

Developed by the British Columbia Provincial Nursing Skin & Wound Committee in collaboration with the NSWOCs/WCs from:



TCC-EZ Total Contact Cast: Procedure for Diabetic/Neuropathic Foot Ulcer

Endorsement British Columbia & Yukon	<ul style="list-style-type: none"> • Endorsement done: N/A • Endorsement pending: FNHA, FHA, IHA, ISLH, NHA, PHSA, VCH/PHC & Yukon; until endorsement has been granted by your health authority, please follow your health authority's current document.
DST Indications for Use	<ul style="list-style-type: none"> • This Decision Support Tool (DST) is to guide health care professionals in the application and removal of the Integra/DermaSciences TCC-EZ Total Contact Cast(TCC) System for treatment of a diabetic/neuropathic foot ulcer. • This DST does not address the application and removal of the TCC-EZ TCC System for the client with a Charcot Foot condition without a diabetic foot ulcer (DFU).
Practice Level as per Provincial Health Profession Act (HPA) Leads & Yukon Professional Practice	<p>British Columbia:</p> <ul style="list-style-type: none"> • Nurses in accordance with their British Columbia College of Nurses & Midwives' scope of practice related to the provision of wound care and their health authority's limits and conditions for this diabetic/neuropathic foot ulcer treatment. • Occupational Therapists in accordance with their College of Occupational Therapists of British Columbia and their health authority's limits and conditions for this diabetic/neuropathic foot ulcer treatment. • Nurses and Occupational Therapists within their individual competency to perform this activity. <p>Yukon:</p> <ul style="list-style-type: none"> • Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses refer to organizational policy and practice in accordance with regulatory bodies. • Occupational Therapists refer to organizational policy and practice in accordance with regulatory bodies.
Education Requirements	<ul style="list-style-type: none"> • See the Education Requirements & Competencies for doing the TCC-EZ procedure.
Need to Know	<ul style="list-style-type: none"> • To achieve successful closure of a DFU, offloading the pressure from the wound area is necessary. Offloading can be achieved with a variety of devices, therapeutic shoes, cast walkers, and TCC. TCC should be the first consideration for providing offloading, in particular for forefoot plantar DFUs, as non-removable knee-high devices are considered to be the gold standard of care. • The decision to apply a TCC as part of the wound treatment plan requires a team approach. • TCC is indicated for a client with a DFU with or without a suspected or confirmed Charcot neuropathic osteoarthropathy (CNO) (Charcot Foot) who has: <ul style="list-style-type: none"> ◦ Been assessed as physically and cognitively appropriate for TCC, ◦ Adequate vascular supply in the affected limb/foot to support wound healing, ◦ An ulcer for which local or systemic infection has been ruled out or successfully treated and ◦ Good range of motion of the ankle and knee of the limb that is to be casted. • TCC is contraindicated for a client with a DFU who has: <ul style="list-style-type: none"> ◦ Involvement or exposure of deeper structures; tendon, joint capsule, or bone. ◦ A wound which has a depth greater than its width. ◦ Allergies/sensitivities to the cast components. • In preparation for the first appointment, the following should be discussed with the client/family to ensure success with the treatment: <ul style="list-style-type: none"> ◦ The first few TCC appointments are often 1.0-1.5 hours in length; consider having food, fluids and/or medication available as needed.

