



- This Autonomic Dysreflexia Plan must be developed with the person we support and their Health Practitioner.
- The Autonomic Dysreflexia Plan must be overseen by the Health Practitioner.
- **Staff members must be appropriately trained to administer or dispense medication and undertake any Autonomic Dysreflexia Procedures.**
- This Autonomic Dysreflexia Plan should be read in conjunction with the relevant policies and procedures.

<b>Personal Details</b> <i>(to be completed by staff &amp; person we support)</i>				
<b>Name:</b>		<b>CIRTS ID:</b>		
<b>Date of Plan:</b>		<b>Review Date:</b>		
<b>My Support includes (tick all that apply) and who undertakes this:</b>				
<b>Procedure</b>	<b>Me</b>	<b>LWB DSW</b>	<b>Health Professional</b>	<b>Other</b>
<input type="checkbox"/> Blood Pressure Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Emergency medication administration (refer to PRN Protocol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bowel Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Specific Autonomic Dysreflexia Information</b> <i>(completed by a Health Professional)</i>				
Neurological location of Injury:				
Baseline Blood Pressure Rate of the person we support:				
Baseline Body Temperature of the person we support:				
<b>Note regarding Blood Pressure:</b>	20mm to 40mm Hg above baseline in adults may be a sign of Autonomic Dysreflexia	15mm to 20mm Hg above baseline in adolescents may be a sign of Autonomic Dysreflexia	15mm Hg above baseline in children may be a sign of Autonomic Dysreflexia	

**Common causes specific to me** *(Completed by Health Professional)*

- |  |  |
|--|--|
| <input type="checkbox"/> bladder can be blocked (urinary catheter) | <input type="checkbox"/> faecal impaction or administration of enema |
| <input type="checkbox"/> kidney stones                             | <input type="checkbox"/> pressure injuries                           |
| <input type="checkbox"/> urinary tract infection                   | <input type="checkbox"/> haemorrhoids                                |
| <input type="checkbox"/> constipation or administration of enema   | <input type="checkbox"/> Other:                                      |

**Symptoms and signs specific to me** *(Completed by Health Professional)*

- |  |   |
|--|---|
| <input type="checkbox"/> sudden hypertension (high blood pressure)                                   | <input type="checkbox"/> shivering and chills with no temperature                             |
| <input type="checkbox"/> pounding headache   | <input type="checkbox"/> nasal congestion   |
| <input type="checkbox"/> bradycardia (slow heart rate)   | <input type="checkbox"/> blurred vision   |
| <input type="checkbox"/> flushing or blotching of the skin above the level of the spinal cord injury | <input type="checkbox"/> shortness of breath  |
| <input type="checkbox"/> profuse sweating above the spinal cord injury level                         | <input type="checkbox"/> pale skin tone and goose bumps below the level of spinal cord injury |
| <input type="checkbox"/> sense of apprehension or anxiety  | <input type="checkbox"/> irritability or change in behaviour                                  |

**Checking Blood Pressure intervals** *(Completed by Health Professional)*

If symptoms persist, monitor Blood Pressure every \_\_\_\_\_ minutes and record on the [NDIS LWB 5595 Blood Pressure Monitoring - Recording Chart](#).

**Administer Emergency Medication** *(Completed by Health Professional)*

Administer Emergency Medication as per the [NDIS LWB 5411 PRN Protocol](#) when Blood Pressure is at \_\_\_\_\_

**Details about any specific changes or preferences staff must know in order to support the person with this plan:** *(Completed by the Health Professional)*

- Not Applicable, the person’s supports do not require any modification.
- Modifications are required as follows:

**In the event of an emergency call an ambulance immediately on triple zero (000)**

**After calling an ambulance, call the following emergency contacts** *(Completed by the person we support or their support network):*

<b>Name:</b>		<b>Contact Number</b>	
<b>Relationship</b>			
<b>Name:</b>		<b>Contact Number</b>	
<b>Relationship</b>			

**Plan developed by:** *(completed by Health Professional(s))*

<b>Name:</b>		<b>Profession:</b>	
<b>Contact details:</b>		<b>Date:</b>	
<b>Name:</b>		<b>Profession:</b>	
<b>Contact details:</b>		<b>Date:</b>	

**Review of plan** *(completed by Health Professional)*

<input type="checkbox"/> <b>Set review:</b>	<b>Date:</b>	
<b>Signature:</b>		
<input type="checkbox"/> <b>As needed review:</b> This plan will be reviewed following <ul style="list-style-type: none"> <li>• a problem being identified while following this plan</li> <li>• a new risk being identified</li> <li>• advice from the person’s GP/ Allied Health Professional</li> </ul>		

## Consent and Authorisation

I consent to the support requirements detailed in this plan to be implemented to assist in the management of my health supports or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.

Name	Relationship	Signature	Date
	Self		
	Guardian / Person Responsible		
	LWB Line Manager		

### Upload to CIRTS as follows:

Plans & Assessments > New Plan > Service Type = the service providing the HIDPA > Plan name – [select from drop down] Autonomic Dysreflexia Management Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD