Central East Local Health Integration Network (LHIN) Off-loading Devices Protocol and Tip Sheet

Service Provider Organization (SPO):
- Completes *Off-loading Devices Treatment and Assessment Form* and sends to Care Coordinator
- Determines appropriateness for Total Contact Casting (TCC) pathway at clinic
- Determines appropriateness for Aircast Walking System (AWS) pathway for in-home
- Determines appropriateness for Darco Shoe/PegAssist pathway for clinic or in-home
- Completes Patient Readiness Assessment
- Discusses self-management and discharge process
- Submits *Initial Wound Care Report* to Care Coordinator within 7 days
- Initial Order: three (3) TCC Kits or 1 AWS Kit, or 1 Darco Shoe/ PegAssist to be delivered
- Sends Central East LHIN Wound Care Primary Care Provider Communication Form

Care Coordinator (CC):
- Receives and reviews *Off-loading Devices Treatment and Assessment Form* from SPO
- Determines eligibility for TCC, AWS or Darco Shoe/PegAssist treatment
- Calls patient within 72 hours to discuss off-loading and ongoing reassessment, self-care and discharge process
- Receives *Initial Wound Care Report* and Authorizes appropriate pathway (DFU-TCC, DFU-AWS, DFU-Darco/PegAssist)
- Authorizes appropriate medical supplies
- Refers to Centralized Diabetes Intake (CDI) if patient has not attended a Diabetes Education Program (DEP)/Centre for Complex Diabetes Care (CCDC) in the past 6 months
- See *Wound Care - Off-loading Devices* Policy

Approved

For DFU-Darco/PegAssist: Patients who need a Darco Shoe/PegAssist Sole for a primary prevention of a DFU. One time provision of Darco Shoe/PegAssist Sole and discharged after 2 visits.

Not Approved

SPO to collaborate with CC, patient and Primary Care Provider regarding ongoing treatment plan. Reconsider TCC, AWS or Darco Shoe/PegAssist if appropriate and eligibility criteria met. *Conventional dressings will require consultation with Central East LHIN Wound Resource Care Coordinator and Senior Manager approval.*

Total Contact Casting (DFU-TCC) Pathway:

Initial Application: Consider status of wound (risk for infection, degree of pain).
Week 1: Remove initial Total Contact Cast after 2-3 days: Assess wound status for reapplication of TCC.
Week 2 - 8: Wound Stable: Reapply new cast; assess ongoing eligibility for TCC.

Note: If at any time the wound is deteriorating: Remove cast and consider other treatment options.

Aircast Walking System (DFU-AWS) Pathway:

Application of AWS: Consider status of wound (risk for infection, degree of pain).
Wound Stable: assess ongoing eligibility for AWS and continue treatment modality. Continue with local wound care as per best practice.

Note: If at any time the wound is deteriorating: Nurse to reassess wound and use of AWS; consider other treatment options.

Assessment for eligibility, initiation of treatment (week 2, 4, 6, 8)
CC receives *Off-loading Devices Treatment and Assessment Form*, including % of healing; authorizes supplies, links with patient re: compliance and updates plan in CHRIS.
Wound care supplies to be ordered as per normal business process.

Wound Closed
Discharge TCC/AWS pathway;
Review discharge tips (see reverse).

For DFU-Darco/PegAssist:

DFU patients with closed wounds who are at risk of re-ulceration. One time provision of Darco Shoe/PegAssist Sole.

At 8 weeks, if Wound Not Closed
For DFU-TCC pathway: Service Provider requests 2 week extension.
CC receives *Off-loading Devices Treatment and Assessment Form* with request for extension of TCC treatment x 2 weeks; authorizes supplies, links with patient re: compliance and updates plan in CHRIS; PED 2 weeks.
(Senior Manager review and approval required)

At 18 weeks, if Wound Not Closed
For DFU-AWS pathway: if wound not healed at 18 weeks and frequency outside of best practice is required, consult Wound Resource Care Coordinator and Senior Manager; **do not** transfer to Maintenance Wound pathway.
CC receives *Off-loading Devices Treatment and Assessment Form* including % of healing; authorizes wound care supplies, links with patient re: compliance and updates plan in CHRIS.

Note: If at any time the wound requires debridement, the SPO will arrange for wound debridement.

Wound Closed
Discharge TCC/AWS pathway;
Review discharge tips (see reverse).

Wound Not Closed
Consider other treatment options.
SPO updates CC, including appropriate Wound Care pathway and ongoing treatment plan.