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	<ul style="list-style-type: none"> ○ Wear clothing that will fit over the cast, (e.g., pants’ leg wide enough to go over the cast). ○ Wear appropriate footwear on the non-cast foot to assist with safe mobility. ○ The need to wear a shoe on the non-TCC cast foot that has small heel or a heel lift to accommodate the height of the casted foot. ○ Have a walker or a cane to assist with stability. ○ Not to apply weight on the casted foot for at least first 24 hours. ○ Plan for the best transportation to/from the appointment. • Determination of TCC-EZ application is based upon the client’s: <ul style="list-style-type: none"> ○ Foot fitting within the boot size range (see below). ○ Calf measurement is within the size limit (see below). ○ Foot deformity, if present, can be accommodated by outer boot. ○ Weight and activity level: <table border="1" data-bbox="430 556 1448 720"> <thead> <tr> <th rowspan="2">Client’s Weight</th> <th colspan="3">Activity Level</th> </tr> <tr> <th>Active</th> <th>Sedentary</th> <th>Non-Ambulatory</th> </tr> </thead> <tbody> <tr> <td>Less than 325bs</td> <td>√</td> <td>√</td> <td>√</td> </tr> <tr> <td>Less than 400lbs</td> <td>-</td> <td>√</td> <td>√</td> </tr> <tr> <td>Greater than 400lbs</td> <td>-</td> <td>-</td> <td>√</td> </tr> </tbody> </table> • Proper storage and temperature control of the TCC-EZ kit is important in order for the TCC-EZ cast resin to perform correctly; improper storage can cause pooling of the resin. Store the kits between 15-30°C and always oriented as indicated by the arrow on the outer packaging (cases or boxes). 	Client’s Weight	Activity Level			Active	Sedentary	Non-Ambulatory	Less than 325bs	√	√	√	Less than 400lbs	-	√	√	Greater than 400lbs	-	-	√
Client’s Weight	Activity Level																			
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<p>Bookmarks</p>	<p>Procedure: Application Procedure: Removal Client/Family Education and Resources Documentation Client Outcomes References/Bibliography Document Management</p>																			
<p>Related Documents</p>	<p>Guideline: Diabetic / Neuropathic Foot Ulcer Education Requirement & Competencies: Application & Removal of TCC Procedure: Cutimed Offloader Select Total Contact Cast Client Health Education Resource: TCC-EZ (TBD)</p>																			

Procedure for the application of TCC–EZ system

Equipment and Supplies:

- Personal protective equipment (PPE) as per Point of Care Risk Assessment i.e., disposable medical mask, safety glasses, gown/apron
- Clean gloves
- pH-balanced skin cleanser
- Moisturizer
- Wound tray and cleansing solution
- Wound dressing supplies as needed
- 4 - 5x5cm gauze
- Scissors
- Blue procedure pads or towels
- Knee support, (e.g., bolster or pillows)
- Water bucket
- Water thermometer
- Flat board 30-35cm in length
- Integra TCC-EZ kit:
 - Stockinette
 - White felt protective pads (a strip for tibial crest & foot and 2 circles for the malleoli)

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- 1 roll paper tape
- 2 rolls plastic tape
- White protective sleeve
- Cast Sock either 7.5 or 10cm*
- Patient Instruction Sheet for Emergency Removal.
- TCC-EZ Application and Cast Removal Instructions.
- Outer boot** must be ordered separately
- Cast protector
- Recommended additional items:
 - Cane, walker or wheelchair
 - An insert for other foot’s shoe to minimize the height discrepancy

*To determine appropriate **cast sock size**, measure the circumference of the widest part of the calf.




Calf Measurement	28 - 38cm	38 - 43cm	43 – 61cm
Cast Sock Size	7.6cm	7.6cm or 10cm	10cm

****Outer boot size** is determined by foot structure and shoe size.



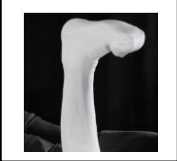
Measurement of Foot			
	Regular	Large	Extra-Large
Length of Foot	29.0cm	31.1cm	35.0cm
Width at Ankle	10.0cm	10.5cm	10.9cm
Width at Toe	11.8cm	12.0cm	13.0cm
Approximate Shoe Size			
Men’s	6 - 10	10.5-13 wide	13.5 – 18 X-wide
Women’s	5 - 11.5	11.5+ wide	11.5+ X-wide



TCC–EZ Total Contact Cast System: Procedure for Application	
Steps	Key Points/Rationale
1. Prepare the client for the procedure: <ul style="list-style-type: none"> • Explain the procedure to client/family keeping in mind the concepts of Trauma Informed Practice and, where appropriate for the client, Indigenous Cultural Safety, obtain verbal consent (if possible). 	The client undergoing TCC may experience anxiety related to restriction in their activity, management of their ADLs, ability to drive, etc. Provide anxiety management strategies, (e.g., education, & reassurance).
2. Prep the client’s limb for casting: <ul style="list-style-type: none"> • Perform hand hygiene. • Wash or shower leg(s) with warm water using a pH-balanced skin cleanser. Pat legs dry and apply moisturizer. • Assess skin for any concerns. • Cleanse the wound, the peri-wound and surrounding skin. Complete a full wound assessment. • Dress the wound as per treatment plan/order. 	Cleansing removes devitalized skin. Moisturizer help provide/maintain good skin health. A full wound assessment will provide a basis for determining wound healing. Wounds must be covered with a dressing (wound filler/secondary dressing) appropriate for the estimated amount of exudate accepted.
3. Set up for the procedure: <ul style="list-style-type: none"> • Gather the supplies. • Open the TCC kit onto a clean table work area. • Lay out a procedure pad/towel on the floor work area. 	The pads/towels soak up any spilled water ensuring the floor work area is safe.

