

healing. Outpatient visits to refill the pump and make dosage adjustments are scheduled about every 3 to 6 months depending on the patient's response to the treatment. This procedure is most suited for a multidisciplinary setting where rehabilitation specialists are readily available and consistently involved in the patient's ongoing care. Abrupt withdrawal of intrathecal baclofen may result in adverse effects, such as rebound spasticity, pruritus, hyperthermia, rhabdomyolysis, disseminated intravascular coagulation, multiorgan failure, and death; in some cases, intrathecal baclofen withdrawal may mimic sepsis. Treatment of withdrawal centers on reestablishing the medication dosage, with improvements observed within 1 to 2 hours. Hospitalization and surgery may be required for withdrawal as a result of pump or catheter failure.

Antiepileptic drugs (AEDs) such as carbamazepine (Tegretol); divalproex (valproate sodium and valproic acid; Depakote), lacosamide (Vimpat), levetiracetam (Keppra), oxcarbazepine (Trileptal), and lamotrigine (Lamictal) are prescribed routinely for children who have seizures. Other medications include levodopa to treat dystonia; trihexyphenidyl (Artane) for treating dystonia, and for increasing the use of upper extremities and vocalizations; and reserpine for hyperkinetic movement disorders, such as chorea or athetosis ([Johnston, 2016](#)). Gabapentin (Neurontin) has been used for decreasing spasticity pain in children with CP successfully ([National Institute of Neurologic Disorders and Stroke, 2015](#)). All medications should be weighed for risk/benefit ratio; monitored for maintenance of therapeutic levels and avoidance of subtherapeutic or toxic levels.

Dental hygiene is essential in the care of children with CP. Regular visits to the dentist and prophylaxis, including brushing, fluoride, and flossing, should be started as soon as the teeth erupt. Dental care is especially important for children given phenytoin because they often develop gum hyperplasia. Decreased oral intake can lead to more tartar buildup. Additional problems common among children with CP include constipation caused by neurologic deficits and lack of exercise, poor bladder control and urinary retention, osteopenia (related to decrease bone density from immobility), chronic respiratory tract infections, problems with airway clearance, and aspiration pneumonia; which may be a