Rancho Los Amigos National Rehabilitation Center
DEPARTMENT OF NURSING
POLICY AND PROCEDURE

SUBJECT: NURSING MANAGEMENT OF AUTONOMIC DYSREFLEXIA (AD)

Purpose of Procedure: To describe methods to safely treat occurrences of autonomic dysreflexia

Performed By: RNs, LVNs, Unlicensed Nursing Staff, as appropriate

Equipment: B/P machine, catheterization equipment as needed, 2% lidocaine jelly, gloves, lubricant.

Special Information:

Autonomic Dysreflexia is an emergency medical problem for Spinal Cord Injury (SCI) patients with level of injury T6 and above. Individuals with a spinal injury at level T6 or above are at risk of developing autonomic dysreflexia. An individual may have one or more of the following signs or symptoms when having an episode of autonomic dysreflexia:

- Elevated blood pressure (around 20 mm/Hg above their baseline/ 15 mm/Hg in children
- A severe pounding headache
- Profuse sweating above the level of lesion
- Goose bumps
- Flushing of the skin above level of injury
- Blurred vision
- Appearance of spots in visual fields
- Nasal congestion
- Anxiety or feeling of apprehension
- Minimal or no symptoms despite an elevated blood pressure
- Cardiac dysrhythmias
- Slow heart rate

Procedural steps:

1. When a patient with a SCI at level T6 or above exhibits any signs and symptoms of autonomic dysreflexia, first thing to do is to check the patient's blood pressure.

2. If the blood pressure is elevated and the patient is supine, immediately sit the patient up and loosen any clothing or constrictive devices to lower blood pressure.

3. If the blood pressure is elevated, follow orders for autonomic dysreflexia, if available. Call the provider if symptoms are not relieved or if B/P is 150mm/Hg systolic or higher.

4. Monitor the blood pressure and pulse every 2 to 5 minutes.

5. Assess patient to find and remove the cause.
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   A. The **most common cause** of autonomic dysreflexia is a full bladder.
      1. Catheterize the patient. Prior to inserting the catheter, instill 2% lidocaine jelly, if available, into the urethra, to decrease stimulation and prevent increase of BP.

2. If the patient has an indwelling urinary catheter ensure the catheter is free from kinks, folds, constrictions or obstructions.
3. If the catheter appears to be blocked, gently irrigate the bladder with 30mLs of normal saline (Large volumes of solution may increase sensory stimulation and increase BP)..
4. If the catheter is not draining and the blood pressure remains elevated, remove and replace the catheter (need provider order). Instill 2% lidocaine jelly into the urethra before changing the catheter.
5. If unable to replace the catheter call the urologist.

B. The second most common cause of AD is bowel impaction. If AD symptoms persist, check patient for bowel impaction.
   1. With a gloved hand, instill a generous amount of a topical anesthetic agent, (e.g., 2% lidocaine jelly, if ordered) into the rectum. Wait for anesthetic effects to occur, about 5 minutes.
   2. With a gloved hand, insert a lubricated finger into the rectum and check for the presence of stool. If stool is present, gently remove it.

C. If autonomic dysreflexia persists, assess for other causes of painful or irritating stimuli below level of injury:
   1. Ingrown toenails, pressure ulcers, UTI, burns, blisters, insect bites, contact with hard or sharp objects, constrictive clothing, shoes or appliances, fractures or other trauma, or any painful or irritating stimuli below the level of injury.
   2. Remove the irritating stimuli, if possible.
   3. If unable to remove the stimuli, consult with the provider for further treatment.

6. Medications that are commonly used if BP is 150mm Hg systolic or higher are short acting, rapid onset antihypertensive agents (e.g., 2% Nitroglycerine ointment) If medications are given, monitor the patient for symptoms of hypotension once AD is resolved.

7. Monitor the patient's symptoms and blood pressure for at least 2 hours after resolution of a severe autonomic dysreflexia episode to make sure that it does not recur.

8. Notify provider

DOCUMENTATION:

1. Document the episode including the presenting signs and symptoms, treatment, V/S, response to treatment and patient/family teaching in the medical record.

PATIENT EDUCATION:

1. Review the precipitating cause with the patient/ family
2. Review adjustments needed in the treatment plan to ensure future episodes are avoided or recognized early.
3. Review appropriate action to take in case of other episodes either in the hospital or at home.
4. Provide dysreflexia card

Reviewed by: Elizabeth Thompson, BSN, RN

References:

Autonomic Dysreflexia Alert Card. Christopher & Dan Reeve Foundation. www.ChristopherReeve.org

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06/97 – Reviewed
09/98 – Revised
12/01 – Revised
09/03 – Revised
01/11 – Reviewed
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