South
PAEDIATRIC NEUROSCIENCES
Operational Delivery Network

CPIPS Appendix

This form is designed as an appendix for clinicians who have completed the CPIPS form. Discrepancy between the joint angle range and the R1 measure identifies altered muscle tone and clinicians can use this check list tool to ensure children are referred for the appropriate tone management intervention alongside referrals to orthopaedic teams. Referral criteria for specialist intervention is found overleaf. Discussions regarding referrals must have consent from service users and team informed.

CHILDS NAME: DOB:

GMFCS LEVEL: CP Classification:

Actions for GMFCS I/II/III

Dystonia Screen (HAT) Y [ ] N [ ]

Optimise Oral Medication – consider Baclofen/diazepam

Daytime	Y [ ]	N [ ]	N/A [ ]
Night time	Y [ ]	N [ ]	N/A [ ]

24 hour postural management provision

Orthotics	Y [ ]	N [ ]	N/A [ ]
Seating	Y [ ]	N [ ]	N/A [ ]
Standing Frame	Y [ ]	N [ ]	N/A [ ]
Sleep System	Y [ ]	N [ ]	N/A [ ]

Positive R1 values:

Serial casting	Y [ ]	N [ ]	N/A [ ]

Orthopaedic review	Y [ ]	N [ ]	N/A [ ]
AP Pelvis Xray	Y [ ]	N [ ]	N/A [ ]

Botulinum Toxin

Focal [ ] Multilevel [ ]

Botulinum Toxin referral made Y [ ] N [ ]

To: Date:

Refer for SDR (GMFCS II/III only)

To: Date:

Actions for GMFCS IV/V

Dystonia Screen (HAT) Y [ ] N [ ]

Optimise Oral Medication – consider Baclofen/diazepam

Daytime	Y [ ]	N [ ]	N/A [ ]
Night time	Y [ ]	N [ ]	N/A [ ]

24 hour postural management provision

Orthotics	Y [ ]	N [ ]	N/A [ ]
Seating	Y [ ]	N [ ]	N/A [ ]
Standing Frame	Y [ ]	N [ ]	N/A [ ]
Sleep System	Y [ ]	N [ ]	N/A [ ]

Positive R 1 Value:

Serial casting	Y [ ]	N [ ]	N/A [ ]

Orthopaedic review	Y [ ]	N [ ]	N/A [ ]
AP Pelvis Xray	Y [ ]	N [ ]	N/A [ ]

Botulinum Toxin

Focal [ ] Multilevel [ ]

Botulinum Toxin Referral Made Y [ ] N [ ]

To: Date:

Refer for ITB:

To: Date:

If Dystonia identified from the HAT then consider oral meds first line medication such as trihexyphenidyl and referral for DBS (see criteria)

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Botulinum Toxin (BTX) Criteria:

Consider Botulinum Toxin A treatment for focal spasticity or dystonia that impacting on a child for the following reasons:

- impeding fine or gross motor skills
- compromising care and hygiene
- causing pain or disturbed sleep
- impeding tolerance of other treatments, such as orthoses and use of equipment to support posture
- the child or young person has any of the following:
  - a bleeding disorder, for example due to anti-coagulant therapy
  - generalised spasticity
  - fixed muscle contractures
  - marked bony deformity or
- there are concerns about the child or young person's likelihood of engaging with the post-treatments

Do not offer botulinum toxin type A treatment if the child or young person:

- has severe muscle weakness
- had a previous adverse reaction or allergy to botulinum toxin type A
- is receiving aminoglycoside treatment.

Nearest Treatment Centre: Bristol

Referrals to:

1. Orthopaedics c/o Mr Atherton or Ms Clarke
2. Complex Movement Disorder Service- c/o Mr Sam Amin for dystonia or if ITB in situ
3. Therapy Lead Service – if child already under the care of a consultant at the Children's Hospital. Jenny Anstead Physio.

Selective Dorsal Rhizotomy (SDR) Criteria:

SDR surgery is now funded by NHS England for children who meet the following criteria:

- The child is aged 3 years to 9 years inclusive with a diagnosis of cerebral palsy with spasticity mainly affecting the legs; (operation has to take place before child's 10th birthday)
- The child has dynamic spasticity in lower limbs affecting function and mobility and no dystonia;
- The MRI brain scan shows typical cerebral palsy changes and no damage to key areas of brain controlling posture and coordination ie PVL with no damage to basal ganglia or cerebellum
- The child functions at GMFCS level II or III
- There is no evidence of genetic or neurological progressive illness;
- The child has mild to moderate lower limb weakness with ability to maintain antigravity postures;
- The child has no significant scoliosis or hip dislocation (Reimer's index should be <40%)

Please refer to…

Intrathecal Baclofen (ITB) Criteria:

1. Severe spasticity/dystonia that
   - Impacts on function or daily activities
   - Impacts on care, comfort or positioning
   - Is causing significant pain

2. Diagnosis: Cerebral Palsy (GMFCS IV or V), Acquired Brain Injury, Spinal Cord Injury or inherited genetic condition such as HSP

3. Medication: Has trialled oral Baclofen and requires regular maintenance dose or has reached maximum dose

4. Poor results or adverse side effects from oral medication - such as sedation or reduced postural control. These children should still be referred

5. Weight – ideally over 15 kg but required adequate abdominal capacity

Deep Brain Stimulation (DBS) Criteria:

- Difficulties on managing dystonia (ideally primary genetic dystonia)
- Trial if Oral anti dystonia medication or at maximum tolerated dose with continuing symptoms
- MRI shows no damage to the GPi

Nearest referral centre for ITB and DBS : Bristol

Neurology complex movement disorder and ITB service Consultant Neurologists, Bristol Royal Hospital for Children, BS2 8BJ