DFU-TCC Pathway Notes: If cast is loose, rubbing, painful, wet, or patient has signs of infection, urgent extra visit required for cast removal, reassessment and reapplication if required. Patients should go directly to their local emergency department if there is an urgent issue with the cast after hours (between 8:30 PM and 8:30 AM).
DFU-Darco/PegAssist Pathway Notes: Patients with a DFU for which TCC/AWS are not clinically indicated may be eligible for a Darco Shoe/PegAssist Sole. CC to follow up with Wound Resource CC and Senior Manager for further review and approval.

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Off-loading Device Pathways ~ Eligibility Criteria and Contraindications

Patient must meet the eligibility criteria, must not have any contraindications and all other patient considerations must be addressed.
TCC will be initiated for a **maximum of 8 weeks.**

Eligibility Criteria:

1. Diabetic Foot Ulcer (DFU)
2. Able to access Nursing Clinic for treatment with TCC or Darco Shoe/PegAssist Sole. Homebound patients may receive AWS or Darco Shoe/PegAssist Sole.
3. Under the care of a Primary Care Provider.
4. Verbal consent for off-loading provided by patient; aware of need for compliance.
5. Responsible for care/ownership of off-loading device.
6. Verbal consent for referral to Centralized Diabetes Intake (CDI) provided by patient, if they have not attended a Diabetes Education Program (DEP)/CCDC in the last 6 months.
7. Vascular Assessment completed and documented.

For Darco Shoe/PegAssist Sole only:

8. DFU patients with healed wounds who are at risk of re-ulceration.
9. Patients with a DFU for which TCC/AWS are not clinically indicated
10. Patients who need a Darco Shoe/PegAssist Sole for a primary prevention of a DFU

Contraindications*:

1. Vascular status not adequate for healing.
2. Neuropathic ulcers with exposure of deep structure tendon, joint capsule, bone.
3. Ulcer that is deeper than it is wide.
4. Non-compliance with visits or protocol.
5. Allergy to the casting material.
6. Excessive leg or foot swelling and fragile skin.
7. Patient's foot does not fit in boot; calf exceeds cast size limit.
8. Ataxia/unstable gait.*
9. Ankle not able to achieve 90° dorsiflexion.*

For AWS only:

10. Diabetic Foot Ulcer on heel/dorsal aspect of foot.

For TCC only:

11. Untreated osteomyelitis (bone infection) or untreated wound infection anywhere on leg where cast would cover.
12. Eschar (black, necrotic tissue) present; will require debridement prior to off-loading.
13. Diabetic Foot Ulcer on dorsal aspect of foot.

For Darco/PegAssist only:

14. Diabetic Foot Ulcer on dorsal aspect of foot.

**Further assessment required to determine additional supports to eliminate contraindications.*

TCC, AWS and Darco Shoe/PegAssist Sole Tips

Benefits of TCC/AWS/Darco Shoe/PegAssist

- Improved wound healing
- Improved quality of life
- Improved health outcomes
- Improved self-management of chronic illness

Discharge Tips for TCC, AWS or Darco Shoe/PegAssist

- Educate patient regarding importance of follow-up with PCP/Orthotist/Podiatrist/DEP for appropriate footwear post wound healing to prevent recurrence.
- Remind patient not to discard AWS cast or Darco Shoe
- Review signs and symptoms of skin breakdown
- Refer patient back to self-management strategies / Central East LHIN Self-Management Program

Wound Champions can assist in proper product selection

Other Patient Considerations	• Patient has been provided TCC Emergency Removal instruction card. • Patient has been advised that driving is not recommended if wound is on right foot. • Patient safety, cognition and ability to follow protocol of care. • Observe gait for steadiness and/or address need for an assistive device. • Address potential fall risk.
Considerations for Discontinuation of TCC/AWS	• Non-compliance (walking without boot, getting cast wet, refusal to attend Nursing clinic for TCC/DEP/CCDC) • Wound is deteriorating • No progression towards healing (e.g. <50% in 4 weeks) • New onset of untreated wound infection or osteomyelitis • Uncontrolled or excessive bleeding from debridement • Uncontrolled pain • Patient withdraws consent
Hospital Hold	• **Upon admission** to hospital, the TCC, AWS or Darco/PegAssist pathways must be ended. • **Upon resume**, add a Wound Assessment Pathway.
Criteria to Extend TCC beyond 8 weeks	In rare cases TCC may be requested beyond the recommended 8 weeks. When the SPO requests an extension for TCC treatment beyond this timeframe, the SPO will submit the *Off-Loading Devices Treatment and Assessment Form* (CE-CM-810) outlining: • a clear clinical rationale that supports the ongoing use of TCC • a plan for discharge of treatment in 2 weeks
Percentage of Healing Calculation = expected healing on average 15% per week	

Central East LHIN Wound Resource Care Coordinator Contact Information:

Wound Resource Hotline
1 800 263 3877 or
905 430 3308 (ext. 5080)

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