Appendix 5 – Autonomic Dysreflexia Overview and Management

Commonest Causes

- Any painful or noxious stimuli below the level of the lesion
- Distended bladder (usually due to a blocked catheter or other outflow obstruction)
- Distended bowel due to a full rectum, constipation or impaction
- Ingrown toe nail
- Fracture below the level of the lesion
- Labour/ childbirth
- Ejaculation

Other causes

- Pressure damage
- Deep Vein Thrombosis
- Appendicitis
- Ulcers
- Surgery
- Burns
- Severe anxiety or emotional distress
- Spinal injured patients with a stoma (debris/mucus/overflow can build up in the rectum)

Signs and Symptoms

The commonest presenting symptoms are:

- Severe hypertension
- Bradycardia
- „Pounding‟ headache
- Flushed or blotchy skin above the level of the lesion
- Pallor below the level of the lesion
- Profuse sweating above the level of the lesion
- Nasal congestion

Treatment

Treatment must be initiated quickly and the blood pressure closely monitored:

- The first step of treatment, regardless of the cause, is to sit the patient upright, to induce an element of postural hypotension. If bladder problems are suspected, only sit patient to 45 degrees. Sitting at 90 degrees may cause increased pressure on the full bladder.
- Identify the source of the noxious stimulus (removing the stimulus will cause the symptoms to settle).
- Restrictive clothing such as tight belts must be removed.
- High blood pressure should be treated until the cause is found and eliminated. Administer a prescribed vasodilator e.g. GTN tablets sublingually, or oral nifedipine capsules (capsule to be pierced and the contents put in the patient‟s mouth)
- If patient is not catheterised and the bladder appears full, catheterise immediately and leave on free drainage. The catheter must be lubricated with an anaesthetic gel prior to insertion.

- If catheterised, empty the bag and untwist any kinked tubing. If the catheter appears blocked, change the catheter immediately. **DO NOT ATTEMPT A BLADDER WASHOUT**; this will only distend the bladder further with potentially fatal consequences.
- If the above steps do no resolve the issue; and the patient remains hypertensive and symptomatic, then the rectum should be examined and emptied by gentle insertion of a gloved finger, lubricated with anaesthetic gel.

Observations required prior to bowel

care interventions As an acute phase

intervention

As an acute intervention or new patient, the following observations and risk factors should be considered and documented.

-Pulse and blood pressure should be monitored before, during and post procedure

-Signs and symptoms of autonomic dysreflexia

-distress, pain and discomfort

The procedure should be discontinued/not commenced if any of the above factors are identified and medical advice sought.

As a regular intervention

The following observations should be considered and documented

-Pulse at rest

-Distress, pain or discomfort

-Bleeding

-Signs and symptoms of Autonomic Dysreflexia

During the initial bowel assessment, information in regards to autonomic dysreflexia and the patient experiences should be noted. The information obtained and documented should include, triggers, signs and symptoms and how they usually manage it.