



DYSREFLEXIA ALERT CARD

Student's Name: _____ is subject to a syndrome called Acute Autonomic Dysreflexia. This serious medical problem is found in patients with spinal cord lesions above the 7th thoracic level.

I. PATHOLOGY

- A. A stimulus imitates a reflex action of the sympathetic and para-sympathetic system causing hypertension which cannot be relieved by action of vasomotor center, because of the level of the spinal cord lesion. This response, if not controlled, can precipitate a cerebral vascular.

II. SYMPTOMS

- A. Sweating (diaphoresis) above the level of injury.
- B. Goose bumps.
- C. Flushing or blotching.
- D. Chills without fever.
- E. Pounding headache.
- F. Elevated blood pressure 20mm Hg. Above the patient's normal which is _____.

III. ETIOLOGY

- A. Distended bladder or severely spastic bladder.
- B. Fecal mass in the rectum.
- C. Other stimuli to viscera (i.e., pressure on skin surface, urological procedure or problem, etc).

**DYSREFLEXIA ALERT CARD**

Student's Name: _____ DOB: _____

TREATMENT	
ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
<p>1. Place patient in a sitting position and monitor the blood pressure every 1 – 2 minutes.</p> <p>a. If B/P is almost double what the patient's normal usually is, call a physician immediately.</p> <p>b. If B/P is less than double, proceed as follows:</p> <p>EXTERNAL CATHETER- If on external catheter (gizmo)</p> <p>1. Tap lightly, pull pubic hair or tug on gizmo for 2 minutes providing B/P does not continue to rise.</p> <p>2. Catheterize with Robinson catheter.</p> <p>3. If Dysreflexia continues to exist, indwelling catheter will be inserted.</p> <p>INDWELLING CATHETER – If on indwelling proceed as follows:</p> <p>1. Check to make certain plug or clamp has been removed.</p> <p>2. Check to make sure leg bag is not overfull.</p> <p>3. Check for kinks in catheter or drainage tubing.</p> <p>4. Check inlet to leg bag to make sure it is not corroded.</p> <p>5. Determine if catheter is plugged by irrigating the bladder slowly with no more than 30cc of irrigating solution.</p> <p>6. Change catheter and leave in.</p>	<p>NOTE: This is a medical emergency, therefore the patient should not be left alone; one person monitors B/P while others provide treatment.</p> <p>DO NOT CREDE</p> <p>NOTE: Any stimulation (i.e., catheterizing, tugging on gizmo or instilling medications will cause the B/P to momentarily rise).</p>

ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
<p>NOTE: Only drain 500ccs, check B/P and if still elevated, immediately drain another 500cc. then wait 10 minutes between each subsequent drainage.</p> <p>3. If you are sure the bladder is empty and the symptoms have not subsided, insert a tube of nupercainal ointment into the rectum. Wait 5 minutes before inserting finger to remove any feces present.</p> <p>IF SYMPTOMS DO NO SUBSIDE:</p> <ol style="list-style-type: none"> 1. Be sure a physician is present. 2. Have available: I.V. solutions and antihypertensive drugs of physician's choice. 5. If any questions, call the emergency physician (or nursing supervisor) at the number below. 	<p>NOTE: If blood pressure declines after bladder is empty the patient will need to be watched closely as bladder can go into severe contractions causing hypertension to recur.</p> <p>SPINAL INJURY SERVICE RANCHO LOS AMIGOS HOSPITAL COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES 7601 East Imperial Highway Downey, CA 90242 (213) 922-7111</p>