



Improving Transition to Adult Rehabilitation Services from Rehab2Kids Nitrous Oxide Sedation Botulinum Toxin (BoNT-A) Clinic

Background

- Botulinum toxin injections are given for tone management for people with cerebral palsy and similar conditions.
- Nitrous oxide, oral midazolam, EMLA and distraction are currently used in our clinic.
- No adult centres in NSW offer nitrous oxide sedation for botulinum toxin injections.
- Only 5 centres in NSW offer some form of sedation and few accept patients outside LHD.
- A reliance on sedation limits referral options.
- Patients, families and staff had all reported issues around feeling under prepared for the transition to adult services.

Aim Statement

All patients receiving calf muscle injections only, to be supported by non-pharmacological methods and/or topical anesthetic only by 17 years of age.

Change Ideas



Buzzy Bee & Icy wings

- Common use
- Portable
- Cost effective
- Two pain pathways



Pre-Clinic Huddle

- Improve communication
- Transition identification



Child Life Therapy Plan

- Plan on EMR
- Individualised
- Limitations



Introducing Transition

- Agreed age
- Brief introduction

Buzzy Bee and CLT Plans Case Studies

Patient in transition age group

- 15 yr old, GMFCS I MACS I
- Care closer to home
- No sedation offered
- Anxiety
- Weaning and CLT plan
- 3 visits to wean
- Buzzy bee, icy wings, topical anesthetic & breathing exercises
- Education & training to adult centre
- Clinical trial commenced
- Successful transition
- Positive feedback from trial



Patient outside transition age group

- 8 yrs old, GMFCS I MACS I
- Significant mask aversion
- Discussed use of buzzy bee with icy wings
- Patient advocated to try
- Consent obtained to try buzzy bee and icy wings without sedation
- Well tolerated
- Self reported that it “did not hurt” and that they were “happy I can eat” at next visit

“The pre-clinic huddle has hugely improved communication among relevant staff and families.”

88% of staff found it helpful in identifying transition age patients.

“Allows for a space for team to discuss key areas/concerns to support overall patient experience.”

Staff Survey Pre-Clinic Huddle

“It's great for all the team to be on the same page.”

All staff agreed information discussed was relevant to clinic.

“Ensure team members start huddle on time.”

