

AUTONOMIC DYSREFLEXIA - MANAGEMENT IN ED PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

NSW Health Safety Alert – Autonomic Dysreflexia

- <http://www.health.nsw.gov.au/sabs/Documents/2010-sn-014.pdf> - updated for paediatrics- see attached algorithm
- This is an urgent condition occurring in patients with a spinal injury at or above T6 level.
- The patient presents with any of the following:
 - headache, blurred vision
 - hypertension (>15mmHg) above usual (remember usual blood pressures may be lower in this population)
 - bradycardia
 - nasal stuffiness, shortness of breath, anxiety
 - blotching, sweating, pallor and goose bumps below spinal cord injury level
 - chills without fever,
- Caused by irritating stimulus below level of spinal cord injury such as:
 - Bladder-related: bladder distension, urine infection, calculus, epididymo-orchitis
 - Bowel-related: bowel distension from constipation, inflamed haemorrhoids, chemical
 - irritation from suppositories
 - Skin-related: pressure sore, burn, ingrowing toenail
 - Other: fractured bones, contracting uterus, acute abdominal condition.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st September 2021	Review Period: 3 years
Team Leader:	Staff Specialist	Area/Dept: ED CHW & SCH

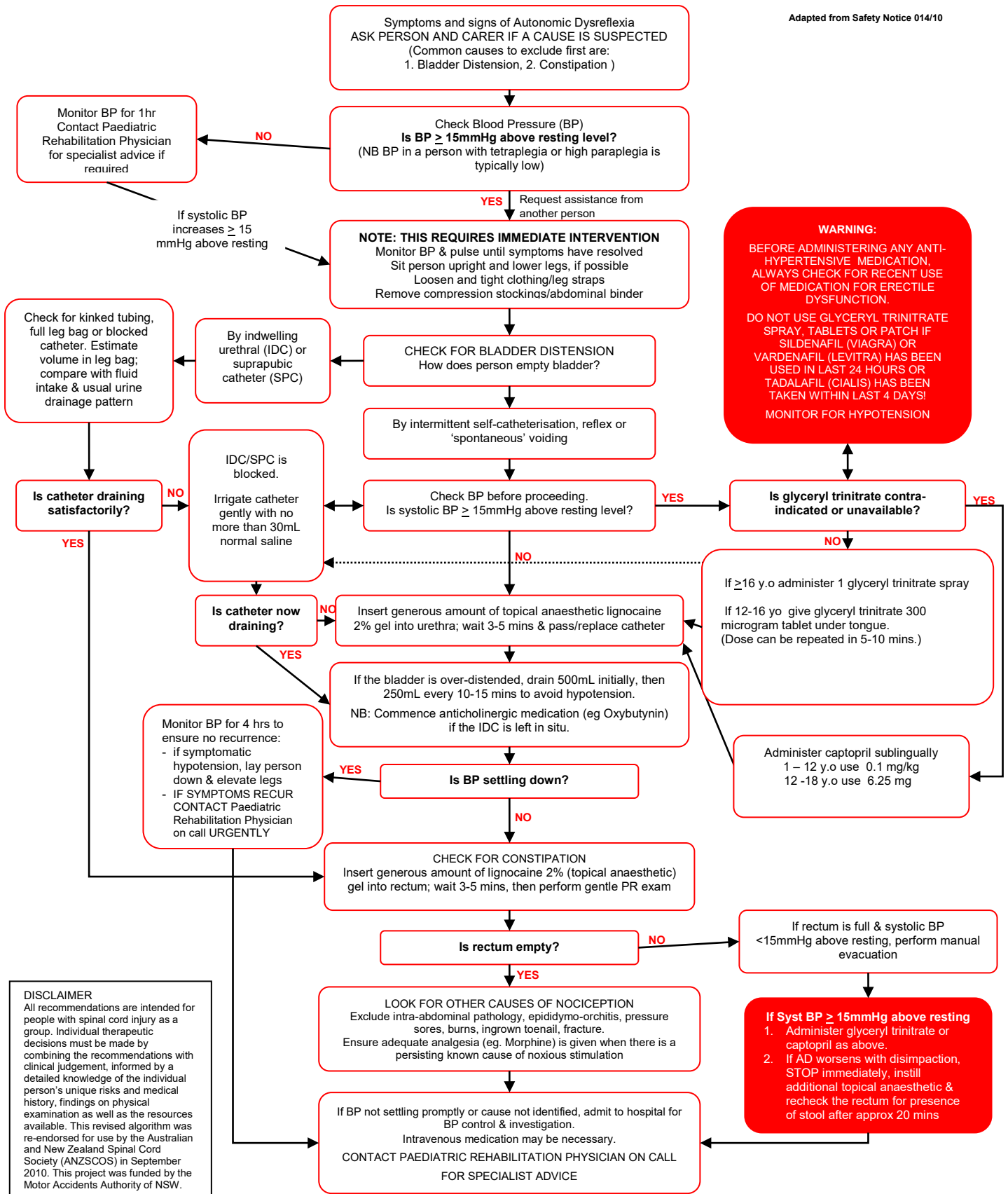
- Treatment in the Emergency Department
 - Triage category 2, review by senior doctor
 - Treat and resolve cause
 - Control blood pressure see treatment algorithm (print to see more easily)
 - Discuss with Paediatric Rehabilitation specialist on call
 - Monitor for 4 hours after resolution
 - Place an alert on the patients medical record

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Algorithm: Autonomic Dysreflexia in Spinal Cord Injury

Adapted from Safety Notice 014/10



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. This project was funded by the Motor Accidents Authority of NSW.

CHANGE SUMMARY

- Updated to include consultation with Paediatric Rehabilitation Specialist and paediatric specific medication dosages

READ ACKNOWLEDGEMENT

- Discretionary – ED Clinical staff are to be aware of this document.

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