QUICK REFERENCE Recommendations for the prevention and management of respiratory disease in young people with cerebral palsy: Standards of care

Family centred care is at the forefront of application of the recommendations

PREVENTION
Recognizing respiratory risk in young people with cerebral palsy is everyone’s role.

Respiratory review annually and when there has been
- A respiratory related hospital admission
- Any change in Red Flags and Potentially Modifiable Risk Factors
- Loss of weight

Ensure the Multidisciplinary Team is involved
- Good personal hygiene and hand hygiene of carers
- Good dental hygiene and regular dental reviews
- Optimize nutrition
- Vaccinate against influenza
- Reduce exposure to tobacco smoke
- Encourage physical activity

• Doctor
  - Treat asthma
  - Manage upper airway obstruction
    - ? Snoring/apnoea = refer to Ear, Nose, Throat Doctor or refer for overnight oximetry
  - Review tone and treatment

Physiotherapist
- Prescribe chest physiotherapy as required and educate carers in recommended chest physiotherapy regimen

ASSESSMENT
Multidisciplinary assessment is essential (Family, Speech Pathologists, Occupational Therapists, Physiotherapist, Doctor, Nurse Consultant).

In certain instances consider
- Videofluoroscopy swallow study
- Overnight oximetry if indicated
- Sputum culture
- Chest x-ray
- Chest CT
- Sleep study

Screen for Red Flags and Potentially Modified Risk Factors

Diagnostic tests

Initial Assessments

Physician
- assess
- Reticular, basal, and peripheral lung fields
- Auscultation
- Auscultation
- Auscultation
- Auscultation
- Auscultation

Initial investigations
- Oxygen saturation level
- Respiratory rate

Physical Examination:
- (when well and unwell)
- Breathing pattern (rhythm, depth, pattern of chest wall movement), oxygen saturation level, respiratory rate, heart rate, work of breathing, Colour, chest wall shape, palpation, auscultation, visualisation of tonsils and other turbinates

Our aim is to understand the individual's unique risk factors for aspiration (when well and unwell)

Assess for
- Nutritional status
- Ability to manage secretions
- Assessment of musculoskeletal deformities

TREATMENT
Effective treatment of respiratory illness must be a partnership between individuals with CP, their parents, carers, team.

Minimize Aspiration

Improve General Health

Optimise Lung Health

Physiotherapist
- Assess
  - Strength and effectiveness of cough
  - Is cough productive i.e. wet, or are there signs of mucous retention?
- Prescribe
  - Airway clearance therapy
  - Suction if cough too weak to bring up mucous and secretions
  - Long term plan for chronic wet cough
- Educate individual/parent/carer
  - Manual techniques to get the best cough and clear secretions
  - Positional changes to maximise lung and chest movement
- Monitor and review
  - Any positive or negative responses to airway clearance therapy

Physician
- review
- Management of respiratory illness
- Treat cough
- Treat asthma
- Treat sinusitis
- Treat infections
- Nasal desiccation
- Nasal desiccation
- Nasal desiccation
- Nasal desiccation
- Nasal desiccation


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