

DIABETES INSIPIDUS PATHOCHART

PATHOPHYSIOLOGY

Diabetes insipidus is a condition of decreased Antidiuretic Hormone (ADH) action in the body. This could be caused by hyposecretion of ADH from the posterior pituitary or decreased systemic response to ADH. Diabetes insipidus is characterized by excessive polyuria and loss of intravascular volume, leading to extreme dehydration.

ASSESSMENT FINDINGS

- Excessive urine output
- Dilute urine
- Extreme thirst
- Hypotension
- Tachycardia
- Hypernatremia
- Altered LOC

DIAGNOSTICS

- Urine Specific Gravity <1.006
- 24 hour urine collection
- ADH levels
- Electrolyte levels

NURSING PRIORITIES

- Manage Fluid & Electrolyte Balance
- Support Hormone Balance
- Neurological Regulation

THERAPEUTIC MANAGEMENT

- Replace Water Loss
 - PO Free Water (plain water)
 - D5W if IV replacement required
- Monitor urine output hourly
- Monitor urine specific gravity
- Daily weight monitoring

MEDICATION THERAPY

- DDAVP (Desmopressin)
- Synthetic ADH
- Vasopressin