Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
GUIDANCE TO SUPPORT SAFER BOWEL CARE FOR PATIENTS AT RISK OF AUTONOMIC DYSREFLEXIA

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Author/Lead **Job Title**	Karen Nelson Senior Specialist Nurse, Bladder and Bowel Service (Lead)
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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*August 2018*	*New SOP*
1.1	*August 2021*	*Change of author details*
1.2	*16 May 2024*	*Reviewed SOP. minor content changes required from feedback. Approved at Community Clinical Network Group Meeting (16 May 2024).*

Contents

1. INTRODUCTION

This standard operating procedure aims to ensure clinical staffs are informed; have the clinical knowledge and gain clinical competency to provide safer bowel care for patients at risk of Autonomic Dysreflexia.

Autonomic Dysreflexia is an abnormal sympathetic nervous system response to a harmful stimulus below the level of injury in spinal cord injured individuals.

Autonomic Dysreflexia most commonly affects individuals with a spinal cord injury on or above the T6 (sixth thoracic vertebra).

An acute episode results in a sudden and rapid rise in blood pressure; this is the body's way of responding to the problem. The patient may also represent with other symptoms associated with Autonomic Dysreflexia. Autonomic Dysreflexia is potentially life-threatening and is regarded as a medical emergency.

Bowel care is a fundamental and essential part of care for an individual with a spinal cord injury. Bowel care must not be omitted as this will have an impact on the patient's health, wellbeing and dignity. A bowel management plan must be developed and adhered to in conjunction with the individual in any healthcare setting.

2. DUTIES AND RESPONSIBILITIES

Director of Nursing/Medical Director
Responsible for maintaining the executive lead for quality and patient safety.

Deputy Director of Nursing
Responsible for ensuring high standards of care delivery in relation to quality and patient safety.

Service Manager
Responsible for the implementation of this standard operating procedure and training for relevant staff groups in their areas of responsibility.

It is the overall responsibility of all service managers to ensure all operational areas are working effectively and efficiently and that the clinical staffs are competent to practice safely.

Bowel and Bladder Nurse Practitioner
Responsible for providing evidence-based education, support and associate documents and for ensuring clinical staff can access the relevant training and information to gain clinical competencies required to meet the requirements on the standard operating procedure.

Humber Teaching NHS Foundation Trust Staff
Responsible for accessing training, support and associated documents to gain clinical competency.

Responsible for using clinical knowledge and the documentation provided to educate and support patients with or at risk of Autonomic Dysreflexia.

Responsible for ensuring an individual bowel care plan is agreed with the patient and a care plan created.

Responsible for providing bowel care based on holistic care plan and to take appropriate action in the event of an Autonomic Dysreflexia episode.

3. PROCEDURE

Neurogenic bowel dysfunction is prevalent in patients with a spinal cord injury or neurological condition. This often means the individual will be reliant on routine bowel care inclusive of digital removal of faeces (DRF).

Patients with a spinal cord injury above the T6 are particularly susceptible to Autonomic Dysreflexia; however, this can affect patients following a severe stroke or those with severe forms of neurological conditions, e.g. Parkinson's disease and multiple sclerosis. Autonomic Dysreflexia is a potentially life-threatening condition.

Autonomic Dysreflexia occurs without warning, responding to an unwanted and potentially harmful stimulus. The spinal cord injury in this area separates the sympathetic and parasympathetic branches of the autonomic nervous system. This results in the sympathetic and parasympathetic systems functioning independently from one another. Therefore any stimulus below the level of injury causes an exaggerated response within the sympathetic nerves. The sympathetic nerves respond by constricting blood vessels causing a rise in blood pressure.

Non-adherence to an individual's usual bowel care routine can cause Autonomic Dysreflexia, therefore a bowel care plan must be formulated and agreed with the patient and followed in all clinical settings. This ensures the health, wellbeing and dignity of the patient.

3.1. Symptoms

The clinician must be able to recognise the symptoms of Autonomic Dysreflexia:

- Raised blood pressure
- Pounding headache (due to elevated blood pressure)
- Blotchiness of skin (above the level of spinal cord injury)
- Cold, clammy skin (below the level of spinal cord injury)
- Bradycardia (slow pulse)
- Nasal congestion
- Flushed face
- Perfuse sweating
- Goose pimples (below the level of spinal cord injury)
- Apprehension/agitation
- Respiratory distress
- Blurred vision

3.2. Stimuli which trigger Autonomic Dysreflexia

Bladder (most common):

- Urinary tract infection
- Urinary retention
- Blocked catheter
- Bladder spasm
- Overfilled urine collection bag
- Non-compliance with intermittent catheterisation

Bowel (common):

- Constipation or impaction
- Haemorrhoids or anal fissure
- Enemas
- Infection or irritation
- Digital stimulation of the rectum

Skin:

- Sudden change of environmental temperature or pyrexia
- In-growing toe nail
- Pressure area damage
- Stimulation of pain receptors; fracture, burns, scalds, sunburn
- Sitting on scrotum
- Stimulation of the skin, e.g. tight-fitting clothing

Other causes:

- Menstrual cramps
- Labour and delivery
- Sexual activity
- Acute abdominal conditions
- Deep vein thrombosis (DVT)/pulmonary embolism
- Gastro-intestinal (GI) ulcer
- Severe anxiety or stress

3.3. Nursing Management

Autonomic Dysreflexia is life-threatening, therefore should be treated as a medical emergency and addressed immediately.

