## What is Autonomic Dysreflexia?

Autonomic Dysreflexia (AD) is a potentially life threatening complication of spinal cord injury at T6 or above. It is caused by various painful or irritating stimuli below the level of the Spinal Cord Injury. This in turn triggers blood pressure which may rise dangerously. The most typical cause of AD is a distended bladder. Other causes could be overfull bowel, constipation or impaction, pressure sore, sunburn, in-grown toenail, skin irritant such as rivet on jeans, infection, tight clothing, or fracture. Symptoms may include elevated blood pressure (from what your baseline is), headache, sweating, flushed face, anxiety, bradycardia (slow pulse rate). Treatment is to remove the cause. Once the cause is removed the BP will start returning to your baseline.



## MEDICAL ALERT

Autonomic Dysreflexia

## Information on Symptoms and Treatment



G.F. Strong Rehab Centre

SCI-BC Infoline 1-800-689-2477

## TREATMENT

Autonomic Dysreflexia

For caregivers and clinicians

- 1. Raise the head of the bed by 90° or sit person upright.
- Take blood pressure every
  5 minutes to until it begins to return to normal.
- 3. Check for sources of AD: drain bladder first, consider using topical anaesthetic jelly for lubrication of catheter if immediately available.
- 4. If signs and symptoms continue, check rectum for stool. If immediately available instill anaesthetic jelly to rectal wall before examination. Use digital stimulation to promote reflex bowel movement.
- Reprinting of this card funded by Spinal Cord Injury BC

- 5. If signs and symptoms continue check for other sources of AD such as pressure sore or skin irritant, fracture, in-grown toenail, etc.
- 6. If blood pressure remains elevated at or above 150 mmHg systolic after above checks, give Nifedipine 5mg capsule via "bite and swallow" method, or or sublingual Captopril or Nitroglycerin paste.
- If not already present, seek medical help after step 6. In a hospital setting, repeat Nifedipine 5 mg bite and swallow if SBP still at or over 150 mmHg 30 min. after initial dose.

Attention ER physician: If you have any questions phone VGH 604-875-4111 and ask for the GF Strong physician on call.