



**Total Contact Casting (TCC) Treatment and Assessment Form**

Initial Assessment     1 week reassessment     3 week reassessment     6 week reassessment     8 week reassessment     Discharge

Clinic Location: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_

Team Prescriber: \_\_\_\_\_ Fitter: \_\_\_\_\_ Monitor: \_\_\_\_\_

Duration of ulcer prior to receiving treatment: \_\_\_\_\_ weeks

**TCC Device Prescribed:**     TCC-EZ     Cutimed TCC  
 Patient agreed to the TCC treatment     Patient refused the TCC treatment

**Step 1: Indicate if any of the following contraindications are present:**

|  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Infection in the wound  | <input type="checkbox"/> Neuropathic ulcers with exposure of deep structure tendon, joint capsule, bone | <input type="checkbox"/> Unable to eliminate risk for falls                                     | <input type="checkbox"/> Excessive leg or foot swelling and fragile skin |
| <input type="checkbox"/> Untreated osteomyelitis (bone infection) with copious drainage, edema | <input type="checkbox"/> Patient's foot does not fit in boot; calf exceeds cast size limit              | <input type="checkbox"/> Ulcer that is deeper than it is wide                                   | <input type="checkbox"/> Allergy to the casting material                 |
| <input type="checkbox"/> Eschar in wound   | <input type="checkbox"/> Vascular status not adequate for healing - Ankle Brachial Index (ABI) <0.5     | <input type="checkbox"/> Device was fitted but patient is non-compliant with visits or protocol | Duration of diabetic foot ulcer prior to treatment:                      |

**Assessing Clinician/Prescriber to address the contradictions as TCC is not appropriate at this time.**

What plan has been put into place to address the contradictions?

**Step 2: All of the following requirements must be met:**

|   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Patient has adequate vascular supply ABI: _____<br><br>**If assessing clinician/prescriber questions the vascular supply, refer to vascular specialist prior to casting. | <input type="checkbox"/> Under the care of a Primary Care Provider | <input type="checkbox"/> Verbal consent for TCC provided by patient; aware of need for compliance                     | <input type="checkbox"/> Able to access the clinic for treatment and monitoring             |
| <input type="checkbox"/> Responsible for care/ownership of TCC boot   | <input type="checkbox"/> Non-infected Diabetic Foot Ulcer          | <input type="checkbox"/> Verbal consent provided by patient for referral to attend a Diabetes Education Program (DEP) | <input type="checkbox"/> Patient has been provided with emergency removal instruction care. |

Location of Ulcer: \_\_\_\_\_

Grade of Ulcer (Wagner Grading System): \_\_\_\_\_



- 0 - Intact Skin
- 1 - Superficial ulcer of skin or subcutaneous tissue
- 2 - Ulcers extend into tendon, bone, or capsule
- 3 - Deep ulcer with osteomyelitis, or abscess
- 4 - Gangrene of toes or forefoot
- 5 - Midfoot or hindfoot gangrene

**Step 3: To be completed at initial application and after reapplication at week 1, 3, 6 and 8.**

| Check all that apply  | Date:                    |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Initial                  | 1 Week                   | 3 Week                   | 6 week                   | 8 week                   |
| Assess for adequate blood supply (ABI<0.5), inadequate – refer to vascular specialist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Debridement of necrotic/eschar tissue required before TCC application                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dressing change as required. Apply TCC.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinician Initials:   |                          |                          |                          |                          |                          |

**Step 4: Considerations for Discontinuation of TCC:**

| Check all that apply  | Date:                    |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Initial                  | 1 Week                   | 3 Week                   | 6 week                   | 8 week                   |
| Wound is deteriorating  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No progression towards healing (i.e. <50% in 4 weeks)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| New onset wound infection   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uncontrolled or excessive bleeding from debridement   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uncontrolled pain   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-compliance (walking without boot, getting cast wet, refusal to attend clinic for monitoring, refusal to attend DEP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient is at risk for falls due to the TCC or is not able to safely ambulate   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinician Initials:   |                          |                          |                          |                          |                          |

**Step 5: Wound Assessment:**

|         | Date | Length X width X depth cm | Appearance of wound and exudate amount | % of Healing | Clinician Initials |
|---------|------|---------------------------|--|--------------|--------------------|
| Initial |      |                           |  |              |                    |
| 1 Week  |      |                           |  |              |                    |
| 3 Week  |      |                           |  |              |                    |
| 6 Week  |      |                           |  |              |                    |
| 8 Week  |      |                           |  |              |                    |

**Step 6: Considerations for Extension of TCC beyond 8 weeks:**

- Extension of TCC beyond 8 weeks is not required      Time to closure: \_\_\_\_\_ weeks \_\_\_\_\_ days
- Extension of TCC beyond 8 weeks is required

|                     |                          |
|---------------------|--------------------------|
| Clinical Rationale: | Two week discharge plan: |
|---------------------|--------------------------|