

APPENDIX 2

Autonomic Dysreflexia

Autonomic Dysreflexia is a serious life threatening condition that affects people with spinal cord injury at or above level of the six thoracic vertebrae. The syndrome develops secondary to a noxious stimulus below the level of injury as signals cannot pass normally to the brain due to damage to the spinal cord. As a result the body produces exaggerated abnormal nerve signals causing problems above and below the level of the spinal cord injury. This leads to an elevation of blood pressure. Hypertension may be severe enough to lead to seizures, or ultimately death if not addressed.

Symptoms may be mild or severe in severity and patient may present with one or more of the following

- Pounding headache.
- Flushing and or blotching above the level of cord damage.
- Pallor below the level of injury.
- A slow heart rate.
- Profuse sweating above the level of injury.
- Elevated blood pressure.
- Blurred vision or seeing spots before your eyes.

NHS Improvement has collated resources to support safer bowel care for patients at risk of autonomic dysreflexia which can be accessed on <https://improvement.nhs.uk/resources/resources-to-support-safer-bowel-care-for-patients-at-risk-of-autonomic-dysreflexia/> in addition to this there is also a Patient Safety Alert that has been issued signposting resources to support safer provision of bowel care for patients at risk of autonomic dysreflexia that can be accessed on https://improvement.nhs.uk/documents/3074/Patient_Safety_Alert_-_safer_care_for_patients_at_risk_of_AD.pdf

Treatment

Identify the source of noxious stimulus for example this could be due to a blocked catheter, defective drainage system, constipation or a urinary tract infection. The stimulus needs to be removed for the symptoms to settle. Some patients may have prescribed medication for this condition which will help lower blood pressure.

Hypertension can be reduced by returning the patient to bed or placing in the sitting position.

If symptoms do not resolve quickly patient should be admitted immediately to hospital for further assessment and management.

RCN (2009) *Guidelines for the management of neurogenic bowel dysfunction after spinal cord injury.*

