

K-110 Identifying and Treating Autonomic Dysreflexia (Hyperreflexia)

This is a possible problem for individuals with a spinal cord injury at T-6 or above. It is caused by an over reaction of the nervous system to an irritation or stimulus below the level of spinal cord injury. If not treated, it is life threatening.

Signals from the irritated area are sent to the brain. Because of the injury, the message does not reach the brain. A reflex is started and continues to try to send a message to the brain. This reflex becomes “hyper”. The reflex makes blood vessels squeeze or tighten, making blood pressure rise. In the absence of the injury, blood vessels would dilate to lower the blood pressure. When this is not possible, the blood pressure keeps rising. Uncontrolled high blood pressure may lead to stroke, seizures, or death.

The most common cause of autonomic dysreflexia is a full bladder.

Other common causes include: urinary tract infections, blockage of urinary catheter, constipation, impaction, pressure sores, open wounds tight or wrinkled clothing and painful stimulation caused by cuts, bruises or pressure. In some cases it may be precipitated by sexual activity or menstruation. It does not happen in all individuals, prevention is the key.

Symptoms of autonomic dysreflexia:

- Elevated blood pressure.
- Pounding headache.
- Flushed face.
- Red blotches on chest.
- Sweating above the level of the injury.
- Chills or clammy skin.
- Nasal stuffiness.
- Nausea.
- Anxiety.
- Slow pulse.

Procedure

1. Place person in sitting position.
2. Elevate head of bed.
3. Check for irritants and correct them.
4. Check indwelling catheter for kinks or anything impeding urine flow.
5. Check for tight clothing, belts, shoes, elastic stockings, binders or equipment and loosen them.
6. Check urine drainage bag. If it is too full, empty it.
7. Check rectum for stool or impaction. Treat as emergency. Do not leave the client alone.

8. If client condition worsens or he/she faints, call 911.

Related Procedures

None

Policy History

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