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engaged with nationally recognised experts and specialised services in order to ensure the clinical credibility and
sound evidence base of the finished pathway and we were fortunate to enlist the support of the Lead Consultant
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**Managing Autonomic Dysreflexia in Adults**

**Senior Matron - Michelle Cole, Matron - Nichola Plant, Senior Sister – Deborah Edwards & Programme Partner CQI Team - Louise Landucci**

**Abstract:** In response to a National Patient Safety Alert, subsequent Serious Untoward Incident (SUI) and patient complaints, a multi-disciplinary working group was formed in 2019 to review and develop the provision of training, education materials and awareness of the condition; Autonomic Dysreflexia (AD).

**What is Autonomic Dysreflexia (AD)?**

Autonomic Dysreflexia is a condition where there is a sudden and potentially lethal rise in blood pressure (BP), often triggered by acute pain or other harmful stimuli, which most commonly affects people with spinal injuries at or above T6. The extreme rise in blood pressure can lead to some types of stroke/ cerebral haemorrhage, and even death.

**The Plan**

The paramount focus of this work stream was to improve patient safety and experience combined with improving clinical skills, awareness and management pathways for AD. Ultimately we wanted to ensure that no more patients suffer a delay or mismanagement of their treatment for AD episodes within this Trust.

This project gave us the opportunity to work with a diverse range of stakeholders, and integrate acute and community colleagues, in order to achieve a shared goal that would improve care and patient outcomes. The project team also engaged with nationally recognised experts and specialised services in order to ensure the clinical credibility and sound evidence base of the finished pathway and we were fortunate to enlist the support of the Lead Consultant Nurse for Spinal Injuries from a centre of excellence.

**What did we Do?**

The project team worked together to:
- Develop an online training package which can be accessed by all staff within the Trust. The recommendation would be that this forms part of Trust induction for all clinical staff.
- A Standard Operating Procedure developed to identify the signs and symptoms of Autonomic Dysreflexia, and provide guidance to the subsequent management of patients presenting with this condition.
- Hosted a series of awareness events across the acute site to promote education and awareness, helping staff to identify the signs and symptoms of AD, and directing them to useful resources/ contacts and utilised trust screensaver announcements and social media to spread the message.
- Over 160 staff signed off with detecting AD, with plans for this to be incorporated into student nurse training.
- Attendance at the Trust’s Continence Forum in order to raise awareness of the project and AD management, and engagement with an expert patient who highlighted his patient experience in the Trust.
- Created resources for staff including: visual training aids, posters and leaflets.
- Liaison with West Midlands Ambulance Service to provide further teaching and awareness for ambulance crews.
- Developed a Patient Story to support learning and raising awareness at future meetings such as training, Continence Forums etc.
- Consolidated all materials to build an Intranet & Internet page to inform staff and patients.

**Study & Act**

To date, there has been an increased level of awareness, demonstrated in staff feedback and proactive efforts from department managers to get staff trained in Digital Rectal Evacuation techniques. Due to the Coronavirus outbreak, it has been difficult to assimilate robust and reliable data but following a return to a more routine level of clinical activity and types of admissions via ED, the project team will collect data to provide firm assurance of the impact of this project.

**Next steps include:**
- Continued roll-out of face-to-face and online training, to ensure that all Trust staff in clinical roles and student nurses have received training by March 2021.
- Sustained programme with clinical lead who will be responsible for monitoring training and audit of AD within the Trust.
- Develop links with WMAS so that patients can be recognised / treated at home where possible. Admission avoidance being the ultimate goal for patient’s and the Trust.
- Presence at Trust Induction to raise awareness amongst new starters and ensure appropriate training.
- Develop practical element of Digital Rectal Evacuation training to ensure that the Trust is never in a position where there are no suitably competent staff to perform this skill at any time. This will become an ‘Always Event’ within the Trust so that the type of SUI that we have previously seen becomes eradicated.
- An article will be submitted for the Spinal Injury Association Forward magazine.