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Steps	Key Points/Rationale
<ul style="list-style-type: none"> Prepare a bucket with water at 22-27° C. Check water temperature with thermometer. Place bucket on the prepared pads/towels. Position blue procedure pads under client's leg. Perform hand hygiene; apply apron and gloves. 	<p>The water is used to moisten and activate the polyurethane resin in the casting sock.</p> <p>Apron and procedure pads are to protect nurse's clothing and bed linen from the resin.</p>
<p>4. Position the client for comfort:</p> <ul style="list-style-type: none"> Position client in a semi-fowler or upright sitting position. Using a bolster or pillows under the thigh will support the knee in correct position. Explain to the client there are four layers of material to be applied to make the cast. 	<p>Position the client comfortably, as the application takes about 10-15 minutes.</p> <p>Dorsiflexion ensures an angle to support walking once the cast is applied.</p>
<p>5. Apply the stockinette (Layer#1):</p> <ul style="list-style-type: none"> Ensure moisturizer has absorbed into the skin. Position the knee at 90-degree angle for ease of application. Dorsiflex the foot to a 90-degree angle, Apply stockinette over the foot and up to the top of the popliteal space/knee. Ensure there is approximately 10cm length of stocking beyond the toes. Cut off any excess. Check to ensure the wound dressing has not rolled or folded with the application of the stocking. Insert 5x5cm folded gauze(s) between the toes. Fold the sock over the toes, leave a 1-2 finger width space under the base of the great toe. Trim off excess and secure fold with plastic tape. 	<p>The foot's 90-degree angle position needs to be maintained for the entire procedure as dorsiflexion ensures an angle to support walking once the cast is applied.</p> <div style="display: flex; justify-content: space-around;">   </div> <p>The 1-2 finger-width space above the great toe ensures room for all the toes to move freely.</p>
<p>6. Apply the white felt paddings (Layer#2):</p> <ul style="list-style-type: none"> Ensure the foot in 90-degree dorsiflexion, Align the circular felt pads over the malleoli and the narrow end of the felt pad strip positioned towards the knee. Secure all three pieces with plastic tape at the flexion point on the ankle. Run the felt pad strip up the shin of the leg to 2 finger width below the knee, fold the excess back down the leg and secure with plastic tape. Continue to run the felt pad strip over the toes leaving a 1-2 finger width space above the toes and then down the plantar surface of the foot. Apply plastic tape to hold the strip in line with the plantar surface. Tape the pads just above the heel. Re-position the client to sit on the side of the stretcher with foot in dangle position. Holding the foot at 90-degree, position remainder of felt strip over the back of the heel and tape in place at the insertion point of the Achilles. Trim excess length of felt strip to allow 2.5-7.5cm of padding beyond the heel. If needed, apply additional layer of the felt pad strip over bony prominences. 	<p>Felt pads and strip provides additional padding to protect bony prominences.</p>  <p>The tape is just to hold the felt pad strip in place until the protective sleeve is applied; do not wrap tape circumferentially at any point.</p> <p>It is necessary to have a 1-2 finger width of space between the top of the great toe and the felt pad to allow for movement of all the toes.</p>

