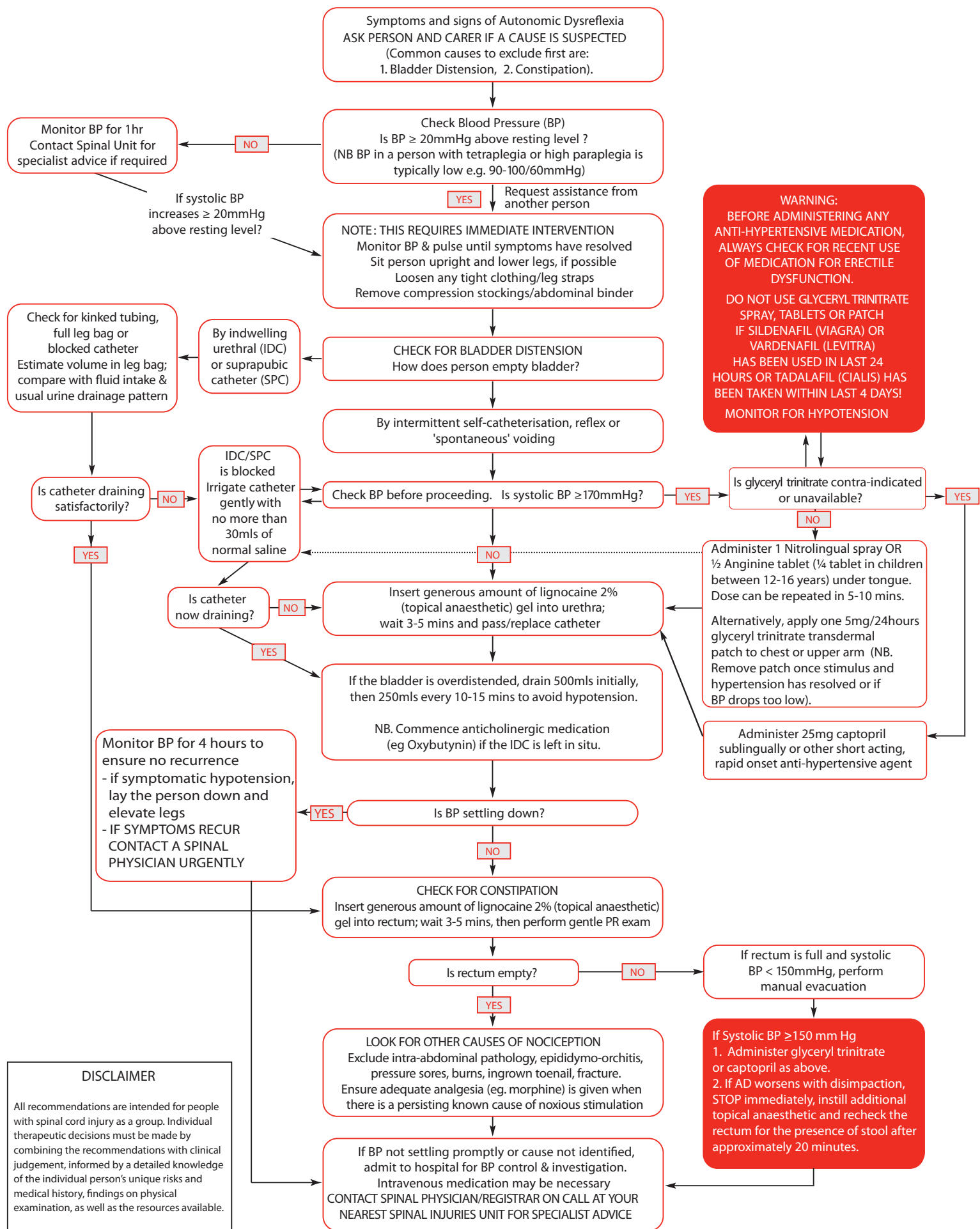


Treatment Algorithm for Autonomic Dysreflexia (Hypertensive Crisis) In Spinal Cord Injury



WARNING:
BEFORE ADMINISTERING ANY ANTI-HYPERTENSIVE MEDICATION, ALWAYS CHECK FOR RECENT USE OF MEDICATION FOR ERECTILE DYSFUNCTION.

DO NOT USE GLYCERYL TRINITRATE SPRAY, TABLETS OR PATCH IF SILDENAFIL (VIAGRA) OR VARDENAFIL (LEVITRA) HAS BEEN USED IN LAST 24 HOURS OR TADALAFIL (CIALIS) HAS BEEN TAKEN WITHIN LAST 4 DAYS! MONITOR FOR HYPOTENSION

DISCLAIMER

All recommendations are intended for people with spinal cord injury as a group. Individual therapeutic decisions must be made by combining the recommendations with clinical judgement, informed by a detailed knowledge of the individual person's unique risks and medical history, findings on physical examination, as well as the resources available.

This revised algorithm was re-endorsed for use by the Australian and New Zealand Spinal Cord Society (ANZSCOS) in September 2010.

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If Systolic BP ≥ 150 mm Hg
1. Administer glyceryl trinitrate or captopril as above.
2. If AD worsens with disimpaction, STOP immediately, instill additional topical anaesthetic and recheck the rectum for the presence of stool after approximately 20 minutes.