

## CMG 18a – AUTONOMIC DYSREFLEXIA

(Revised: January 2014)



Check in high paraplegics or quadriplegics (lesion above T6). The sudden onset of any of the following is significant:

- sudden hypertension (this may fall within the normal limits for the rest of the population)
- pounding headache, bradycardia, flushing / blotching of skin, profuse sweating above level of lesion
- skin pallor and piloerection below the level of lesion, chills without fever, nasal congestion, blurred vision
- shortness of breath, sense of apprehension and / or anxiety

### ACTIONS

Ask the patient and carer if they suspect a cause

Elevate patient's head and position with legs dependent, if possible

Loosen any constrictive clothing

Check bladder drainage equipment for kinks or obstruction.

If found:

drain 500ml initially, then a further 250ml every 15 minutes until bladder is empty

Monitor BP every 2 – 5 minutes

Avoid pressing over the bladder

### TREATMENT

If BP remains elevated (ranging between 150-170mmHg systolic, or  $\geq 20$ mmHg above known resting level), commence treatment:

ICP

Glyceryl trinitrate:

ADULT: 300mcg ( $\frac{1}{2}$  tablet) sublingually

PAED (12 – 16yrs): half adult dose (150mcg or  $\frac{1}{4}$  tablet) sublingually

AP

ICP

If little or no effect, repeat GTN up to twice (total 3 doses) with 5 minutes between doses, and monitoring BP

AP

ICP

Analgesia with caution as required

AP

ICP

Sedation with caution as required