





- 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](#), [LWB National Medication Procedure](#) 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).

<b>Autonomic Dysreflexia (AD) Support Procedure</b>	
 <b>Check</b>	<ul style="list-style-type: none"> <li>• Check and follow the person’s Autonomic Dysreflexia Support Plan/Protocol and PRN Protocol.</li> <li>• Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to their chosen level.</li> <li>• Explain the procedure to the person and seek their consent to proceed.</li> </ul>
 <b>Support</b>	<p><b>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.</b></p> <p><b>Call 000 IMMEDIATELY</b></p> <p>AD is caused by an irritant below the level of injury, including:</p> <p><b>Bladder</b> – 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><b>Bowel</b> – 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 Medication Administration](#).
- 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 [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 Leader<sup>1</sup> or On Call

## For Further Guidance and Advice

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

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