

Duchenne [Pseudohypertrophic] Muscular Dystrophy, Therapeutic Management).

Temperature is often poorly regulated in children with SCI; therefore, body temperature must be monitored closely for fluctuations. Response to environmental temperature changes may be slow or absent, and the ability to dissipate heat through the process of shivering may be compromised.

Children with SCI have unique needs in relation to skin care. Because of decreased sensation and impaired mobility, they depend on others to assess and assist in the management of intact skin. Skin care practices are the same as those for any child who is immobilized. A skin score scale (such as the Braden Q Scale) should be used to objectively evaluate risks for skin breakdown and skin conditions (Noonan, Quigley, and Curley, 2011). An alternating-pressure mattress or other pressure relief or reduction device is kept underneath the child, and the skin is thoroughly inspected at least once a day (or more often if there is increased risk) for signs of pressure and breakdown, especially over bony prominences.

Bowel and bladder function is often affected in the child with SCI. CIC may be required to regularly empty the neurogenic bladder and prevent urinary tract infections. A regular bowel management program is tailored to the child's needs.

Pain management is vital in children and adolescents with SCI. In children with upper motor neuron involvement, the spasticity that develops may require administration of an antispasmodic medication, such as diazepam. Baclofen is considered the drug of choice for reducing muscle spasticity. Gabapentin may be used to treat neuropathic pain. Botulinum toxin type A and α_2 -adrenergic agonists may be used in older children with SCI to decrease muscle spasticity.

All adaptive devices help children increase their mobility, function, and endurance. Children with some lower extremity function progress to parallel bars and then to a walker; children with tetraplegia learn to use a wheelchair—among the most valuable aids available to children with SCIs (Fig. 30-9). The wheelchair should be selected carefully in relation to where it will be used, the architectural barriers, and the child's functional capacity. For children with severe upper extremity paralysis, a variety of motorized wheelchairs are used; however, the more