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Steps	Key Points/Rationale
<ul style="list-style-type: none"> On one side of the heel, pinch excess material and trim off excess; creating a triangle cut. Repeat on the other side of heel 	<p>A triangle cut will decrease the felt from bunching at the sides of the heel, creating optimal cast contact.</p> 
<p>7. Apply white protective sleeve (Layer#3):</p> <ul style="list-style-type: none"> Starting with a 5cm fold, roll the sleeve into a donut shape. Position the donut over the toes and roll the sleeve over the foot and up the leg; leave the top 2.5cm of the cast sock exposed. Ensure there is 5cm of sleeve beyond the toes. Lightly fold the sleeve over the toe area, ensure not to apply pressure on the felt pad. Tape the sleeve fold in place and trim off the excess. Check the felt pad strip is still in its correct position, reposition as needed and that sleeve is free of wrinkles or folds. At the knee, cut any excess felt pad strip so that the strip is even with the sleeve and then fold the stockinette over the sleeve. 	 <p>Putting pressure on the toes' felt pad will diminish the 1-2 finger width space and limit toe movement.</p>
<p>8. Reposition the client if needed:</p> <ul style="list-style-type: none"> If the client can tolerate prone position, position in prone with knee flexed. Ensure client's comfort. If client is in sitting position, drop bed down so the foot is just resting the floor (feather weigh touch). 	<p>Prone position makes it easier to ensure the foot is in a 90-degree neutral position during the application of the cast.</p> 
<p>9. Prep the resin cast sock:</p> <ul style="list-style-type: none"> Open the foil package from the top, near the date sticker, tearing all the way down. Starting with a 5cm fold, shape the cast sock into a donut shaped roll Leave 2.5 to 5cm of the end of the material unrolled. Immerse the roll in 22 to 27 °C water for 5 to 10 seconds to thoroughly wet the sock. With the roll under the water, give the roll two gentle squeezes. Remove from water, gently squeeze and shake to remove excess water. Do not wring out the sock. 	<p>Cast sock must be completely wet to activate the resin casting material.</p> <p>Ensure water temperature is no warmer that 27 °C as the cast material increases in temperature once it is applied.</p> <p>Water temperature must be kept within the 22 to 27 °C range as:</p> <ul style="list-style-type: none"> Cooler will negatively impact the resin's activation process. Too warm will weaken the cast.
<p>10. Apply the cast sock (Layer#4) to be done in ~ 90 seconds:</p> <ul style="list-style-type: none"> Hold the foot at a 90-degree angle and centre the cast roll over the toes with the red-green stripe in line with the middle of the dorsum of the foot. Gently open the cast roll just enough to get the roll onto the foot; do not stretch or pull. Then roll the material over the foot, heel and leg. Ensure the red-green line runs up the centre of the leg and that the roll end at the widest part of the calf, (e.g., mid-calf); a 2.5cm fold may be done to cover any loose edges if needed. 	

Steps	Key Points/Rationale
<ul style="list-style-type: none"> • Ensure end extends beyond the toes by 5 to 7.5cm. • Immediately place the client’s foot in a 90-degree neutral position or against a flat surface, (e.g., foot board) to avoid any rotation of the foot due to proprioception. • For 15 seconds, using wet gloves and with flat hands, gently but firmly rub the material around the ankle and up the calf to create intimate contact of all the cast material. • Enclose the toe end of the cast by folding over the cast material; and ensure that the 1 to 2 finger-width space over the great toe is still maintained. • Fold the excess cast sock down to the widest point of the cast to shorten the cast length. • Fold the stockinette(Layer#1) down over the top of the cast to cover all the loose edges. 	<p>Advise the client that they may feel the cast becoming warmer as the resin is molded.</p> <p>Ensure there are no wrinkles in the protective layers; if necessary slide fingers between layers to smooth out.</p> <p>Top of cast should be at the upper calf or 2 finger-widths below head of fibula</p>
<p>11. Hardening & drying of the cast:</p> <ul style="list-style-type: none"> • Support the plantar surface of the foot from the heel to metatarsal heads with a flat hand and maintain the foot in a neutral position with the ankle as close to 90-degree angle as possible. • Ensure proper alignment of the ankle and foot. • With very gentle pressure, rub the foot’s plantar surface to create intimate contact with the cast material. Continue to smooth the cast for 3 to 5 minutes, or until entire cast has hardened, (i.e., until the cast is firm enough that the client’s movement, (e.g., ankle flexion) does not overcome the cast. Do not overwork the cast, once cast begins to harden, stop molding. • Place the casted foot on the floor protected with a procedure pad, plastic side up; Note: do not apply weight on casted foot. Allow 15 to 20 minutes of drying time. The cast will be dry when the toe area of the cast is cool to the touch and has hardened. Some flex in the cast is normal and to be expected. 	<p>The position of the foot in a 90-degree angle ensure a correct position of the foot to properly support body weight and ambulation.</p> <p>For those clients with a DFU combined with a Charcot foot, there is instability within the foot and ankle joints, providing the best alignment possible during this phase of casting will aid in limiting structural abnormalities.</p> 
<p>12. Applying the off-loading outer (walking) boot:</p> <ul style="list-style-type: none"> • Ensure the cast has had 15 to 20 minutes of drying time prior to fitting the boot. • Fit the boot onto the cast with the cast placed between the upright struts of the walker boot; ensure the heel is within one-finger distance from the back of the boot and that the struts are parallel to the client’s tibia and fibula. • Have client put some weight on the boot to ensure bottom of the cast is in contact with the boot. • Fasten the straps: <ul style="list-style-type: none"> ○ Start with the ankle strap. ○ Move down to the toe strap and secure strap. ○ Secure top straps snug around client’s leg. • Instruct the client to keep the straps snug at all times. 	 <p>Troubleshooting:</p> <ul style="list-style-type: none"> ○ If the boot does not properly fit onto the cast, check the angle of the cast. ○ If angle of the cast is off, cast must be re-done. <p>The boot is secured correctly when there is no heel lift or side-to-side movement of the cast in the boot.</p>

