

ATTENTION PHYSICIAN

The following are treatment recommendations which can be used for adults with Autonomic Dysreflexia (AD)

- Sit patient upright (90 degrees).
- Monitor BP every 2-3 min.
- Quick exam to include abdomen for distended bladder/bowel and any other organ system below the level of injury that can be the source of dysreflexia.
- If an indwelling urinary catheter is not in place, catheterize the individual. If indwelling catheter is in place, check system for kinks, folds, constrictions, or obstructions.
- If systolic BP >150, give an antihypertensive with rapid onset and short duration while causes of AD are being investigated.
- **Nitro Paste**—1", apply every 30 min, topically above level of injury, wipe off when BP stable, reapply as needed. Hold if patient has taken PDE5 inhibitors (i.e. Viagra, Cialis, etc.) within 24 hours.
- **Nifedipine IR** (if no Nitro paste available)—10mg per dose, sublingual form or chewed, may repeat every 20–30 min as needed.
- **IV Antihypertensives**—only in a monitored setting (I.C.U.)
- Monitor symptoms and BP for at least 2 hrs after the resolution of an AD episode.
- AD can lead to seizures, stroke, or death!

MY INFORMATION

Name:

MEDICAL HISTORY

Baseline Blood Pressure:

Baseline Body Temperature:

Neurological Location of Injury:

Primary Healthcare Provider:

Phone Number:

Allergies:

EMERGENCY CONTACT

In Case of Emergency Call:

Relationship:

Phone Number:

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Adult Edition

AUTONOMIC DYSREFLEXIA (AD)



WHAT IT IS:

Autonomic Dysreflexia (AD) is a sudden increase in blood pressure, 20-40 mm Hg systolic higher than usual, resulting from harmful, painful, or injurious stimuli applied below neurologic levels in persons with a spinal cord injury (SCI). This condition, which is caused by massive unopposed sympathetic discharge, occurs primarily in those with an injury above the thoracic T6 level. If left untreated, it can lead to a stroke, seizures, or even death.

**Autonomic Dysreflexia
is a medical emergency.**

COMMON CAUSES:

- Distended bladder
- Constipated bowel
- Pressure ulcers
- Fractured bones
- Skin burns
- Urinary tract infections
- Ingrown toenails
- Any condition or procedures that may cause pain or discomfort but is located below neurologic injury level

COMMON SIGNS & SYMPTOMS

ABOVE LEVEL OF INJURY

- Hypertension (*A fast increase in blood pressure, 20-40 mm Hg systolic higher than usual*)
- Bradycardia (*slow heart rate*) or Tachycardia (*fast heart rate*)
- Pounding headache
- Apprehension/anxiety/ uneasy feeling
- Changes in vision
- Nasal congestion
- Sweating
- Flushed skin
- Goosebumps
- Tingling sensation

BELOW LEVEL OF INJURY

- Nausea
- Chills without fever
- Clammy
- Cool
- Pale

This vital resource is distributed in memory of Jon O'Connor, a longtime Reeve Foundation board member and champion for community members living with spinal cord injury, whose passing—far too young, far too soon—from complications of AD remind us of the importance of this lifesaving information.



WHAT TO DO

- Sit up**—Sit up or raise your head 90 degrees.
IMPORTANT: Stay sitting or upright until blood pressure is normal.
- Take off**—Take off or loosen anything tight or restrictive.
- Check blood pressure**—Monitor your blood pressure every 5 minutes if greater than 20 mm Hg over your baseline. Be sure to use an appropriate size cuff.
- Check bladder**—Empty your bladder (i.e., catheterize your bladder). If you have an indwelling catheter, check for kinks and blockages.
- Check bowel**—Disimpact bowel after inserting anesthetic jelly or ointment.

- Check skin**—Examine skin for new wounds, pressure ulcers, burns, cuts, insect bites, etc.
- Find other source**—Assess for any other possible source of harmful/painful stimuli or irritant if symptoms have not resolved.
- Find help**—If not able to promptly resolve symptoms on your own, call your healthcare provider for further assistance or go to your nearest emergency room.

IMPORTANT: Tell staff you may have dysreflexia, need your blood pressure checked, need to remain sitting up, and need causes of the problem sought.



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