

Name:	
Date of Birth:	

NHS No:	
Hospital No:	

I have:	Tetraplegia	<input type="checkbox"/>	Paraplegia	<input type="checkbox"/>
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Tetraplegia:
Absence or reduction of motor and/or sensory function in the cervical segments of the spinal cord and below, resulting in impaired function in hands, arms, trunk, legs and pelvic organs.

Paraplegia:
Absence or reduction of motor and/or sensory function in the thoracic, lumbar or sacral segments of the spinal cord. Depending on level of injury, the trunk, legs, and pelvic organs may be involved. Hand and arm function is spared.

Other:

My usual average readings:

Date Taken		Blood Pressure		Pulse		Blood Type	
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I am susceptible to:

I'm at risk of Autonomic Dysreflexia (AD):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Autonomic Dysreflexia is a sudden and potentially lethal surge of blood pressure and is often triggered by acute pain or stimulus. (information provided by Spinal Injuries Association)

It is unique to spinal cord injury (SCI). This condition can affect any SCI person with a lesion above the T6 vertebra. It causes extreme hypertension and can lead to cerebral haemorrhage and death.

Any increase of 20mm/Hg in BP on a baseline of my normal BP may indicate a dysreflexia episode. This may be accompanied by a lowering of pulse rate.

Other possible symptoms: pounding headache; profuse sweating/flushed skin above injury level; pale skin below injury level.

What action should be taken on spotting autonomic dysreflexia?

- * Sit me up and drop my feet. Loosen any clothing and check nothing is putting pressure on the skin. Perform a quick assessment to find the cause so that it can be removed.
- * Check bladder for distention, catheterise immediately or replace indwelling catheter if not draining.
- * Check bowel distension/impaction using anaesthetic lubricant, such as 2% lignocaine gel. If the rectum is full, insert some lubricant and wait for at least three minutes before gently performing digital removal of faeces.
- * Check for and treat other causes of pressure or stimulus (burns, scalds, pressure ulcers, ingrowing toenails, broken bones etc).
- * It is important that you contact my SCI centre who can advise on the appropriate medication.

My triggers for AD/usual symptoms are:

I have previously used the following methods to lower my blood pressure:

Bowel Care required:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Effective bowel care is vital in SCI due to the risks of Autonomic Dysreflexia, incontinence, and bowel obstruction. My bowel regime is as follows: (please share with anyone involved in my bowel management)

Related medication:

If a nurse is not competent to undertake this procedure, it is the nurse's responsibility to escalate this to a person of authority who must identify a competent practitioner within the organisation. Otherwise, this can be deemed an omission of care.