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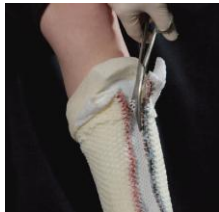

Steps	Key Points/Rationale
<p>13. Prepare for safe mobility/walking:</p> <ul style="list-style-type: none"> • Ensure the floor around the bed/stretcher is clean of any spilled water and/or fibreglass material. • Assess with client standing: <ul style="list-style-type: none"> ◦ The height of both legs to see if one leg is higher than the other. ◦ Their balance. ◦ Their gait. • Provide walking aid (cane, walker, or wheelchair for the heavy-weight client). • Client may require an insert in their other shoe to prevent significant height discrepancy. • Apply the outer boot. 	<p>Water and/or cast material on the floor are a falls-risk.</p> <p>The outer boot must always be worn when ambulating; if not worn, the cast is unstable and can be easily damaged.</p>
<p>14. Clean up the workspace:</p> <ul style="list-style-type: none"> • Discard the dressing tray, disposable scissors, and TCC supplies. • Discard cast water. 	
<p>15. Set up return appointment:</p> <ul style="list-style-type: none"> • The initial TCC cast should be removed within 2 to 3 days of application for assessment. • Removal/reapplication is done weekly except for the following conditions which require a more frequent schedule: <ul style="list-style-type: none"> ◦ If piston-ing is occurring; change 2 to 3 times/week. ◦ For wounds with larger amounts of exudate, such as those over the mid-foot or rear-foot, change cast 2 to 3 times/week. • Client should wear the cast for 1 to 2 weeks following wound closure or until their offloading maintenance footwear is available. 	<p>Assessment includes checking for areas of redness which would indicate heel piston-ing (movement up/down inside the cast) or foot slippage due to decreased edema, as well as the condition of dressing if present.</p>
<p>16. Client teaching re damaged cast:</p> <ul style="list-style-type: none"> • Advise the client that should the cast get damaged, to go to Urgent Care/Emergency to have cast removed. • Provide client with the specific TCC-EZ removal instruction sheet which is to be given to Urgent Care/Emergency staff. 	<p>Removal of a TCC-EZ cast is done differently than other types of fibreglass casts such as those used for fracture limbs.</p> <p>For addition client teaching points please see Client/Family Education and Resources I(ink TBD)</p>

Procedure for removal of TCC E-Z system

Equipment & Supplies:

- Personal protective equipment (PPE) as per Point of Care Risk Assessment i.e., mask, clean gloves/ casting gloves, safety glasses, gown, sleeve protectors.
- Blue procedure pad towels
- Hearing protection for HCP and client (muffs and plugs)
- Cast saw cast vacuum
- Cast spreader (optional)
- Large cast scissors