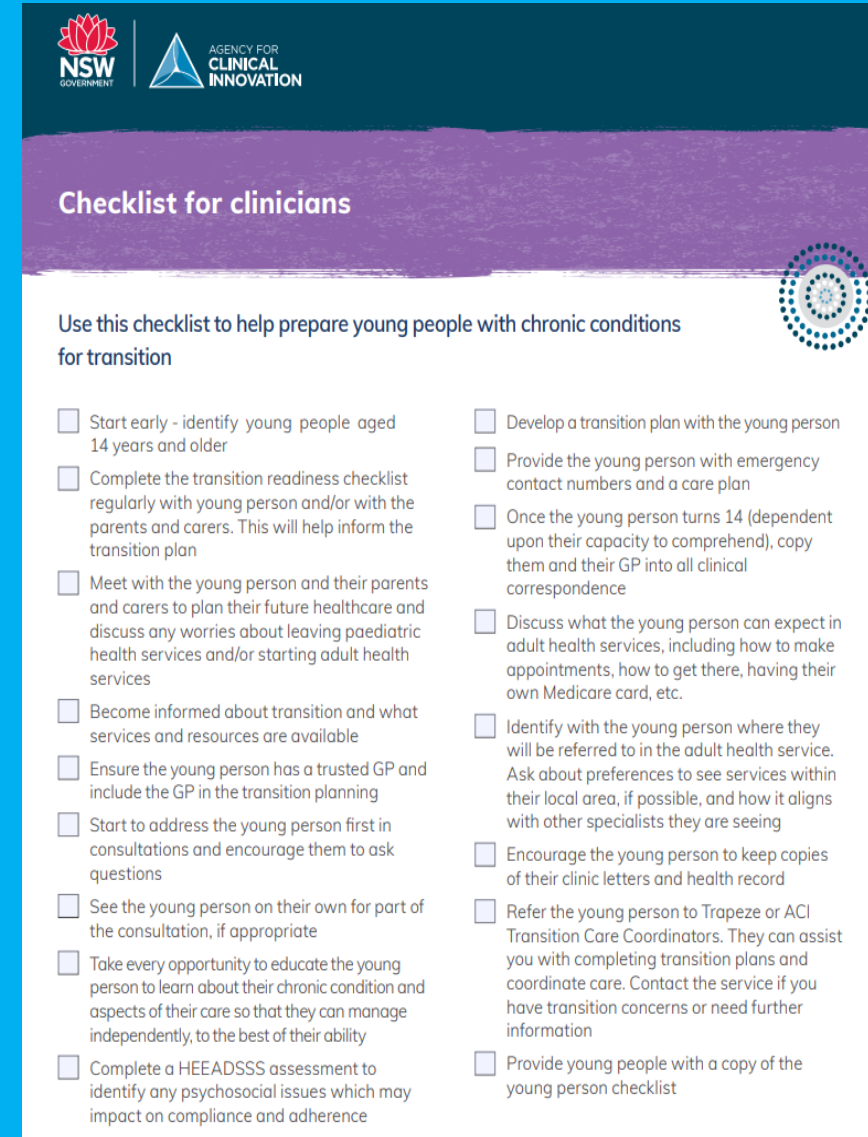
Introducing Transition

- Should commence by 14 yrs.
- ACI Botulinum Toxin Service Directory added to medical clinic info packs and Botulinum Toxin clinic resources.
- Helpful links:

[Botulinum toxin service directory | Agency for Clinical Innovation \(nsw.gov.au\)](https://nsw.gov.au/botulinum-toxin-service-directory)

[Transition tips and checklist for health professionals \(nsw.gov.au\)](https://nsw.gov.au/transition-tips-checklist)

[Moving to adult health services for young people with intellectual disability | Agency for Clinical Innovation \(nsw.gov.au\)](https://nsw.gov.au/moving-to-adult-health-services)

