

<b>3. Autonomic Dysreflexia</b>	
<b>PATIENT SECTION</b>	<b>GP/NURSE NOTES</b>
<p><b>3.1 Have you recently experienced any of the following possible symptoms or signs of Autonomic Dysreflexia (AD)<sup>6</sup>?</b></p> <p>Pounding headache? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Nasal stuffiness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Flushing/blotching of skin above your spinal level? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blurred vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Profuse sweating above your spinal injury level? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pale skin and/or goose bumps below your spinal level? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chills without fever? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sense of apprehension or anxiety? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide details _____</p> <p>_____</p>	<p>Examination Findings:</p> <p>Pulse rate (lying):</p> <p>Pulse rate (sitting):</p> <p>Blood pressure (lying):</p> <p>Blood pressure (sitting):</p>
<p><b>3.2 What appeared to trigger these symptoms and signs?</b></p> <p><b>Bladder<sup>7</sup></b></p> <p><input type="checkbox"/> Distension (eg. due to blocked catheter) <input type="checkbox"/> Urinary tract infection</p> <p><input type="checkbox"/> Stones <input type="checkbox"/> Procedures (eg catheter change)</p> <p><b>Bowel</b></p> <p><input type="checkbox"/> Distension (eg. constipation, impaction)</p> <p><input type="checkbox"/> Rectal irritation (eg. enema, manual evacuation, haemorrhoids)</p> <p><b>Skin</b></p> <p><input type="checkbox"/> Ingrown toenails <input type="checkbox"/> Pressure areas <input type="checkbox"/> Cellulitis (infection) <input type="checkbox"/> Burns</p> <p><input type="checkbox"/> <b>Other</b> (eg. fracture)</p> <p>Please provide details _____</p> <p>_____</p>	
<p><b>3.3 How often do you experience autonomic dysreflexia (AD)?</b></p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily</p> <p>Is it becoming more frequent or getting worse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide details _____</p> <p>_____</p>	<p><input type="checkbox"/> If frequency increasing, investigate for causes</p>

<sup>6</sup> Note: Autonomic dysreflexia (hyperreflexia) is a potentially life-threatening condition of uncontrolled, paroxysmal hypertension that typically occurs in persons with SCI at or above the T6 neurological level, due to widespread vasoconstriction (particularly of splanchnic bed) from reflex sympathetic nervous system overactivity. Any irritating 'noxious' stimulus below level of lesion may trigger an episode of AD, however, the commonest causes are related to the bladder and bowel. Refer to AD Factsheet and Treatment Algorithm for further information.

<sup>7</sup> The most common causes for AD are due to bladder problems, followed by bowel problems.

<p><b>3.4 Have you called for help when AD occurs?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If YES, whom?    <input type="checkbox"/> Community Nurses    <input type="checkbox"/> Ambulance</p> <p>                                 <input type="checkbox"/> Local Accident &amp; Emergency Department/Hospital</p> <p>If NO, what occurs?    <input type="checkbox"/> Not required / resolves by removing stimulus</p> <p>                                 <input type="checkbox"/> Managed at home by self and/or carers</p>	
<p><b>3.5 Do you have a plan for when AD occurs?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If YES</p> <p><input type="checkbox"/> Medication available to use in emergency (ie. GTN spray, Anginine tablet or Nitroderm patch)</p> <p><input type="checkbox"/> AD Treatment Card that you carry to alert staff of condition</p> <p><input type="checkbox"/> MedicAlert Bracelet that you wear to alert staff of condition</p> <p><input type="checkbox"/> Other _____</p>	<p>If no plan exists, actions required:</p> <p><input type="checkbox"/> Prescribe GTN spray or anginine tablet</p> <p><input type="checkbox"/> Give patient AD treatment card</p> <p><input type="checkbox"/> Organise Medicalert bracelet</p>

