



Improving Autonomic Dysreflexia Management in a Community Setting

Mid North Coast Local Health District

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Key Problem

- Autonomic Dysreflexia: Develops in individuals with a neurologic level of spinal cord injury at or above the sixth thoracic vertebral level (T6). Causes an imbalanced reflex sympathetic discharge, leading to potentially life-threatening hypertension. It is considered a medical emergency and must be recognized immediately. If left untreated, autonomic dysreflexia can cause seizures, retinal haemorrhage, pulmonary oedema, renal insufficiency, myocardial infarction, cerebral haemorrhage, and death.
- Community Nursing Staff recognised that there was a lack of knowledge and confidence in managing clients we were caring for with spinal cord injuries that suffered with Autonomic Dysreflexia. (AD)
- Managing any medical emergency in a home setting requires preparation and skill development as you work as a sole practitioner.
Staff were feeling underprepared.
- Upon review of the clients knowledge of this condition it was found that clients and their carers were also unaware or poorly managed their own treatment of this condition.

Aim of this innovation

Project aims identified:

- To develop processes and procedures that promote health literacy of staff and client promoting effective and timely management of AD
- Promote client safety
- Promote inclusion of Primary Health Care Provider (GP) in clients care plan
- Decrease risk of AD episodes in individual clients
- Prevent admission to acute facilities

Baseline Data

Staff Engagement:

- ✓ Development of staff action group to review current local and state guidelines and procedures
- ✓ Staff Education package developed and simulated learning activities organised
- ✓ Staff involved in the development of procedure document, management plan document & patient education material. The use of an innovations board allowed staff to present ideas for the project in an informal way.

Client Engagement:

- ✓ Client education material provided improving client/carer knowledge
- ✓ Written management plans outlining roles and responsibilities of all stakeholders
- ✓ Inclusion of client & carer in developing own care plan
- ✓ Reduced AD events reducing hospital admissions

GP Engagement:

- ✓ Media release to local Primary Health Network advising of our project aims and expectations
- ✓ Implementation of Autonomic Dysreflexia Management Plan improving the way we involve and communicate with the clients Doctor
- ✓ Regular review of management plan by GP built into the procedure

Key Changes Implemented

- Mandatory learning package and associated competencies that all staff must participate in.
- AD Management Plan developed in consultation with Client / Carer and GP and reviewed regularly.
- Local Procedure developed.
- Client Education Brochures developed.
- Improved communication processes regarding patient care with all key stakeholders.
- Collaboration amongst nursing staff in addressing client issues.

What it meant for nursing staff:

- Standardised approach to managing Autonomic Dysreflexia in our community.
- Nursing staff were able to have their say about care issues and by being involved enabled nurses to take ownership regarding patient care.
- Increased confidence in nursing staff clinical ability

What it meant for the client:

- Avoiding or minimising potential critical events including reduced presentations at the Emergency Department.
- Involvement and ownership of own health matters- Giving the patient a voice in their care, providing a person-centred approach.

Outcomes so far

- Hastings Community Nursing service currently has 12 clients with Spinal Cord Injury that have the potential for an Autonomic Dysreflexia event.
- Staff have reported 3 incidents of Autonomic Dysreflexia whilst they were caring for their clients where the management plan was implemented and the medical emergency was controlled.
- Clients/Carers have reported that they have managed their own Autonomic Dysreflexia event and the medical emergency was controlled
- There have been no presentations to Emergency Department since the project implementation
- Staff have reported that they feel more confident in managing our spinal cord injury clients and now feel prepared for the management of the emergency if it occurs.
- Our project was nominated for the Essentials of Care Showcase & MNCLHD Innovation Awards in 2015. Multimedia presentations showcased our project at both of these events.

Lessons Learnt

- Don't assume knowledge: Education of both nursing staff and clients is the key to good management and care.
- Involve whole teams in the development of new projects
- Some informal methods of raising ideas helps staff who are less confident to put forward their ideas in a way that suits them.
- Include clients & carers in the journey.
- Ensure sustainable processes so new staff are educated and new clients are admitted providing the same message

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