

Treatment Algorithm for Autonomic Dysreflexia in Spinal Cord Injury



Signs and Symptoms of Autonomic Dysreflexia

Common causes to exclude first are:

1. Bladder Distension
2. Constipation, ask individual or carer if cause suspected

Check Blood Pressure (BP)

Is BP > 20mmHg above resting level?

(Note: BP in a person with tetraplegia or high paraplegia is typically low, for example, 90-100/60mmHg)

Call for Assistance

Immediate Intervention

- Sit person upright and lower legs
- Loosen any tight clothing and or leg straps
- Remove compression stockings and or abdominal binder
- Monitor BP and pulse until symptoms have resolved

For patients with catheter:

- Empty leg bag and note volume
- Check tubing for blockage or kinking
- If the catheter is blocked, remove and re-catheterise using lubricant containing lignocaine
- Drain 500mls initially, then 250mls every 10 to 15 minutes to avoid hypotension

For patients without catheter:

- If bladder is distended and patient is unable to pass urine, insert catheter using lubricant containing lignocaine
- Drain 500mls initially, then 250mls every 10 to 15 minutes to avoid hypotension

If bladder distension is excluded - gently carry out rectal examination for faecal mass:

Gently insert gloved finger in lignocaine gel into rectum and remove faecal mass

If Bladder and Bowel are excluded, look for other causes of noxious stimulus

for example, pressure sores, burns, fracture, ingrown toenail.
Ensure adequate analgesia is given when there is a persisting known cause of noxious stimulation

If symptoms persist and the cause is unknown

Give Nifedipine 10mg capsule "bite and swallow" method

If BP is not settling and the cause is not identified,
Contact the **Medical Team** for further assistance