use Hydro or Forte depending on your wound type.

If you have any questions relating to the use of Flaminal® please contact medical@flenhealth.com. Please also find further information at www.flenhealth.com.
If you have any questions relating to your care or wound then we advise that you contact your nurse or doctor.

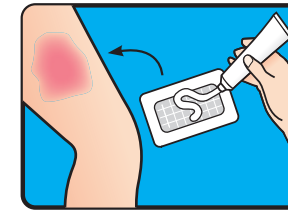


How to apply Flaminal® Hydro and Forte to your wound



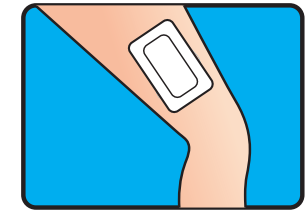
STEP 1

- Please ensure you **wash your hands** thoroughly before and after application of Flaminal® Hydro / Forte.
- **Cleanse your wound with clean water** or a specific wound cleansing product if advised by your nurse / doctor.
- If you find you have **Flaminal® Hydro / Forte** from previous applications remaining on or in the wound that does not rinse off easily then this can be safely left in place.



STEP 2

- After cleaning your wound, **apply Flaminal® Hydro / Forte with a sufficiently thick layer of approx. 0.5cm** (the thickness of a £1 coin).
- Flaminal® can be applied directly on to the dressing and then placed on to the wound.
- Alternatively use the application techniques recommended by your nurse/doctor.
- Try to avoid the opening of the tube or tube applicator coming in to direct contact with the wound.



STEP 3

- **Cover your wound with an appropriate dressing** as advised by your nurse/doctor.
- The dressing type you use will depend on the condition of your wound, is it wet or dry?
- For wet wounds use a non-stick absorbent dressing.
- For drier wounds use a non stick dressing. If your wound starts to become wet or your dressing starts to leak after 24 hours use a non-stick absorbent dressing.
- **Change your dressing every 1-4 days** or when excessive leaking as advised by your nurse/doctor. See note and instructions for use.

Please note:

In the first few days of treatment you may need to change your dressing more often, every 1 – 2 days (the dressing can remain in place as long as the gel structure is intact). As your wound improves you can reduce dressing changes to every 3 – 4 days as recommended by your nurse/doctor.

The Flaminal® Shared Care Patients Diary

Planning your care

Flaminal® has been prescribed for you to treat your wound. You can work together with your healthcare professional to share care of your wound.

Follow the step-by-step guide for cleansing of your burn area, application of Flaminal® and the outer dressing. By sharing care you can monitor progress and record any issues that may arise in your Wound Diary. You can seek advice and support at any point during your wound care journey.

Red Flags

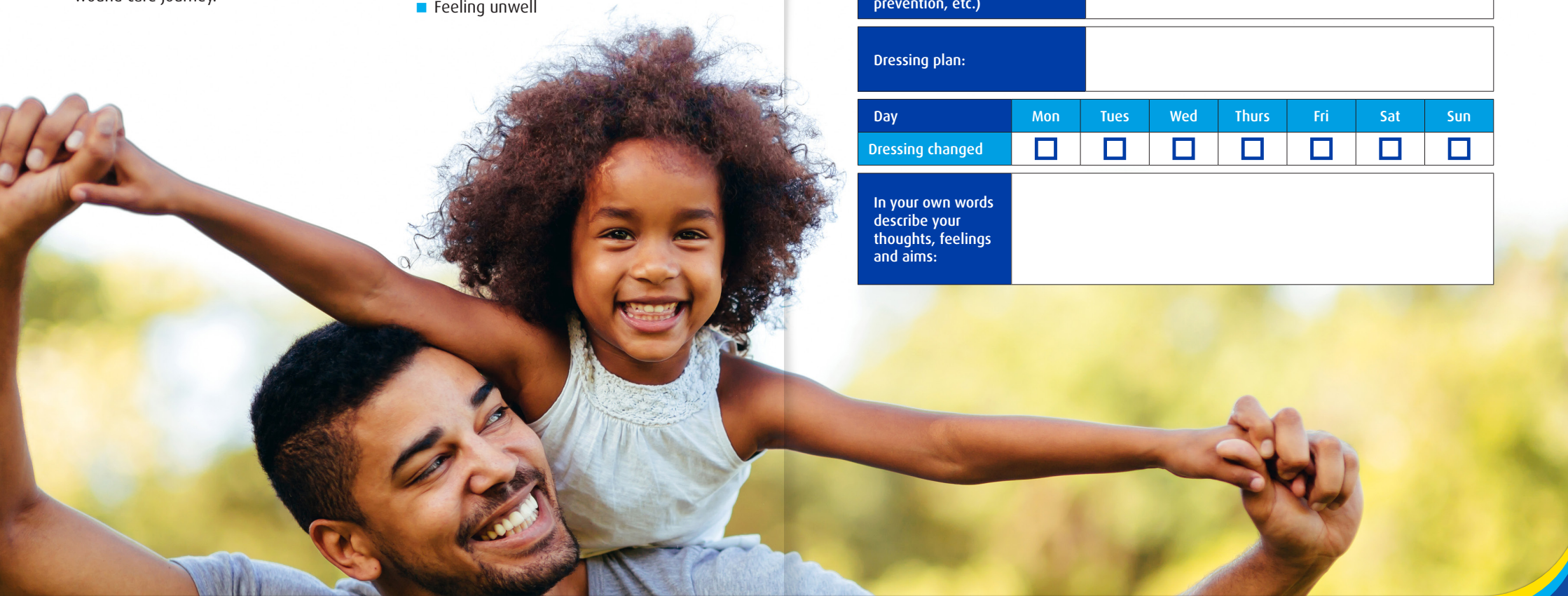
If you see any of these **Red Flag changes** contact your healthcare professional for advice and support:

