AUTONOMIC DYSREFLEXIA ALERT

I have a spinal cord injury at or above the 6th thoracic level. I am subject to a medical emergency known as autonomic dysreflexia. It is caused by something which is irritating or causes discomfort to me below my injury level. I may experience bouts of severe high blood pressure as a result of an overwhelming discharge of the sympathetic nervous system. This emergency can result in seizures, stroke, or death.

SIGNS and SYMPTOMS
1. High blood pressure, sudden rapid increase
2. Slow or rapid pulse (heart rate)
3. Pounding headache
4. Flushing, paling, or red blotches on skin
5. Chills without fever; Goose bumps, cold, moist skin
6. Sweating above the level of injury
7. Stuffy nose
8. Feeling of great anxiety
9. Seizures
10. Enlarged pupil may be in one eye only.

CAUSES
1. Any noxious stimulus, e.g. bladder infection, DVT, PE.
2. Irritation of the bladder – overfilling, bladder spasm, infection, stones, plugged catheter or kinked catheter tubing.
3. Full bowel from stool, on rectal exam, and/or fecal impaction.
4. Pinched testicles, menstrual cramps, sexual activity, or pregnancy.
5. Pressure sores or constant pressure on skin from clothing, binder, wrinkled sheets, or shoes.
6. Painful procedures or surgery.
7. Other: Ingrown toenail; Burns; Fractures or other blows below level of injury; extreme changes in temperature (overheating).

TREATMENT
1. Raise head or place in sitting position.
2. Take blood pressure.
3. Remove tight clothing (especially abdominal binders and support hose).
4. Check testicles to be sure they aren’t pinched and relieve pressure.
5. Check catheter for kinked or clogged tubing or full drainage bag.
6. If an indwelling (foley) catheter is in place, change it or flush it with no more than one ounce (30cc) of sterile water or saline.
7. If no catheter is in place, catheterize immediately to empty the bladder. TAKE BLOOD PRESSURE AGAIN AND IF BLOOD PRESSURE IS STILL HIGH (>150mm Hg SYSTOLIC) OR >90 mm Hg DIASTOLIC).....
8. Apply nupercainal ointment to rectum, insert finger, and gently remove any stool present.
9. Check skin for irritation (pressure areas) and relieve pressure by changing my position. (Be sure to keep my head up while changing
positions). **10.** Check my toenails for ingrown nails and apply xylocaine jelly to any ingrown nails.

**IF BLOOD PRESSURE REMAINS HIGH AND SYMPTOMS CONTINUE, TAKE ME TO THE EMERGENCY ROOM.**

**ATTENTION: PHYSICIAN**

1. Monitor blood pressure every 2-3 minutes.
2. If systolic blood pressure is >150mm Hg, apply 1 inch nitropaste (2% nitroglycerin ointment) to chest area at or above level of spinal cord injury, unless sildenafil or any other meds for Erectile Dysfunction has been used in the last 24 hours. In that case use a non nitrate containing medication such as prazosin or captopril. Lower the diastolic pressure to less than 100 mm. Remove nitropaste patch if blood pressure drops below 110mm systolic or if patient shows hypotensive symptoms. If blood pressure does not come under control immediately, consider giving a 10 mg capsule of immediate release nifedipine to be chewed and swallowed (precautions for the elderly, and those with coronary artery disease). For severe symptoms consider hydralazine, mecamylamine, diazoxide, phenoxybenzamine and, within a monitored setting, an intravenous drip of sodium nitroprusside.
3. Monitor closely for rebound hypotension.
4. Continue to try to empty the bladder and bowel (as detailed under Treatment) to relieve source of dysreflexia.
5. Monitor blood pressure every 2-3 minutes until it returns to baseline; then every 15 minutes for 2 hours, then every hour for 2 hours.


For complete medical information, please consult a physician.