ACTIVE LEARNING TEMPLATE: *System Disorder*

STUDENT NAME lizzy masci

DISORDER/DISEASE PROCESS syndrome of inappropriate antidiuresis SIAD

REVIEW MODULE CHAPTER

### Alterations in Health (Diagnosis)

release of antidiuretic hormone from posterior pituitary gland resulting in water retention, hyponatremia and hypoosmolality

### Pathophysiology Related to Client Problem

ADH regulates conservation of water by increaseing or deascreaing kindey function. home is produced by hypothalamus and release by posterir pituitary gland.excess ADH secretion increases kidney filtration which increases volume of free water in blood and brain

### Health Promotion and Disease Prevention

maintainin awareness of risk, treating as soon as they present, chemistry testing in pt with s/sx

## ASSESSMENT

### Risk Factors

use of meds that increase rlease of ADH, stroke, head trauma, cardiopulmonary arrest, pneumonia, positive pressure ventilation, low body weight

### Expected Findings

headache, n/v confusion, seizures, loss of conviousness, fatigue, dominished DTR, weight gain, loss of appetite

### Laboratory Tests

CMP, plasma osmolaity, urinalysis, serium corisol, thyroid level

### Diagnostic Procedures

brain CT, MRI

## SAFETY CONSIDERATIONS

most common cause of hyponatremia in practive

## PATIENT-CENTERED CARE

### Nursing Care

i&O's

### Medications

diuretics,

### Client Education

fluid restriction
watch sodium levels

### Therapeutic Procedures

IV infustions

### Interprofessional Care

fluid restriction
watch sodium levels

### Complications

Loss of consciousness, seizures, coma, death, falls