



FOLDS



CRANIAL DIABETES INSIPIDUS (VASOPRESSIN DEFICIENCY)

Instructions for **AMBULANCE, A&E CLINICIANS & HOSPITAL WARD STAFF**

I take **DESMOPRESSIN (DDAVP)** for **CRANIAL DIABETES INSIPIDUS**

Cranial diabetes Insipidus is a rare condition of the pituitary gland characterised by an inability to produce antidiuretic hormone (ADH). This results in the production of large amounts of urine and in turn, a greatly increased thirst. The condition requires desmopressin medication to manage it effectively. Without such medication, the condition will cause patients to become dangerously dehydrated and in extreme situations this can become fatal. DI patients require frequent and regular medication, plus access to fluids, in order to keep them from serious and fast deterioration.

8 February 2016 Alert reference number:

NHS/PSA/W/2016/001

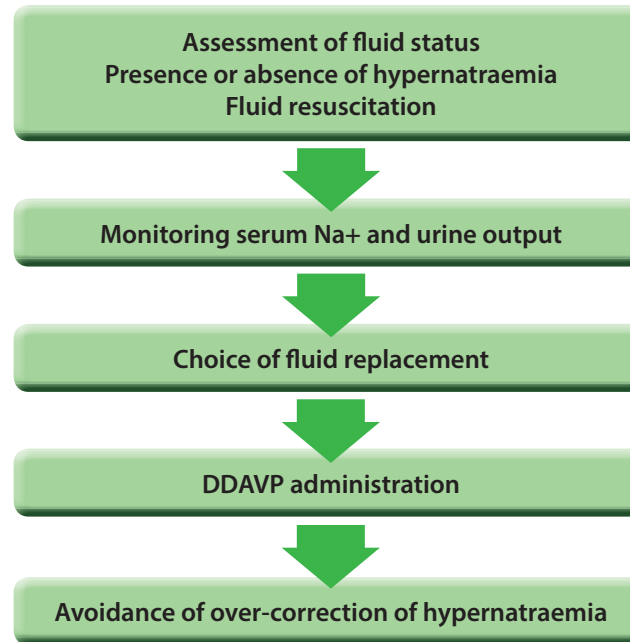
Alert stage: One – Warning Patient Safety | Domain 5

www.england.nhs.uk/patientsafety

SOCIETY FOR ENDOCRINOLOGY CLINICAL GUIDANCE:

Inpatient management of cranial diabetes insipidus

www.endocrineconnections.com/content/7/7/G8.full



CRANIAL DIABETES INSIPIDUS PATIENT CARE CARD

LIFE-DEPENDENT EMERGENCY MEDICAL INFORMATION



Personal details

Name:

Address:

Postcode:

Date of birth:

Telephone:

Mobile:

Pituitary condition:

Allergies:

The Pituitary FOUNDATION

www.pituitary.org.uk

SPECIALIST REFERRAL FOR ON-GOING MANAGEMENT:

We recommend all patients with CDI admitted to hospital should be discussed with the **endocrine team** as soon as possible, to ensure optimal inpatient care and specialist follow-up thereafter.

Organisational guidance for hospitals and other care facilities

1. We recommend that all patients in a hospital or care facility who have a diagnosis of CDI be identified on admission.
2. We recommend that the endocrinology or alternative, appropriate clinical team is alerted to and remain aware of all patients in a hospital or care facility who have a diagnosis of CDI.
3. We recommend that all wards or equivalent clinical areas have 24-hour access to DDAVP.
4. We recommend that patients with CDI undergoing elective surgery are highlighted in the pre-assessment process and that colleagues in peri-operative care develop a clear plan to cover the management of CDI during their admission.
5. We suggest hospitals and other care facilities develop an alert system that serves to highlight all inpatients requiring on-going treatment with DDAVP to reduce harm from medication errors (including missed prescribing, incorrect prescribing and failure of dispensing/administration).

MY THIRST IS INTACT / I HAVE ADIPSIA (NO THIRST MECHANISM) *(delete as appropriate)*

Desmopressin (DDAVP) product used:

Dose	When taken

Other medication

Medication name	Dose	When taken

GP details

Doctor:

Surgery:

..... Postcode:

Telephone:

Notes:

Hospital details

Consultant:

Hospital:

..... Postcode:

Telephone:

Hospital No:

Endo Nurse:

Telephone:

EMERGENCY CONTACT

Name:

Address:

..... Postcode:

Telephone:

Mobile:

Relationship: