

AUTONOMIC DYSREFLEXIA

People with a spinal cord injury at or above T6 are susceptible to a condition known as Autonomic Dysreflexia.

This condition is considered to be a medical emergency.

Autonomic Dysreflexia is the result of a stimulus below the level of the spinal cord injury:

- A full bladder
- Full bowels – ineffective emptying, constipation or impacted faeces
- Burns
- Fractures
- Surgery
- Pressure areas

All of the above states cause a flow of neurological messages, from pain and stretch receptors to be transmitted up the spinal cord. These messages cannot pass through the damaged segment to the sensory part of the brain and therefore cannot be perceived as pain or discomfort.

The persistence of the stimuli causes an “excitement” of the nervous system and as a result certain responses in the body can occur:

- High blood pressure
- Severe thumping headache
- Sweating
- Blurred vision
- Nausea
- Blotchy rash above the level of injury
- Nasal congestion
- High heart rate

The first line of treatment of autonomic dysreflexia is to **remove the cause.**

- Sit the person up, stand up or dangle legs over the edge of bed or chair
- Empty bladder
- Check bowel
- If the stimulus is due to some other cause such as a pressure sore, burn or surgical wound that may be activating pain receptors administer analgesia
- If pressure is the reason then alter the position and perform pressure management

If the cause cannot be found or the symptoms persist after the cause has been removed then **call 000 (or if in Hospital press Emergency buzzer.)**

If this occurs the person must be monitored closely for at least 24hrs after the episode has passed.



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