ATTENTION PHYSICIAN

The following are treatment recommendations for children with Autonomic Dysreflexia (AD)

- Sit patient upright (up to 90 degrees).
- Monitor BP every 2-3 min.
- Quick exam to include abdomen for distended bladder/bowel and any other organ system below the level of injury that can be the source of dysreflexia.
- If an indwelling urinary catheter is not in place, catheterize the individual. If indwelling catheter is in place, check system for kinks, folds, constrictions, or obstructions.
- If systolic BP is:

  >120 in children under 5 yrs

  >130 in children 6-12 yrs

  >140 in adolescents

  give an antihypertensive with rapid onset and short duration while cause of AD is being investigated.
- **Nitro Paste**—1/2" (<13y) or 1" (≥13y), apply every 30 min, topically above level of injury, wipe off when BP stable, reapply as needed.
- **Nifedipine** (if Nitro paste NOT available)–0.25-0.5mg/kg per dose (<13y) or 10mg per dose (≥13y), squirt immediate release form sublingually or ask patient to chew, may repeat every 20-30 min as needed.
- **IV Antihypertensives**—use only in a monitored setting (I.C.U.)
- Monitor symptoms and BP for at least 2 hrs after the resolution of an AD episode.
- AD can lead to seizures, stroke, or death!

MY INFORMATION

Name:

_____

MEDICAL HISTORY

Baseline Blood Pressure:

_____

Baseline Body Temperature:

_____

Neurological Location of Injury:

_____

Primary Healthcare Provider:

_____

Phone Number:

_____

Allergies:

_____

EMERGENCY CONTACT

In Case of Emergency Call:

_____

Relationship:

_____

Phone Number:

_____

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Pediatric Edition

AUTONOMIC DYSREFLEXIA (AD)

WHAT IT IS:

A blood pressure is the measurement of how well blood moves from the heart to the rest of the body. Autonomic Dysreflexia (AD) affects the blood pressure of people with a spinal cord injury above the thoracic T6 level. Their body gets confused when something harmful or painful is hurting them and they are not able to tell what it is. This causes their body to panic and makes their blood pressure go up. It is unsafe for their blood pressure to get too high. It is important to figure out what is hurting them and take it away. Not fixing this can be dangerous and make that person very sick.

Autonomic Dysreflexia is a Medical Emergency!

COMMON CAUSES:

- Full bladder
- Full bowel/ constipation
- Wounds
- Broken bones
- Skin burns
- Infections
- Ingrown toenails

- Any condition or procedures that may cause pain or discomfort but is located below neurologic injury level.

COMMON SIGNS & SYMPTOMS

ABOVE LEVEL OF INJURY

- Hypertension *(A fast increase in blood pressure, 15 mm Hg systolic higher than usual in children and 15-20 mm Hg systolic higher than usual in adolescents)*
- Bradycardia *(slow heart rate)* or Tachycardia *(fast heart rate)*
- Big headache
- Feeling nervous/worried/scared
- Red cheeks/neck/shoulders
- Blurry vision
- Stuffy nose
- Sweating
- Goosebumps
- Tingling

BELOW LEVEL OF INJURY

- Upset stomach, feels like you need to throw up
- Chills without fever
- Clammy or cold and sweaty
- Cool
- Pale

WHAT TO DO

- ☐ **Sit up**—Sit up or raise your head 90 degrees.

  IMPORTANT: Stay sitting up until blood pressure is normal.

- ☐ **Take off**—Take off or loosen anything tight.
- ☐ **Check blood pressure**—Take your blood pressure every 5 minutes if it's still higher than normal (15 mm above usual pressure Hg in children, and 15-20 mm Hg above usual pressure in adolescents). Make sure the right size blood pressure cuff is being used.
- ☐ **Check bladder**—Empty your bladder (i.e., catheterize your bladder). If you have an indwelling catheter, check if it's bent or kinked.
- ☐ **Check bowel**—Check your bowel after using numbing jelly or ointment.
- ☐ **Check skin**—See if your skin has any new wounds, sores, bruises, burns, bumps, cuts, insect bites, etc.
- ☐ **Find other source**—Look for anything else that may be hurting you if symptoms have not resolved.
- ☐ **Find help**—If not able to promptly make the symptoms go away on your own, call your doctor's office to get more help or go to the nearest emergency room.

  IMPORTANT: If you go to the hospital, tell the doctors and nurses you may have dysreflexia, need your blood pressure checked, need to stay sitting up, and need to find what's causing it.

CHRISTOPHER & DANA REEVE FOUNDATION
TODAY'S CARE. TOMORROW'S CURE.®
636 Morris Turnpike, Suite 3A
Short Hills, NJ 07078
Phone: 800-539-7309
www.ChristopherReeve.org

International Center for Spinal Cord Injury
at Kennedy Krieger Institute
Research. Restoration. Recovery.
707 North Broadway
Baltimore, MD 21205
Phone: 443-923-9230
www.spinalcordrecovery.org