





- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.
- This procedure should be read with the [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#), [NDIS LWB 5501 Health and Wellbeing - Procedure](#), [Medication Administration Procedures](#) and in consultation with the person or their HIDPA Spinal Injury Autonomic Dysreflexia Support Plan/Protocol.

An AQHP, such as a General Practitioner in an Autonomic Dysreflexia Support Plan, should document the person’s support requirements. In addition, blood pressure should be charted in the [NDIS LWB 5595 Blood Pressure Monitoring – Recording Chart](#).

The AQHP is to provide training in any autonomic dysreflexia (AD) support required in the scope of practice of an LWB Disability Support Worker (DSW).

| Autonomic Dysreflexia (AD) Support Procedure | |
|--|--|
|  Check | <ul style="list-style-type: none"> • Check and follow the person’s Autonomic Dysreflexia Support Plan/Protocol and PRN Protocol. • Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to their chosen level. • Explain the procedure to the person and seek their consent to proceed. |
|  Support | <p>Autonomic Dysreflexia (AD) can present with various symptoms and vary in intensity. However, it should always be treated immediately as it can quickly progress and become life-threatening.</p> <p>Call 000 IMMEDIATELY</p> <p>AD is caused by an irritant below the level of injury, including:</p> <p>Bladder – distended (swollen) or hyperactive bladder, urinary tract infection, bladder or kidney stones, a urological procedure such as inserting a urinary catheter. The bladder may become distended due to blockage, catheter not draining, infection or enlarged prostate in males.</p> <p>Bowel – Distended or irritated bowel, constipation, faecal impaction, rectal irritation, e.g., enema administration, digital stimulation, haemorrhoids, anal infection.</p> |

Skin – Pressure, burns, tight clothing, and other injuries.

Other:

- skin infection or irritation,
- cuts, bruises, abrasions or pressure sores (decubitus ulcers),
- ingrown toenails,
- burns (including sunburn and burns from hot water)
- tight or restrictive clothing
- bone fracture(s)
- distended stomach
- sexual intercourse
- menstrual cramping
- swelling of testes
- ovarian cysts
- gastric ulcer
- colitis, peritonitis

Symptoms and Signs

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

Initial Response

This is a medical emergency, immediately call an Ambulance (000) and follow the person's care plan to alleviate symptoms. Do not leave the person alone.

Reassure the person, and explain what is happening. If the person is conscious and can consent, seek permission to continue with treatment.

If the person is unconscious or unable to consent, continue with treatment as planned.

- Maintain the person's dignity and privacy.
- Support the person to sit up or raise the head to 90 degrees if possible.
- Lower their legs to assist with lowering Blood Pressure (BP).
- Loosen any restrictive clothing and remove shoes and socks.
- Check their blood pressure and record the results on the [NDIS LWB 5595 Blood Pressure Monitoring – Recording Chart](#) every 5 minutes.

- Check any bladder drainage devices for kinks or other blockages.
- Check for injury – pressure injury, wound, burn.

Ongoing Response**If symptoms persist**

- Call for help if alone.
- Continue to monitor the person's blood pressure as frequently as described in **Client Specific Information** within the person's plan.
- If the person has Clean Intermittent Catheterisation, insert a catheter to empty the bladder.
- Administer emergency medication as prescribed.

Continue to monitor the person's Blood Pressure, as rapid urine draining may cause a sudden drop in blood pressure.

Medication

- Medication such as Glyceryl Trinitrate (GTN) may be prescribed for emergency treatment of Autonomic Dysreflexia. Only give medication as prescribed and follow the 7 Rights of Administration (refer to the [NDIS LWB 5400 Administering Medication - Procedure](#) for further information).
- Do not use GTN spray, tablets or patches if medication for erectile dysfunction has been taken in the last 24 – 48 hours. Always check the manufacturer's instructions before administering the medication.
- The use of GTN should be described within the [NDIS LWB 5411 PRN Protocol](#).

**Report**

- Record blood pressure readings on the [NDIS LWB 5595 Blood Pressure Monitoring – Recording Chart](#)
- Complete all required medication documentation.
- Immediately report any concerns or issues related to the person's Autonomic Dysreflexia to the Disability Support Leader¹ or On Call

For Further Guidance and Advice

Contact the AQHP who developed the person's support plan.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.