The raised blood pressure requires reducing promptly:

- Sit the patient in an upright position (if possible) to aid the reduction of the blood pressure
- Check and monitor the blood pressure (if possible)
- Locate and remove the stimulus wherever possible, this alone is often successful in allowing Autonomic Dysreflexia to subside
- Emergency medication: Glyceryl Trinitrate 300mcg sublingually or Nifedipine 5-10mg sublingual may be required (it is good practice for a patient with or at risk of Autonomic Dysreflexia to have this medication prescribed and available in the home)
- Medical personnel should be alerted
- Monitor patient

3.4. Prevention methods

- Adhere to bladder and bowel regimes
- Frequent pressure relief
- Avoidance of extreme temperatures
- Comfortable non-restrictive clothing
- Balanced diet and adequate fluid intake
- Correct dosage and timing of medications
- Education (please see the Autonomic Dysreflexia patient information leaflet available on the intranet)

4. TRAINING

Training can be accessed via the bladder and bowel service. It is the responsibility of the clinician to access training and maintain competency. Further reading can support knowledge and this information can be found within the reference list. For further information please contact the Specialist Continence Nurse Team via SPOC. Or Karen.nelson1@nhs.net (being aware of out of office / annual leave etc)

5. REFERENCES

British Association of Spinal Cord Injury Specialists (BASCIS), Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP), Spinal Injuries Association (SIA) 2014 Statement on Autonomic Dysreflexia https://www.spinal.co.uk/wp-content/uploads/2018/06/Statement-on-Autonomic-Dysreflexia-2017.pdf

Multidisciplinary Association of Spinal Cord Injured Professionals 2012 Guidelines for management of neurogenic bowel dysfunction in individuals with central neurological conditions https://www.mascip.co.uk/wp-content/uploads/2015/02/CV653N-Neurogenic-Guidelines-Sept-2012.pdf

National Institute for Health and Care Excellence quality standard 2014 [QS 54] Faecal incontinence in adults https://www.nice.org.uk/guidance/qs54

National Institute for Health and Care Excellence clinical guideline 2014 [CG49] Faecal incontinence in adults management https://www.nice.org.uk/guidance/cg49

National Patient Safety Agency 2004 Patient briefing and patient information notice 'bowel care for patients with established spinal cord lesions' http://www.nrls.npsa.nhs.uk/resources/?entryid45=59790&p=16

National Patient Safety Agency 2018 Resources to support safer bowel care for patients at risk of autonomic dyreflexia: https://improvement.nhs.uk/documents/3074/Patient_Safety_Alert_-_safer_care_for_patients_at_risk_of_AD.pdf

NHS England (updated 2018) Excellence in continence care framework https://www.england.nhs.uk/publication/excellence-in-continence-care/

Nursing and Midwifery Council 2018. Future nurse: Standards of proficiency for registered nurses https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf

Royal College of Nursing 2012 Management of lower bowel dysfunction, including digital rectal examination and digital removal of faeces. https://www.rcn.org.uk/professional-development/publications/pub-003226

Spinal Injury Association 2013 Patient and professional resources https://www.spinal.co.uk/wp-content/uploads/2017/05/Autonomic-Dysreflexia.pdf

Appendix 1: Autonomic Dysreflexia Alert Card

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ALERT CARD

AUTONOMIC DYSREFLEXIA IS A MEDICAL EMERGENCY

Name: _____

GENERAL SYMPTOMS

These may be of variable severity:

- Pounding headache which increases in intensity as blood pressure rises
- Flushing or blotching of skin above the level of the spinal cord injury
- Profuse sweating particularly above the level of the spinal cord injury

Own symptoms: _____

What is it?

Autonomic Dysreflexia is a condition which can occur in people who have a spinal cord lesion above and including the sixth thoracic vertebrae.

An abnormal sympathetic reflex causes severe hypertension which can be life-threatening due to cerebrovascular haemorrhage if not treated.

Causes

- inadequate bladder drainage

  e.g. blocked catheter/urinary tract infection/urological procedures
- distended bowel, insertion of suppositories, digital evacuation
- skin trauma

  e.g. ingrown toenail, pressure sores
- uterine contraction
- genital stimulation
- any stimuli which could cause pain or discomfort.

TREATMENT

- **ALWAYS SIT PERSON UPRIGHT**
- **ASCERTAIN CAUSE**
- **ADMINISTER NIFEDIPINE CAPSULES (5mgs-10mgs) – bite and swallow**
- **TAKE NECESSARY ACTION TO REDUCE BLOOD PRESSURE**

e.g. a) If catheter is blocked, remove and re-catheterise

b) Evacuate full rectum using anaesthetic lubricant, e.g. Instillagel

IF BLOOD PRESSURE CONTINUES TO RISE DESPITE INTERVENTION PLEASE SEEK URGENT MEDICAL ASSESSMENT LOCALLY

Advice to treating clinicians: Please contact the Specialist Continence Nurse Team via SPOC (01653 609609).

Notes for General Practitioners

If Nifedipine is not available, GTN spray x 2 puffs should be given. Nifedipine should be avoided in cardiac disease or the over 60's.

N.B. AVOID GLYCERL TRINITRATE IF YOU HAVE USED VIAGRA (SILDENAFIL) IN THE PAST 24 HOURS.

Hypertension

The normal blood pressure for this group is commonly 90/60 lying and lower when sitting. A blood pressure of 130/90 may be hypertensive. If untreated it can rapidly rise to extreme levels, e.g. 200/130mmHg.

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