**What is: Autonomic Dysreflexia?**

This is a condition of sudden high blood pressure, which may continue to rise and may cause a brain haemorrhage or fits. The normal BP for this group of people is normally quite low - usually 80 mm Hg or less. It can occur when sitting or standing.

A fall of 30 mm Hg or more is therefore high for them.

If untreated the BP can rapidly rise to extreme levels, e.g. 200/150 mm Hg.

**Symptoms & Signs:**

- The person may present with all or some of the following:
  - Pounding headache, which gets worse as the blood pressure rises
  - Blurred vision
  - Flushing and twitching of the skin above the level of the spinal cord injury
  - Profuse sweating
  - Goose bumps
  - Chills without fever
  - Bradycardia (slow pulse rate)
  - Sudden hypertension (high blood pressure)

**Common Causes:**

- Bladder irritation (e.g. distended bladder, urinary tract infection)
- Bowel irritation (e.g. constipation, anorectal distension or irritation)
- Skin irritation (e.g. pressure sore, ingrown toenail, cysts)
- Other (e.g. contracting urinal, fractured bone, acute intra-abdominal disease)

**Pattern:** and cases know about this condition and often can suggest the cause.

**Treatment:**

As the patient has just taken a drug to control the autonomic dysreflexia.

Two people are required to control the situation.

1. **1.** Stretch and elevate the head of the bed.
   - Loosen clothes and remove compression stockings and abdominal binder.

2. **2.** If the person has an ICD or SPV:
   - a. Empty the bag and estimate volume of urine.
   - b. If the bladder is full, drain it by inserting a needle or catheter and injecting 40 ml of sterile water.
   - c. Check that the catheter or tubing is not kinked or there is not impeded flow.
   - d. If the blood pressure is high, inject 5 ml of sterile water into the bag.

3. **3.** If the person does not have a permanent catheter:
   - a. Bring the bladder to the mouth with your fingers and note the size of the bladder.
   - b. If the blood pressure is above 190 mm Hg systolic, start drug therapy with 5 ml of sterile water.
   - c. If the catheter is blocked, irrigate 50 ml with 40 ml of sterile water.
   - d. If the blood pressure is high, use a needle or catheter to irrigate the bladder with 40 ml of sterile water.

4. **4.** If constipation is suspected, check the rectum for fecal bolus:
   - a. If the stool is hard, check the blood pressure before attaching more than 100 ml of water to the rectum.
   - b. Gently insert a generous amount of water (50 ml) into the rectum, wait 5 minutes, and then gently inject 50 ml of sterile water to remove the fecal mass.

5. **5.** Glycerin enema
   - a. 20 ml enema by rectum if the rectum is dry.
   - b. 50 ml enema by rectum if the rectum is moist.

6. **6.** Application of cold water to the perianal or external genitalia for 5-10 minutes.

The hypotensive response should begin within 1 to 2 minutes and may last up to 30 minutes. A second enema may be given if the rectum is still moist.

**Glycerin enema**

- **Preparation:** dilute 10 ml of glycerin with 90 ml of water.
- **Procedure:**
  - Inhale deeply and hold the breath.
  - Spray 1-2 ml into the rectum, allowing the air to enter the colon.
  - If the air does not enter the colon, repeat the procedure.
  - Apply the remaining solution to the perianal region.

**Notes:**

- If medication does not lower the blood pressure sufficiently, the patient should be monitored closely.
- If the patient requires further treatment, the attending nurse should be notified.
- The patient should be kept in a horizontal position.
- The pulse and blood pressure should be monitored closely.
- The patient should be kept warm and comfortable.
- If the patient shows signs of distress or discomfort, further treatment should be sought.

**Emergency Card**

- **Emergency Contacts:**
  - ACI: 1300 737 000
  - Local Hospital: 131 000
  - Local Emergency Services: 000

- **Emergency Information:**
  - **Symptoms:** headache, blurred vision, flushing, twitching, profuse sweating, goose bumps, chills, bradycardia, sudden hypertension.
  - **Causes:** bladder irritation, bowel irritation, skin irritation, other.
  - **Pattern:** cases know about this condition and often can suggest the cause.

**Autonomic Dysreflexia**

- **Prevention:**
  - Regular bowel and bladder management.
  - Avoiding dehydration.

- **Risk Factors:**
  - Spinal cord injuries at T6 or above.

**Medical Conditions:**

- **Bladder:**
  - Urinary tract infection.
  - Bladder distension.

- **Bowel:**
  - Constipation.
  - Anorectal distension.

- **Skin:**
  - Pressure sores.
  - Infections.

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