

Jonathan Rosenfeld's Nursing Homes Abuse Blog

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The Failure To Treat Pain In Paralyzed Patients With Decubitus Ulcers Can Result In Autonomic Dysreflexia



Autonomic dysreflexia (or hyperreflexia) is a dangerous condition that can occur with bed sore patients or patients with spinal cord injuries above the middle of the chest (usually above T-5). Autonomic dysreflexia occurs when an irritation or pain below the level of the spinal cord injury sends a signal that fails to reach the brain.

Over time, the bodies a delayed pain response results in changes to the sympathetic portion of the autonomic

Nervous System (helps people adapt to changes in the environment and is associated with the “flight-or-fight” response), resulting in muscle spasms and a narrowing of the blood vessels. This in turn can cause blood pressure to rise and heart rate to drop, which can lead to stroke, seizure, or even death.

Signs autonomic dysreflexia may include:

- Pounding headache
- Goose bumps
- Red blotches on the skin, above the level of the spinal cord injury
- Sweating, above the level of injury
- Cold, clammy skin, below the injury
- Nasal congestion
- Slow pulse (< 60 beats/minute)
- Restlessness
- Hypertension (blood pressure greater than 200/100)
- Nausea

Autonomic dysreflexia can be prevented. Specific precautions include:

- Frequent pressure relief in bed / chair (turning the patient to change positions)
- Avoidance of sunburn and scalding from hot water
- Maintain a regular bowel program

Jonathan Rosenfeld represents victims of nursing home abuse and neglect throughout the country. For more information please visit Nursing Homes Abuse Blog (www.nursinghomesabuseblog.com), Bed Sore FAQ (www.bedsorefaq.com) or call Jonathan directly at (888) 424-5757.

- Proper nutrition and fluid intake
- Compliance with medications
- Proper maintenance of indwelling catheter (keep tube free of kinks, keep drainage bags empty, check catheter daily for deposits)
- Perform routine skin assessments

Treatment of autonomic dysreflexia can be as easy as changing positions or removing the cause of irritation. However, treatment must be initiated quickly in order to prevent further complications. Many stimuli can cause autonomic dysreflexia including anything that would have been painful, uncomfortable, or physically irritating before the injury.

The most common causes are:

- Overfill bladder – this can be due to a blockage in urinary drainage device, bladder infection, inadequate bladder emptying, bladder spasms, or bladder stones
- Bowel full of stool or gas – due to constipation, hemorrhoids or anal fissures, or infection and irritation
- Skin irritations – due to wounds below the injury, [pressure sores](#), ingrown toenails, burns, or tight/restrictive clothing
- Broken bones

If the trigger cannot be identified and removed or if problems persist, medications can be used to treat the autonomic dysreflexia.

People suffering from spinal cord injuries are particularly susceptible to pressure sores because of sitting or lying in the same position for an extended period of time. In addition, spinal cord injuries can reduce or eliminate sensations, making it more difficult for the person to know when a pressure sore is developing. These pressure sores can cause a dangerous condition known as [autonomic dysreflexia](#) in patients with spinal cord injuries.

Autonomic dysreflexia is a potentially life threatening condition resulting from over activity in the Autonomic Nervous System, which can cause high blood pressure leading to seizures, stroke, and even death.

Therefore, it is important that nursing home staff pay special attention to residents suffering from spinal cord injuries. This includes frequently turning the resident to relieve pressure, regulating bladder and bowel output, properly maintaining catheters, and regularly checking for skin irritations. Prevention of pressure sores is key to maintaining the physical health of residents with spinal cord injuries.

Related:

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