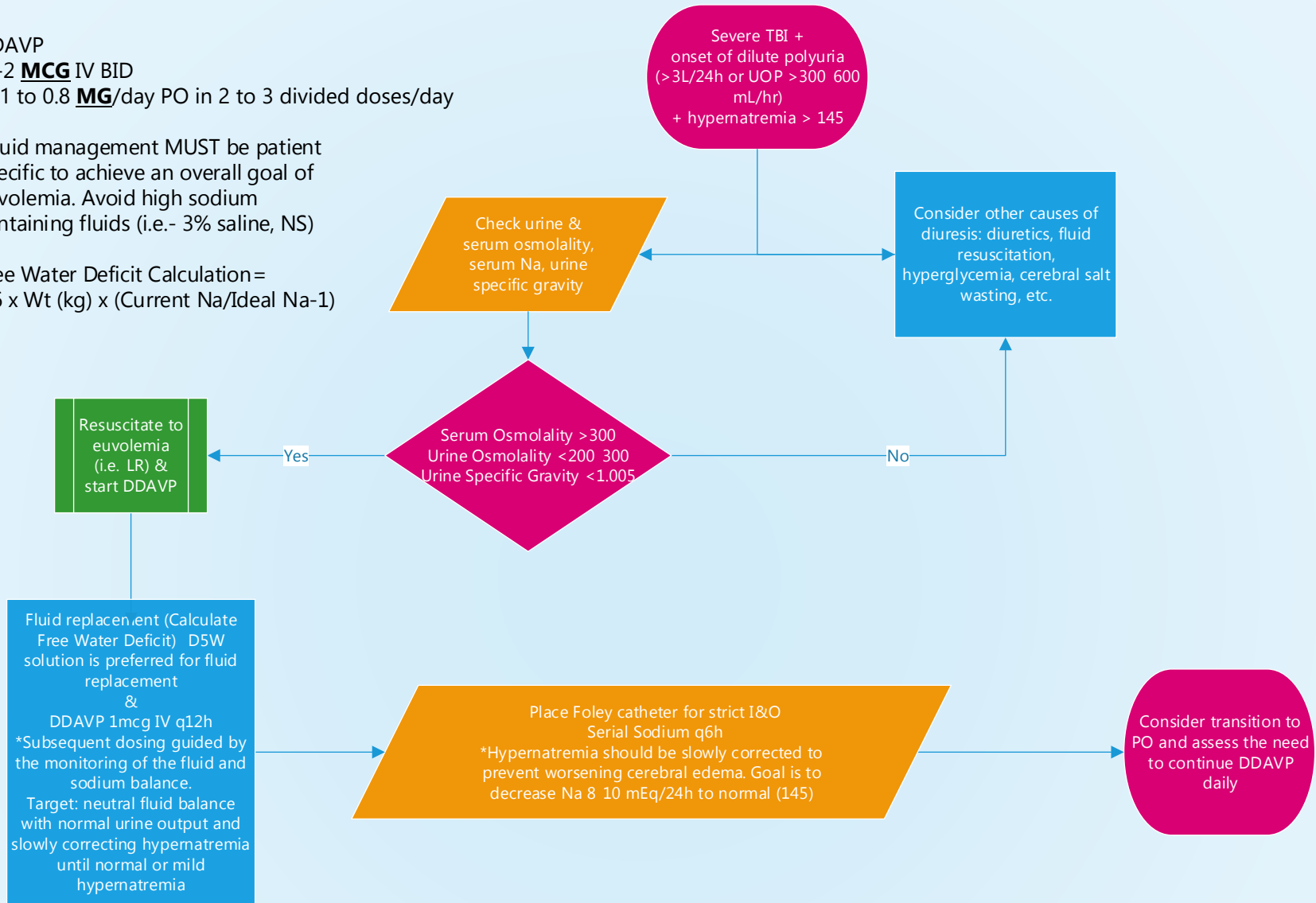


Diabetes Insipidus Clinical Practice Guideline

DDAVP
 -1-2 **MCG** IV BID
 -0.1 to 0.8 **MG**/day PO in 2 to 3 divided doses/day

*Fluid management MUST be patient specific to achieve an overall goal of euvoemia. Avoid high sodium containing fluids (i.e.- 3% saline, NS)

Free Water Deficit Calculation =
 $0.6 \times Wt \text{ (kg)} \times (\text{Current Na}/\text{Ideal Na}-1)$



Fluid replacement (Calculate Free Water Deficit) D5W solution is preferred for fluid replacement & DDAVP 1mcg IV q12h
 *Subsequent dosing guided by the monitoring of the fluid and sodium balance.
 Target: neutral fluid balance with normal urine output and slowly correcting hypernatremia until normal or mild hypernatremia

Place Foley catheter for strict I&O
 Serial Sodium q6h
 *Hypernatremia should be slowly corrected to prevent worsening cerebral edema. Goal is to decrease Na 8 10 mEq/24h to normal (145)

Consider transition to PO and assess the need to continue DDAVP daily