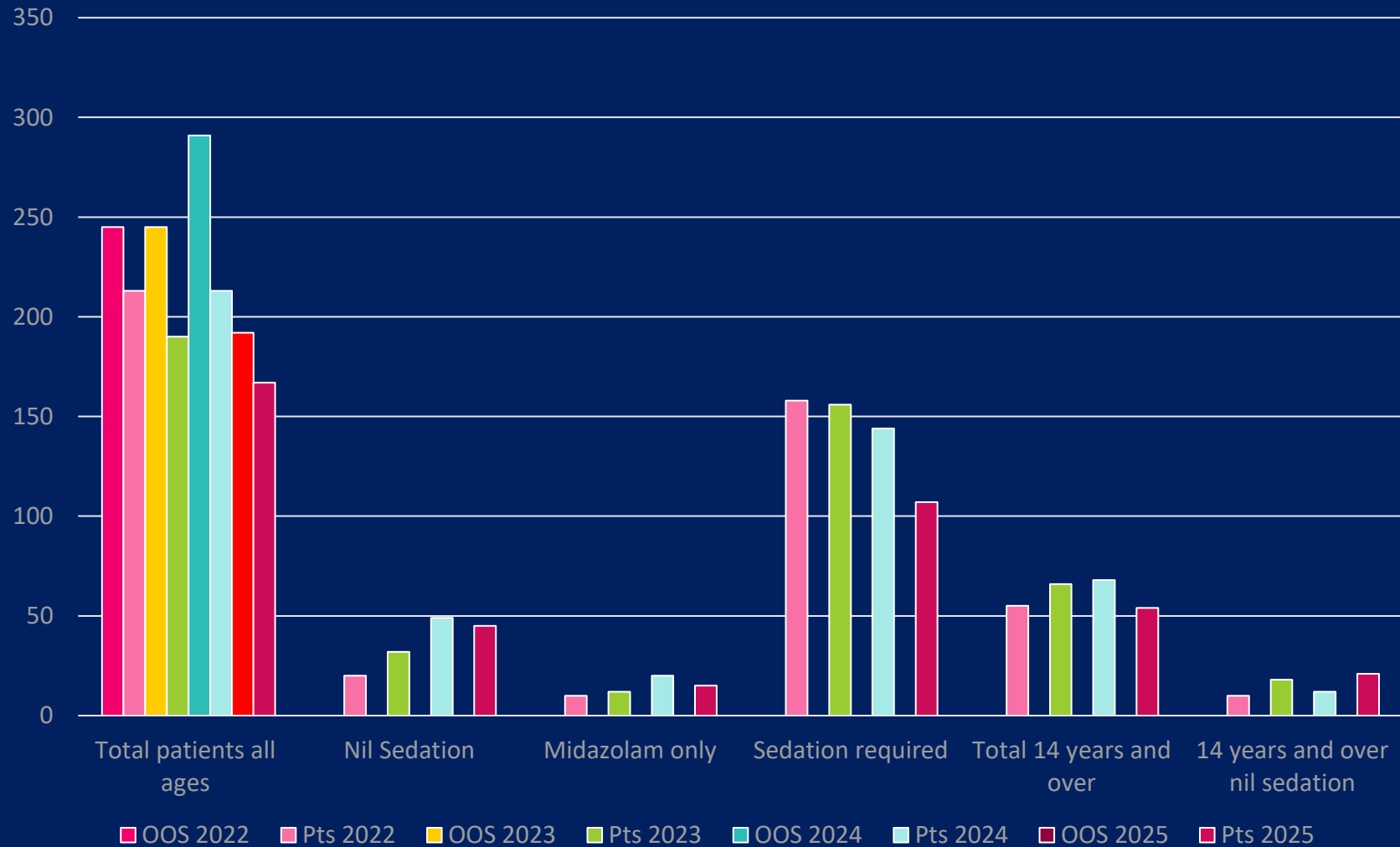


NSW GOVERNMENT AGENCY FOR CLINICAL INNOVATION

Checklist for clinicians

Use this checklist to help prepare young people with chronic conditions for transition

- ☐ Start early - identify young people aged 14 years and older
- ☐ Complete the transition readiness checklist regularly with young person and/or with the parents and carers. This will help inform the transition plan
- ☐ Meet with the young person and their parents and carers to plan their future healthcare and discuss any worries about leaving paediatric health services and/or starting adult health services
- ☐ Become informed about transition and what services and resources are available
- ☐ Ensure the young person has a trusted GP and include the GP in the transition planning
- ☐ Start to address the young person first in consultations and encourage them to ask questions
- ☐ See the young person on their own for part of the consultation, if appropriate
- ☐ Take every opportunity to educate the young person to learn about their chronic condition and aspects of their care so that they can manage independently, to the best of their ability
- ☐ Complete a HEEADSSS assessment to identify any psychosocial issues which may impact on compliance and adherence
- ☐ Develop a transition plan with the young person
- ☐ Provide the young person with emergency contact numbers and a care plan
- ☐ Once the young person turns 14 (dependent upon their capacity to comprehend), copy them and their GP into all clinical correspondence
- ☐ Discuss what the young person can expect in adult health services, including how to make appointments, how to get there, having their own Medicare card, etc.
- ☐ Identify with the young person where they will be referred to in the adult health service. Ask about preferences to see services within their local area, if possible, and how it aligns with other specialists they are seeing
- ☐ Encourage the young person to keep copies of their clinic letters and health record
- ☐ Refer the young person to Trapeze or ACI Transition Care Coordinators. They can assist you with completing transition plans and coordinate care. Contact the service if you have transition concerns or need further information
- ☐ Provide young people with a copy of the young person checklist



Achieved
aim

Change
ideas

Network/
Trapeze



**WHAT'S
NEXT**

No sedation
clinic

Patient
carer
survey

Sustainability

**DON'T
ASSUME,
JUST ASK.**

