

# Bed Sore FAQs

QUESTIONS & ANSWERS FROM A NURSING HOME LAWYER

## Can spinal cord injury patients with bed sores develop 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 (frequently caused by bed sores) below the level of the spinal cord injury sends a signal that fails to reach the brain.

Over time, the body's 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)
- Hypertension (blood pressure greater than 200/100)

Autonomic Dysreflexia can be prevented. Specific precautions include:

- Frequent pressure relief in bed / chair (turning the patient to change positions) to prevent bed sores
- Proper nutrition and fluid intake
- Compliance with medications
- Perform routine skin assessments to prevent development of bed sores

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.

In addition to bed sores, the most common causes of Autonomic Dysreflexia are:

- Overfilled 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, anal fissures, infection or impacted bowel
- Skin irritations – aside from bed sores including: 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. As with many medical complications related to bed sores, the limited benefits of some medical treatments, stress the need to prevent the condition from developing in the first place. Because spinal cord injuries can reduce or eliminate sensations, many spinal cord injury patients are unaware that a pressure sore is developing on their body. Nonetheless, because people suffering from spinal cord injuries are particularly susceptible to bed sores (also called pressure sores, decubitus ulcers or pressure ulcers) they are the most likely group to develop autonomic dysreflexia.

Autonomic dysreflexia must be recognized by medical professionals for the serious condition it is. Autonomic dysreflexia is potentially life threatening condition resulting from over activity in the Autonomic Nervous System, which leads to high blood pressure leading to seizures, stroke, and even death.

Related:

**[The Failure To Treat Pain In Paralyzed Patients With Decubitus Ulcers Can Result In Autonomic Dysreflexia](#)**