

Autonomic dysreflexia

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Autonomic dysreflexia</p> <p>Related factors: Related to spinal cord trauma</p> <p>Symptoms / Risk factors: Bradycardia or tachycardia (heart rate <60 or >100 beats per Chest pain Headache (a diffuse pain in different portions of the head a Paresthesia Paroxysmal hypertension (sudden periodic elevated blood pres Red splotches on skin (above the injury)</p> <p>Outcome / Goal: The client will respond or prevent to early sign of dysrefl. Signs og dysreflexia are detected promptly</p>		<p>Dysreflexia Management</p> <p>Asses for signs of dysreflexia (severe hyppetension)</p> <p>Place patient in sitting position or elevate head of bed (< blood pressure)</p> <p>Take vital signs freq. to monitor effectiveness postiton change and medication</p> <p>Ascertain and correct probable cause of dysreflexia:</p> <ul style="list-style-type: none"> - Check for bladder distention and patency of catheter - Check for fecal mass in the rectum - Check patient's enviroment for cold draft and objects putting pressure on skir - Send urine for culture if no others cause becomes apparent (urin infection) <p>If hypertension persists administer medication to lower blood pressure</p> <p>Implement and maintain bowel and bladder elimination program</p> <p>Instruct patient, family ,caregiver about dysreflexia and it causes and symptoms</p>	