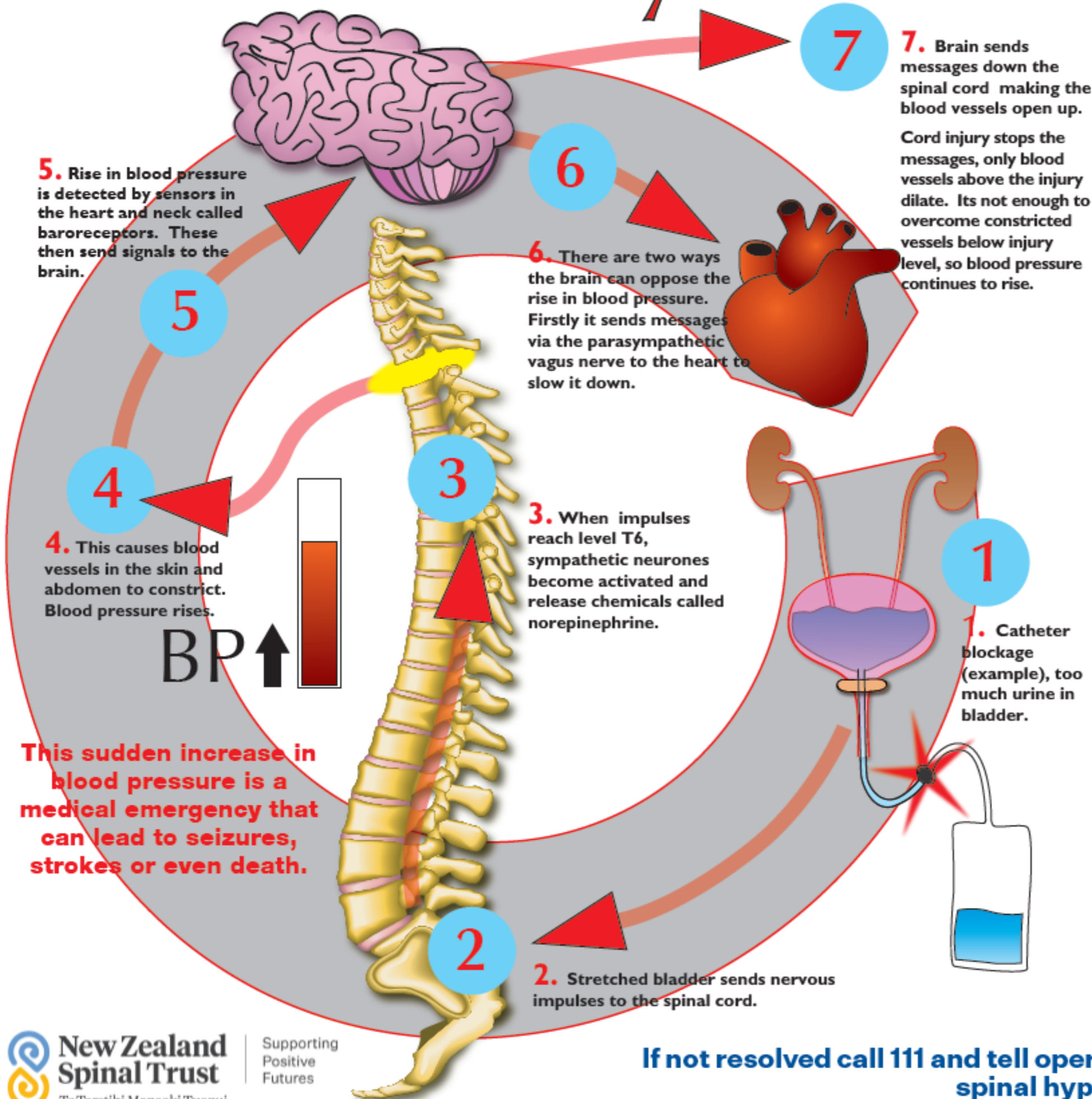


# Autonomic Dysreflexia



Any person with a spinal cord injury at or above T6, after spinal shock has resolved is at risk of autonomic dysreflexia.

## Signs & Symptoms

- Flushing and sweating above the injury level
- Nasal stuffiness
- Goose bumps and paleness below injury level
- Sudden high blood pressure (hypertension)
- Pounding headache
- Slow heart rate (bradycardia)
- Blurred vision or spots in vision
- Irregular heart beat
- Anxiety or apprehension
- May have no symptoms (silent autonomic dysreflexia)

## Most Likely Causes

The most common cause for autonomic dysreflexia (AD) is bladder distension (e.g. due to blocked catheter or detrusor sphincter dyssynergia), followed by bowel distension. Other causes: Bladder or kidney stones, urinary infection, bowel impaction, fracture, heterotopic bone, surgery. Pressure injury - intense pain, sunburn, ingrown toenail. Reproductive - sex, ejaculation, menstruation, pregnancy/labour.

## Treatment

- Recognise the signs and symptoms of AD
- Check blood pressure and monitor frequently
  - NB Patients with SCI above T6 have (low systolic blood pressure of 90-110mmHg)
- Sit the person up, lower the legs
- Loosen any clothing or constrictive devices
- Survey the patient looking for the underlying cause and correct if found:
  - Bladder
    - Insert a catheter if patient does not have one, using lignocaine jelly
    - Check existing catheters for kinks, folds, obstructions and correct placement
    - If catheter is blocked - irrigate the bladder with 10-15ml of saline. If catheter is not draining - remove and replace it.
  - If systolic blood pressure (top reading) is raised above 150mmHg, consider giving medication to lower it e.g. Glyceryl Trinitrate (GTN) spray, and pain relief e.g. morphine. Note if the patient has been on PDE5 Inhibitors (Viagra, Cialis, Levitra) in the last 24 hours, see Health Pathways, Spinal Cord Impairment, Autonomic Dysreflexia (Hypertensive crisis) for further information.
- Continue looking for a cause
  - Bowel
    - Faecal impaction - insert lignocaine gel, wait 2 minutes, then insert a lubricated gloved finger into rectum to remove stool
- Look for other causes of AD (as above)
- Monitor blood pressure for at least two hours after episode has resolved
- Document episode in medical records
- Review precipitating cause to look for preventative strategies

For a detailed medical professional treatment flowchart refer: <https://www.nzspinaltrust.org.nz/adflowchart>

If not resolved call 111 and tell operator it is autonomic dysreflexia (AD) or spinal hypertensive crisis