# Flamazine<sup>®</sup> 1% Cream in Burn Wound Care

Health Care Professional Information Leaflet

If the patient has attended the burns service and has been recommended treatment with Flamazine<sup>®</sup> (Silver Sulfadiazine), this leaflet will answer some of the most commonly asked questions.

Flamazine® treatment should only be started after the patient has been reviewed by the local Burn Service.

St Andrews Burns Service Broomfield Hospital (Chelmsford) Adults/Children 01245 516037

Chelsea & Westminster Hospital (London) Adults 02033152500 Children 02033153706

Queen Victoria Hospital (East Grinstead) Adults 01342 414440 Children 01342 414469

Stoke Mandeville Hospital (Aylesbury) Adults/Children 01296 315040

The Royal London Hospital (London)

Adults 0203 594 6643/6035/6034 (Mon 13:30-16:00/Thur 9:30-13:00) BHNT.Plasticsurgery@nhs.net

#### www.trips.nhs.uk

## What is Flamazine<sup>®</sup>?

Flamazine<sup>®</sup> is a topical, sterile, water-based antibacterial white cream, containing silver sulfadiazine as the active ingredient, and is used to prevent and treat bacterial infections in burns. It is soothing when applied and has proven activity against a broad range of organisms including gram-positive bacteria, gram-negative bacteria, viruses and some fungal species such as candida albicans.

## How to use Flamazine®?

Flamazine<sup>®</sup> is used for treatment of sloughy partial thickness, deep dermal or full thickness burns and is applied to the burn wound daily, as part of the wound care treatment. Flamazine<sup>®</sup> softens the burn eschar (slough). In order to produce a therapeutic effect, the cream must be applied repeatedly, at intervals of 24 hours or less, to a depth of about 3–5 mm. A patient who changes their own dressings may do this themselves.

## Hand and finger burns

Flamazine<sup>®</sup> may be applied to burns on hands and fingers, with the whole hand subsequently enclosed in a clear plastic bag. The bag should be secured at the wrist or forearm with an absorbent dressing and bandage. The patient should be encouraged to move the hand and fingers, and elevate the limb at rest. The dressing should be changed as frequently as needed based on amount of exudate that has accumulated in the bag.

## Will patient be able to have a bath or shower?

For patients who are able to change their own dressings at home, the recommendation is to remove the dressings and irrigate the wound using a shower before re-applying Flamazine<sup>®</sup> and any secondary dressings. Patients are encouraged to use a mild non-perfumed soap or shower gel when showering.

## **Duration of treatment**

With the use of Flamazine<sup>®</sup> the slough should reduce in the wound over the first 14 days. If the wound remains sloughy or shows no signs of healing within this period, discuss the need for another review with the local Burns Service.

Flamazine<sup>®</sup> should not be used for more than 14 days without a specialist review.

## Does it hurt?

Patient may experience a temporary discomfort or stinging upon application.

### **Contra-indications to use**

Flamazine<sup>®</sup> is contra-indicated if the patient is known to be hypersensitive to silver sulfadiazine or to the other ingredients.

Flamazine<sup>®</sup> should not be used in pregnancy due to the risk of kernicterus (a complication of neonatal jaundice). Please, discuss treatment options with the local Burns Service.

### **Cautions:**

Caution is required in patients with a known sensitivity to systemic sulphonamides and in those individuals known to have glucose-6-phosphate dehydrogenase deficiency.

## Interactions:

Avoid concurrent use with enzymatic debriding agents as silver may inactivate them.

## **Possible side effects**

Like all medicines, Flamazine<sup>®</sup> does have side effects, although not everyone gets them. The following side effects may occur with this medication:

- Irritation and burning at site of application
- Rashes around the wound area (including eczema and contact dermatitis). Stop immediately if rash develops.
- Decreased white blood cells (leukopenia). This normally manifests 2-3 days after the start of treatment. It is usually self-limiting and therapy with Flamazine<sup>®</sup> does not need to be discontinued. However close monitoring by the GP may be required to ensure that the count returns to normal.
- Discolouration of the skin (due to absorption of silver over prolonged periods).
- If the patient is having difficulty in passing urine, passing a greater or smaller amount of urine than usual, or if there is any blood or cloudiness in the urine, GP/medical review should be sought. This may be a sign that the kidneys are not working properly.

If a patient notices any side effects not listed in this leaflet, please advise them to contact their local GP or pharmacist.

## How to store Flamazine® Cream

- Keep out of the reach and sight of children
- Store below 25°C. Protect from the light.
- The expiry date is printed on the base of the tube. Do not use after this date.
- Do not use if there are any visible signs of deterioration such as the cream being dark brown or black. Return it to local pharmacist and obtain fresh supplies.
- Tubes/pots are for single patient use only.
- Used Flamazine<sup>®</sup> Cream must be discarded 7 days after opening.

Medicines should not be disposed of via wastewater or household waste. Patients should be directed to the local pharmacist for advice on how to dispose of medicines that are no longer required. These measures will help protect the environment.

## **Further Support**

If you have any questions or would like to talk about anything related to patient's treatment, please contact your local Burn Service team.

## **Burns Outreach**

Burns outreach provides specialist burn care for patients who are unable to access services on-site at the local burns service. A treatment plan is agreed between the patient, the burns team and the patient's local nurses and GP. Should you have any questions or concerns regarding advocated treatment, please contact the burns outreach nurse at your local Burns Service.

## Queen Victoria Hospital - East Grinstead

**Claire Hayward - Burns Outreach Sister** 

E: claire.hayward@qvh.nhs.uk Tel: 07917 589159

# Chelsea & Westminster Hospital - London

Annette Kempster - Burns Outreach Sister

E: annette.kempster@chelwest.nhs.uk T: 07890 525163

#### Stoke Mandeville Hospital - Aylesbury Amanda Loft - Burns Outreach Nurse

E: amanda.loft@buckshealthcare.nhs.uk T: 07824 509551

## **St Andrews Burns Service - Chelmsford Tara Hanmer** E: tara.hanmer@meht.nhs.uk

Jennifer Nichols E: jennifer.nichols@meht.nhs.uk

## Alison Wright E: alison.wright@meht.nhs.uk

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## **Burn Care Advisor**

Burn Care Advisors provide professional training and education to all prehospital, primary and secondary services within the catchment area of the LSEBN, in relation to the initial management and referral of patients with a burn injury. Contact your local Burn Care Advisor to request burns training, support, advice or referral feedback.

## **Queen Victoria Hospital - East Grinstead**

Burns Unit - 01342 414440 Laura McAulay - 07770 620818 laura.mcaulay@nhs.net

## Chelsea & Westminster Hospital - London

Burns Unit - 020 3315 2512 Katherine Elworthy Katherine.Elworthy@chelwest.nhs.uk

### **Stoke Mandeville Hospital - Aylesbury**

Burns Unit - 01296 315 040 Suzie Whiting - 07768 038 923 suzanne.whiting@buckshealthcare.nhs.uk

### **St Andrews Burns Service - Chelmsford**

Burns Unit - 01245 516037 Burn Care Advisors - 01245 516008 Tara Hanmer tara.hanmer@meht.nhs.uk Jennifer Nichols jennifer.nichols@meht.nhs.uk

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