

Safer bowel care for patients at risk of Autonomic Dysreflexia

Patients with spinal cord injury or neurological conditions may have neurogenic bowel dysfunction, which often means they depend on routine interventional bowel care, including the digital (manual) removal of faeces.

Some of these patients, especially those with spinal cord injury above T6, are particularly susceptible to the potentially life-threatening condition autonomic dysreflexia. Autonomic dysreflexia is a medical emergency that can develop suddenly and if not treated promptly and correctly, it can lead to cerebral haemorrhage, seizures and cardiac arrest. Autonomic dysreflexia is characterised by a rapid and significant rise in the blood pressure. In addition the patient with autonomic dysreflexia generally gives a history of one or many of the following symptoms: headaches, blurry vision, spots in the visual field, nasal congestion, blotchy skin above the level of injury, and a sense of anxiety or malaise.

A small number of patients who have had a severe stroke or who have forms of Parkinson's disease, multiple sclerosis, cerebral palsy, or spina bifida may also be susceptible to autonomic dysreflexia.

In 2018 NHS Improvement issued a 'Patient Safety Alert' [Resources to support safer bowel care for patients at risk of autonomic dysreflexia](#). The alert highlighted that those patients who are at risk of autonomic dysreflexia have an increased risk if their routine bowel care is not continued. It is therefore vital to continue an established bowel care regimen when spinal injured patients or other patients who are at risk are admitted to hospital. If they manage their bowels by using digital rectal stimulation (DRS) or digital removal of faeces (DRF) this must be continued while they are inpatients.

NEW Bowel Care Guidelines available

Guidelines for Digital Rectal Examination (DRE), Digital Rectal Stimulation (DRS) and Digital Removal of Faeces (DRF) in Adult Patients, aged 16 years and Over (CG 184) are now available at HGS. These QEHB guidelines have been recently reviewed and updated to now cover all of UHB (all hospital sites and community).

Key Guideline Points are:

- DRE, DRS and DRF are invasive procedures which should only be performed when necessary and after individual assessment.
- These procedures MUST ONLY be undertaken by competent registered practitioners (including registered nurses) who have undertaken suitable training and assessment, and have been deemed competent.
- If the practitioner caring for the patient is concerned about the patient's condition they must refer the patient to the appropriate medical practitioner for advice on any further action to be taken, and this must be recorded in the patient's records.

For further information in relation to DRE, DRS and DRF refer to Trust Guideline:

CG 184: Guidelines for Digital Rectal Examination, Digital Rectal Stimulation and Digital Removal of Faeces in Adult Patients, aged 16 years and Over <http://uhbpolicies/assets/DigitalRectalExam.pdf>

In addition for further information regarding all aspects of bowel care refer to Trust Guidelines:

<http://uhbpolicies/bowel-care.htm>

CG 182: Bowel Care Guidelines for Adult Patients, aged 16 years and Over

CG 183: Guidelines for the Bowel Care of Patients with a Colostomy or Ileostomy

CG 185: Guidelines for the use of Faecal Management Systems in Adult Patients, aged 16 years and over

Tracy's story patient video

Tracy shares her personal story of the fear she experienced when hospital staff didn't listen to her advice regarding her symptoms of autonomic dysreflexia.



Click on this link to see the patient's video <https://youtu.be/WYkQgmEAUk>