Restoring Hope and Freedom
Mary Free Bed
Rehabilitation Hospital

Autonomic Dysreflexia

Autonomic Dysreflexia can occur in persons with a spinal cord injury (SCI) above T6. This can be life threatening because of elevated blood pressure.

Signs/Symptoms: High BP; severe/pounding headache; goose bumps above level of injury, sweating above level of injury; flushing or pallor; stuffy nose; nausea or vomiting; "not feeling right".

Common Causes: Full bladder, full bowel, skin sore, ingrown toenail, irritation or tight clothing, but could be anything that would have caused pain below level of injury prior to injury.

Treatment:

1. ✓ BP
2. Sit up as straight as possible, remove abdominal binder or any other tight clothing (i.e. TED Hose, shoes).
3. Check bladder
   Indwelling catheter (foley, suprapubic):
   A. Check all tubings for kinks or a full bag
   B. Flush catheter. If nothing returns or if unable to flush, then change catheter.
   Intermittent catheter program:
   A. Catheterize immediately
4. Check bowel for fullness
   A. Insert xylocaine jelly into rectum
   B. Gently remove stool if present
5. Check skin for sores, ingrown toenails, trauma (broken bone or severe cut). Tests and procedures can also trigger Autonomic Dysreflexia (cysto, gynecology exam).
6. If above treatments fail to bring BP down:
   A. Go to the nearest emergency room
   B. Give them this card
   C. This hypertension should be treated medically
7. Nitroglycerine paste 1 – 2 inches to skin every 2 hours. May wipe off if BP stable. Reapply if needed or administered. Nifedipine 10 mg capsule (immediate release form). May repeat in 20 – 30 minutes if necessary. Avoid sub-lingual which can cause abrupt hypotension.
8. Check BP at least every 3 minutes. It can change rapidly.