

Title of Document	Autonomic Dysreflexia
Name of Department	Clinical Team

What type of document is this?	Work Instruction (WI)	This is a simple guide to follow in order to complete a particular task	
Which Helping Hands policy/SOP does this WI relate to?	N/A	Index number of policy/SOP	N/A

Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	Business Growth

Custodian of document	Clinical Team	Committee/Group responsible for this document	Quality & Governance Committee
Approval date and committee chairperson signature	31.07.23	When is its next scheduled review?	31.07.26

Who does it apply to?	All staff at the facility / All staff working with clients					
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	No	Does it apply to third party contractors?	No

Purpose of the Work Instruction	To ensure that all carers supporting customers who are at risk of autonomic dysreflexia have the knowledge and competency to manage an autonomic dysreflexia episode.
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Autonomic Dysreflexia Work Instruction

1.0 Purpose

Autonomic Dysreflexia is the name given to a condition where there is a sudden and potentially lethal rise in blood pressure (BP). It is the body's way of responding to a problem. It is often triggered by acute pain or some other harmful stimulus within the body. It is unique to spinal cord injury and most commonly affects spinal cord injured people with injuries at or above the T6 vertebrae. This extreme rise in blood pressure (hypertension) can lead to some types of stroke (cerebral haemorrhage) and even death. Therefore, autonomic dysreflexia should be treated as a medical emergency.

Autonomic dysreflexia occurs in response to pain or discomfort below the level of spinal cord damage. It is the body's 'fight or flight' response. The blood pressure rises when the customer's body encounters a harmful stimulus. This is detected by the nervous system, which then responds, via the autonomic nervous system, by dilating blood vessels, therefore lowering blood pressure to try to keep it within the normal range. When the level of injury is T6 or above, the autonomic nervous system cannot lower raised blood pressure below the level of injury, in response to pain or discomfort below the level of spinal cord injury. Hence, the customer's blood pressure continues to rise until the offending stimulus is removed. However, the customer's autonomic nervous system will continue to try to lower the blood pressure above the spinal cord injury. This is the source of the symptoms of autonomic dysreflexia which are an invaluable warning mechanism to signal that immediate action needs to be taken.

Symptoms of Autonomic Dysreflexia

Customers may not experience all the symptoms, however one symptom that is always present is a pounding, usually frontal, headache.

Other common symptoms include:

- Flushed (red) appearance of skin above the level of injury
- Profuse sweating above the level of injury
- Pale coloured skin below the level of injury
- Stuffy nose
- Non-drainage of urine (blocked catheters are a common cause)
- The sensation of a tight chest
- Feeling sick or being sick
- Blurred vision
- Feeling of anxiety and distress

Causes of Autonomic Dysreflexia

Bladder:

- Distended bladder due to urine retention
- A kink in the catheter tubing
- An over-full leg bag
- A blockage that prevents urine flowing from the bladder such as a blocked catheter

- Urinary tract infection or bladder spasms
- Bladder stones
- Catheter that is overdue for change

Bowel

- Distended bowel which can be due to a full rectum or constipation
- Haemorrhoids
- Stretching of rectum or anus or skin breakdown in the area

Skin

- Pressure ulcer, contact burn, scald or sunburn
- Ingrown toenail
- Tight clothing/leg bag etc
- Insect sting

Sexual activity

- Over-stimulation during sexual activity
- Ejaculation – can cause a Dysreflexic episode, but this can be managed

Gynaecological issues

- Menstrual pain
- Labour and delivery

Other causes

- Bone fractures, below the level of injury
- Pain or trauma
- Deep vein thrombosis (DVT)
- Acute conditions such as gastric ulcer, appendicitis, gall stones
- Severe anxiety (physiological factors should be eliminated first)

2.0 Process

- 2.1 If an episode of autonomic dysreflexia (AD) is apparent, the carer must remain calm and take a methodical approach, reassuring the customer and trying to keep them calm. Raise head of the customers bed so that they are in a sitting position if they are not sitting in a chair. The carer should then follow the **3 B's...**
- 2.2 **Bladder:** Check the causes related to the bladder
- 2.3 **Bowels:** Check the causes related to the bowel
- 2.4 **Body:** Check the causes related to the body
- 2.5 During checking the **3B's** the carer should aim to locate and remove cause of the AD.
- 2.6 If the cause is removed the AD will stop, monitor and ensure that the customers symptoms resolve.
- 2.7 Contact the GP for medical review particularly if the episodes of AD are becoming more frequent and inform any other relevant person if the customer is consenting for this.
- 2.8 After the AD has been resolved inform the Helping Hands Live in Care Manager and record all relevant information on an 'Accident and Incident' form.

- 2.9 If the carer is unable to locate the cause of the AD dial 999 for emergency support informing the call taker that the customer has a spinal cord injury and is having an episode of autonomic dysreflexia.
- 2.10 Administer any prescribed 'rescue' medication whilst waiting for the paramedic; Nifedipine capsules must be chewed, not swallowed whole. GTN spray must be sprayed under the tongue, not on the tongue. An ad-hoc activity schedule should be completed for PRN medication when safe to do so.
- 2.11 After the AD has been resolved inform the Helping Hands Care Manager and record all relevant information on an 'Accident, Near Miss & Incident' form.

3.0 Training

- 3.1 Training is completed via the online module on the Learning Management System and with a Regional Clinical Lead.
- 3.2 All carers supporting customers who are at risk of AD must complete annual refresher training for autonomic dysreflexia.

Note – Equality Impact Assessments are not required for Work Instructions

What was the previous version number of this document?	Version 1	
Changes since previous version	Reviewed and revised information added in line with current guidelines.	
Author of the document	Clinical Team	
Who was involved in developing / reviewing/ amending this work instruction?	Clinical Team	
How confidential is this document?	Public	Can be shared freely within and outside of Helping Hands

Associated Documents	Training & Competency Form – Access Care Planning
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