- Skin around the wound is red, painful, swollen, warm to touch
- Increase in leakage from the wound
- Bleeding from the wound
- Unpleasant smell
- Wound increasing in size
- Increased pain
- Feeling unwell

The Flaminal® Shared Care Patients Diary

Personalise your plan:

Your name / preferred name to be addressed by:							
Date the wound was sustained:							
Your healthcare professional team and contact details:							
Holistic treatment plan: (i.e. would consider pain management, infection prevention, etc.)							
Dressing plan:							
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Dressing changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In your own words describe your thoughts, feelings and aims:							



DRESSING

1

Which day did you or your healthcare professional change the dressing this week?

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Dressing changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Photograph of the wound taken? Yes No

If your dressing was changed more frequently than the agreed plan what was the reason for this?

Very wet? Yes No

Leaking onto outer side of dressing? Yes No

Other reason:

Did you identify any of the Red flag changes? If yes, record them here:

Do you have any pain in or around your wound this week? How would you describe the pain? i.e. stabbing, throbbing, aching, stinging?

On a scale of 1 to 10 (1 being low and 10 being high) what level of pain have you experienced this week?

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have there been any changes to your lifestyle, health or well-being this week? Or any issues relating to your wound specifically that has affected the care and management of it?

In your opinion do you feel your wound is improving, getting worse or staying the same? Describe your thoughts on this below and discuss with your healthcare professional.

DRESSING

2

Which day did you or your healthcare professional change the dressing this week?

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Dressing changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Photograph of the wound taken? Yes No

If your dressing was changed more frequently than the agreed plan what was the reason for this?

Very wet? Yes No

Leaking onto outer side of dressing? Yes No

Other reason:

Did you identify any of the Red flag changes? If yes, record them here:

Do you have any pain in or around your wound this week? How would you describe the pain? i.e. stabbing, throbbing, aching, stinging?

On a scale of 1 to 10 (1 being low and 10 being high) what level of pain have you experienced this week?

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have there been any changes to your lifestyle, health or well-being this week? Or any issues relating to your wound specifically that has affected the care and management of it?

In your opinion do you feel your wound is improving, getting worse or staying the same? Describe your thoughts on this below and discuss with your healthcare professional.

DRESSING

3

Which day did you or your healthcare professional change the dressing this week?

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Dressing changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Photograph of the wound taken? Yes No

If your dressing was changed more frequently than the agreed plan what was the reason for this?

Very wet? Yes No

Leaking onto outer side of dressing? Yes No

Other reason:

Did you identify any of the Red flag changes? If yes, record them here:

Do you have any pain in or around your wound this week? How would you describe the pain? i.e. stabbing, throbbing, aching, stinging?

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have there been any changes to your lifestyle, health or well-being this week? Or any issues relating to your wound specifically that has affected the care and management of it?

In your opinion do you feel your wound is improving, getting worse or staying the same? Describe your thoughts on this below and discuss with your healthcare professional.

DRESSING

4

Which day did you or your healthcare professional change the dressing this week?

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Dressing changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Photograph of the wound taken? Yes No

If your dressing was changed more frequently than the agreed plan what was the reason for this?

Very wet? Yes No

Leaking onto outer side of dressing? Yes No

Other reason:

Did you identify any of the Red flag changes? If yes, record them here:

Do you have any pain in or around your wound this week? How would you describe the pain? i.e. stabbing, throbbing, aching, stinging?

On a scale of 1 to 10 (1 being low and 10 being high) what level of pain have you experienced this week?

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have there been any changes to your lifestyle, health or well-being this week? Or any issues relating to your wound specifically that has affected the care and management of it?

In your opinion do you feel your wound is improving, getting worse or staying the same? Describe your thoughts on this below and discuss with your healthcare professional.

The Flaminal® Shared Care Patients Diary




Additional notes



Flaminal® Hydro / Flaminal® Forte






LOWER ALGINATE CONTENT
Indicated for **slightly** to **moderately**-exuding wounds

PACK SIZE	PIP CODE	NHS CAT NO.
 5 x 15g tubes	324-2971	ELG021
 1 x 50g tube	344-9600	ELG025
 500g tub	-	ELG029



HIGHER ALGINATE CONTENT
Indicated for **moderately** to **highly**-exuding wounds

PACK SIZE	PIP CODE	NHS CAT NO.
 5 x 15g tubes	324-2963	ELG022
 1 x 50g tube	344-9592	ELG023
 500g tub	-	ELG028



References

1. De Smet, K. et al. Pre-clinical evaluation of a new antimicrobial enzyme for the control of wound bioburden. *Wounds*. 2009;21:65-73
2. White, R. Flaminal® a novel approach to wound bioburden. *Wounds UK*. 2006;2: 64-69
3. Cooper, RA. Inhibition of biofilms by glucose oxidase, lactoperoxidase and guaiacol: the active antibacterial component in an enzyme algino-gel. *Int Wound J*. 2013;10:630-637
4. Jones & Oates (2018) TIME to assess wounds – a clinical evaluation of Flaminal. *Wounds UK Vol 14 No 3* pages 6-69
5. Durante CM. An open label non-comparative case series on the efficacy of an enzyme alginogel. *Journal of wound care*. 2012;21(1):22, 4-8
6. Flaminal® Hydro, Instructions For Use
7. Flaminal® Forte, Instructions For Use