Central East Local Health Integration Network Off-loading Devices Protocol

Service Provider Nurse:
- Completes patient assessment for off-loading device
- Determines appropriate for Total Contact Casting (TCC) pathway at clinic or Aircast Walking System (AWS) pathway for in-home
- Completes Patient Readiness Assessment (for AWS only)
- Completes *Off-loading Devices Treatment and Assessment Form* and sends to Care Coordinator
- Discusses self-management and discharge process
- Written *Initial Wound Care Report* to Care Coordinator within 7 days
- Orders two (2) TCC Kits or 1 AWS Kit to be delivered to patient home
- Sends Wound Care Physician Communication form

Care Coordinator:
- Receives and reviews Off-loading Devices Treatment and Assessment Form from Nursing Service Provider; Determines eligibility for TCC/AWS treatment
- Receives written *Initial Wound Care Report* and Authorizes DFU-TCC Pathway for Nursing Clinic or DFU-AWS for in-home treatment
- Authorizes medical supplies
- Discusses self-care and discharge process
- Refers to Centralized Diabetes Intake (CDI) if not attended a Diabetes Education Program (DEP)/Centre for Complex Diabetes Care (CCDC) in the past 6 months

Approved

Not Approved

Nursing Provider to collaborate with Care Coordinator, patient and Primary Care Provider regarding ongoing treatment plan. Reconsider TCC/AWS 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.

At Week 1, 3, 6, 8:
Care Coordinator receives *Off-loading Devices Treatment and Assessment Form*, including % of healing; authorizes supplies, links with patient re: compliance and updates plan in CHRIS.
(Supplies for AWS patients are to be ordered as per normal business process, depending on the needs of the wound.)

Note: If at any time the wound requires debridement, the Service Provider Organization will arrange for a wound care specialist to debride.

Wound Healed
Discharge TCC/AWS pathway;
Discharge patient to self-care.
Review discharge tips (see reverse).

Wound Not Healed
For DFU-TCC pathway: Service Provider requests 2 week extension.
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.

DFU-TCC Pathway:
Care Coordinator 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)

DFU-AWS Pathway:
Care Coordinator receives *Off-loading Devices Treatment and Assessment Form* including % of healing; authorizes supplies, links with patient re: compliance and updates plan in CHRIS.

Wound Healed
Discharge TCC/AWS pathway;
Discharge patient to self-care.
Review discharge tips (see reverse).

Wound Not Healed
Consider other treatment options.
Service Provider updates Care Coordinator, including appropriate Wound Care pathway.

DFU-TCC Pathway Notes:
If cast is loose, rubbing, painful, wet, or patient has signs of infection, urgent extra visit required for cast removal and reassessment. Reassessment required for reapplication.
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).

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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
2. Able to access Nursing Clinic for treatment for TCC; in-home (homebound) for AWS.
3. Under the care of a Primary Care Provider.
4. Verbal consent for TCC/AWS provided by patient; aware of need for compliance.
5. Responsible for care/ownership of Total Contact Cast boot/Aircast.
6. Verbal consent for referral to Centralized Diabetes Intake (CDI) provided by patient, if haven't attended a Diabetes Education Program (DEP)/CCDC in the last 6 months.
7. Adequate vascular supply.

For TCC only:

8. Non-infected Diabetic Foot Ulcer

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 TCC only:

10. Untreated osteomyelitis (bone infection) with copious drainage, edema
11. Ulcer with signs of infection (Infected tissue – erythema, purulent d/c, odour). Anywhere on leg where cast would cover.
12. Eschar (black, necrotic tissue) in wound will require debridement first.

Total Contact Casting/Aircast Walking System Tips

Benefits of TCC/AWS

- Improved wound healing
- Improved quality of life
- Improved knowledge of community resources
- Improved self-management of chronic illness

Discharge Tips for TCC/AWS

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

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 or 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 (TCC)/DEP/CCDC)
- Wound is deteriorating
- No progression towards healing (e.g. <50% in 4 weeks)
- New onset wound infection or osteomyelitis
- Uncontrolled or excessive bleeding from debridement
- Uncontrolled pain
- Patient is at risk for falls due to the TCC/AWS or is not able to safely ambulate.
- Patient withdraws consent

REMINDER:
Wounds must be dressed with Advanced Wound Care Products

Hospital Hold

Upon admission to hospital, the TCC/AWS pathway must be ended.
Upon resume, a Wound Assessment pathway must be added.

Criteria to Extend TCC beyond 8 weeks

In rare cases TCC may be requested beyond the recommended 8 weeks. When the Service Provider requests an extension for TCC treatment beyond this timeframe, the Service Provider will submit the *Off-loading 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

For more resources, visit the Central East LHIN Wound Care page, located under the Home and Community Care tab on the intranet or the Partner's site

Percentage of Healing Calculation = expected healing on average 15% per week