







Recognition and Treatment of Autonomic Dysreflexia: Pocket Cards

Autonomic dysreflexia (AD) is a potentially life-threatening medical emergency that causes a sudden rise in the patient's blood pressure and that occurs in patients with a spinal cord injury (SCI). It most commonly occurs in patients with an injury at or above the T6 neurological level. If left untreated, AD may result in serious complications (e.g., stroke, seizure, myocardial infarction, and death). Early management may prevent serious complications.

These are printable pocket cards for patients and families to use to get assistance (if required) when experiencing autonomic dysreflexia.

<p>MEDICAL ALERT: AUTONOMIC DYSREFLEXIA</p> <p>Name _____ Baseline BP _____ Level of injury _____</p> <p>Autonomic Dysreflexia (AD) is a sudden increase in blood pressure (BP) 20-40mm Hg above baseline, caused by an irritant below the level of a spinal cord injury (SCI). AD typically occurs in patients with a SCI at the level T6 and above.</p> <p>If not treated immediately, AD can lead to stroke, seizure or death.</p> <p>Common Causes:</p> <ul style="list-style-type: none"> • Full or distended bladder (most common) • Full bowel or constipation • Areas of pressure • Sitting/lying on something hard • Constrictive devices or clothing • Skin or hair caught in zippers <p>If AD does not resolve or patient is unresponsive, call 911 or activate Medical Emergency Response</p>  		<p>Common Signs and Symptoms:</p> <ul style="list-style-type: none"> • Pounding headache • Sweating above level of injury • Flushing of skin above level of injury • Pale and/or coolness below level of injury • Goose bumps below the level of injury • Blurred vision and/or nasal congestion • Feelings of apprehension or anxiety 	<p>What to do:</p> <ul style="list-style-type: none"> • Ask patient if they suspect cause • Sit up at 90 degrees • Remove cause if known • Loosen any tight clothing/zippers or restrictive devices • Monitor BP every 2-5 minutes • Check bladder • Check bowel • Check skin <p>• EMS: Access Online Medical Consult (OLMC)</p>	<p>Access AHS AD protocol: Outlines recognition and treatment including medication management (for health care providers)</p> 
--	--	--	--	--

<p>MEDICAL ALERT: AUTONOMIC DYSREFLEXIA</p> <p>Name _____ Baseline BP _____ Level of injury _____</p> <p>Autonomic Dysreflexia (AD) is a sudden increase in blood pressure (BP) 20-40mm Hg above baseline, caused by an irritant below the level of a spinal cord injury (SCI). AD typically occurs in patients with a SCI at the level T6 and above.</p> <p>If not treated immediately, AD can lead to stroke, seizure or death.</p> <p>Common Causes:</p> <ul style="list-style-type: none"> • Full or distended bladder (most common) • Full bowel or constipation • Areas of pressure • Sitting/lying on something hard • Constrictive devices or clothing • Skin or hair caught in zippers <p>If AD does not resolve or patient is unresponsive, call 911 or activate Medical Emergency Response</p>  		<p>Common Signs and Symptoms:</p> <ul style="list-style-type: none"> • Pounding headache • Sweating above level of injury • Flushing of skin above level of injury • Pale and/or coolness below level of injury • Goose bumps below the level of injury • Blurred vision and/or nasal congestion • Feelings of apprehension or anxiety 	<p>What to do:</p> <ul style="list-style-type: none"> • Ask patient if they suspect cause • Sit up at 90 degrees • Remove cause if known • Loosen any tight clothing/zippers or restrictive devices • Monitor BP every 2-5 minutes • Check bladder • Check bowel • Check skin <p>• EMS: Access Online Medical Consult (OLMC)</p>	<p>Access AHS AD protocol: Outlines recognition and treatment including medication management (for health care providers)</p> 
--	--	--	--	--

For more information about the [AHS Autonomic Dysreflexia protocol](#) or resources related to the management of AD, please contact: nrv.scn@ahs.ca