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TCC-EZ TCC System: Procedure for Removal	
Steps	Key Points
<p>1. Prepare the client for the procedure:</p> <ul style="list-style-type: none"> • Explain the procedure to client/family keeping in mind the concepts of Trauma Informed Practice and, where appropriate for the client, Indigenous Cultural Safety, obtain verbal consent (if possible). • Demonstrate the saw against your hand. • Advise client they will feel the vibration of the saw. • Have client comfortably supine in the bed. • Provide client with hearing protection. 	<p>Hearing protection helps to minimize the noise of the saw.</p>
<p>2. Prepare for the procedure:</p> <ul style="list-style-type: none"> • Ensure cast blade is clean of any old dry resin. • Assemble cast saw and vacuum. • Plug in cast saw. • Lay out cast spreader and scissors if using. • Cover the work area floor with towels. • Put in hearing protection devices. • Perform hand hygiene and put on clean gloves. 	<p>Resin residue is slippery (falls-risk for HCP and client).</p>
<p>3. Cut the cast:</p> <ul style="list-style-type: none"> • At the top of the cast, unfold the stockinette and cut it horizontally to remove excess. Unfold the felt pad up towards the knee to expose the cast. • Use non-dominant hand to stabilize the leg/cast. • Holding the cast saw in dominant hand at a 90-degree angle to the cast, start at the top of the cast and using the red-green line as a guide: <ul style="list-style-type: none"> ◦ Cut down the anterior crest of the tibia and along the top of the dorsum of the foot. ◦ Then cut along the tip of the toes perpendicular to the red and green line. ◦ If needed make a cut along the malleoli. • Using hands, separate the edges of the cast. 	
<p>4. Cut the protective sleeve:</p> <ul style="list-style-type: none"> • Use cast scissors to cut the protective white sleeve from knee to toe. 	
<p>5. Remove the protective layer:</p> <ul style="list-style-type: none"> • Starting at the knee, remove the taped felt padding strip from the leg and foot. • Use bandage scissor to cut or roll off stockinette. 	
<p>6. Remove cast shell:</p> <ul style="list-style-type: none"> • With gloved hands, grasp the cast edges; take care as the edges are sharp. • Spread cast open then pull off like a boot; ensure not to impinge on the toes as the cast comes off. • Dispose of the cast and layer as garbage. 	

Steps	Key Points
7. Wash and assess the limb: <ul style="list-style-type: none"> • Wash and moisturize the limb with approved HA product. • Assess the skin for medical device related pressure injury and/or friction. • Re-assess wound. • Perform an advanced lower limb assessment, if needed. 	If medical device-related pressure injury noted, document a Patient Safety Learning System event.
8. Assess cast boot and replace if: <ul style="list-style-type: none"> • Straps are too loose or damaged. • Foam insole shows wear. • Nubs of the inside the shoe are worn. 	

Client/Family Education and Resources

Review with the client/family the TCC Client Health Education Resource (TBD) that outlines the following:

1. The course of TCC therapy:
 - Appointments for the 6-8 weeks of therapy.
 - Tips for comfort.
 - Tips for safe mobility.
 - Tips for caring for the TCC boot.
 - When to seek help and who to call.
 - PharmaCare coverage or extended health coverage for orthotic footwear once the wound has closed.
2. Post TCC therapy:
 - Care to be done in the first month following the completion of the TCC therapy.
 - Orthotic foot-wear appointments.
 - Skin health for the feet.
 - Ensuring good blood flow to the feet.
 - Having footwear checked by the footwear specialist on a regular basis.
 - Having regular checkup with Family Physician/Nurse Practitioner.

Documentation

1. With each TCC application/removed and/or wound dressing is changed, document on the appropriate paper or e-documentation tool as per agency policy and include the following:
 - The full wound assessment.
 - The numbers (#) of interface and wound filler packing pieces removed/replaced.
 - Document the client's response to the dressing change.
 - Document the TCC application (include name of TCC kit used) and client response to the procedure.
2. Document TCC clinical outcomes and care plan revisions as they occur.
3. Document education regarding TCC walking and safe mobility.
4. Document client/family TCC teaching provided on transition of care and any wound supplies or TCC kits given to client/ family on transition to the community setting.
5. Report TCC adverse events in the Patient Safety Learning System or report the safety event according to health authority or agency guidelines.

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Client Outcomes

1. Intended
 - a. The diabetic foot ulcer will heal.
 - b. The wound remains infection free.
 - c. The Charcot Foot will be stabilized.

2. Unintended
 - a. The diabetic foot ulcer does not heal.
 - b. The wound becomes infected.
 - c. The client requires an amputation.

References/Bibliography

1. Integra TCC-EZ Total Contact Case System Information for Use (2021). TCC2-1018 Rev H 2021-04 1598423-3.

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Document Management

This guideline is based on the best information available at the time it was published and relies on evidence and avoids opinion-based statements where possible. It was developed by the Provincial Nursing Skin & Wound Committee and has undergone a Provincial Partner Review process.

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