Figure S1 – Meeting proforma. This shows the template used in the Neuromuscular Scoliosis Multidisciplinary Meeting (with details from the Clinic below).

Case Conference
Neuromuscular Scoliosis Combined Clinical Meeting

Date
Participants
Names of attendees
Has consent been obtained from the patient/family? YES
Outcome of Medical Scoliosis Clinic
Further investigations required
Recommendation – suitable vs not suitable for surgery
Nutritional bloods
Elective PICU admission post-op recommended
Discussion Notes and Plan
Medications changes since clinic
Recent bloods *date*
Ferritin ug/L
Hb g/L
PCO2 mmHg
Additional pre-operative investigations/assessments
Pre-operative PICU review – Yes / No
Pre-operative plan
Nasogastric tube intra-operatively – Yes / No
Elective PICU admission post-op recommended – Yes / No
Radiology reviewed
Duration of discussion

Information proforma from the Clinic

Name	
MRN	
Date of Birth	
Date reviewed in Clinic	
Attended Clinic with	
Paediatrician	
Scoliosis surgeon	
Scoliosis Curve (Radiology date)	
Orthopaedic Surgical Plan	

Summary of Medical Review

Diagnosis MRI/Genetic	
Problem list	
Current medications	
Current weight	
COVID	Infection: Yes / No Date: Immunizations status: Child/adolescent: Family/Carers:
Influenza	Immunizations status:
Respiratory Status	**Baseline** Chronic Lung Disease – prematurity: Suppurative lung disease: Chronic cough: Aspiration: Primary/Secondary Vomit: Reflux: Asthma: **Sleep history** Snoring: Apnoea: OSA: Hypoventilation: CXR: Chest CT scan: Sputum culture: VFSS: Oximetry: Sleep Study: **Function** Cough: Strength Effective Lung function tests: Secretions/Drooling: Yes / No

	Current Management Home chest physiotherapy regime: Home suction: Yes / No Home oxygen: Yes / No Home NPA: Yes / No Home APAP/CPAP/BiPAP/NONE: Respiratory illnesses last 12 months: Number of respiratory admissions last 12 months: Typical Mx for respiratory illness/duration/recovery:
Previous admission to PICU and management	Yes / No HiFlow: Yes / No CPAP: Yes / No BiPAP: Yes / No Intubation: Yes / No Number of admissions to PICU Elective admission post-surgery: Yes / No
Response to previous Anaesthetics/Surgery	
Mobility and function	GMFCS level GMFCS-equivalent level
Tone and Movement Ds	Spasticity: Yes / No Dystonia: Yes / No Management: ITB: Yes / No DBS: Yes / No
Pain	Signs of Pain: Mx of pain:
Epilepsy/Seizures	Type, frequency: Management: Ketogenic diet: Yes / No
Communication and Cognition	Communication: School:
Mental health, behaviour, sensory issues	
Nutrition	Nutritional Status: Recent weight gain/loss: Feeding: Feed regime: Vomiting: Yes / No Reflux: Yes / No Fundoplication: Yes / No Constipation: Yes / No
Bone health	History of insufficiency fracture: Yes / No DEXA: Yes / No Treatment - bisphosphonates: Yes / No
Pubertal Status	Pre/post-pubertal
Skin Health **Wound healing** **History of pressure sores**	

Recent Investigations	Date completed Haemoglobin: Ferritin: CRP: Vitamin D: CAB: Radiology: Oximetry: Sleep Study:

Family/Guardian view

Family/child/adolescent goal for surgery (anticipated outcomes/benefits)	
Family/child/adolescent concerns/ thoughts about surgery	

Results, Actions and Recommendations

Additional investigations and information required	Request Medical records Additional pre-operative investigations/assessments
Recommendations pre surgery	Pre-operative admission: Yes / No Pre-operative plan: Nasogastric tube intra-operatively: Yes / No Elective PICU admission post-op recommended: Yes / No