ACTIVE LEARNING TEMPLATE: # System Disorder

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DISORDER/DISEASE PROCESS Syndrome of Inappropriate Antidiuretic Hormone REVIEW MODULE CHAPTER

Alterations in Health (Diagnosis)

increased intracranial pressure, CHF, hypotension, hypoglycemia, pulmonary disease, inflammation

Pathophysiology Related to Client Problem

excess ADH secretion increases kidney filtration, which increases the volume of free water in blood and brain causing hyponatremia and hypo-osmolality

Health Promotion and Disease Prevention

treat possible underlying causes

ASSESSMENT

Risk Factors

stroke, head trauma, cardiopulmonary arrest, pneumonia, positive pressure ventilation, meningitis, low body weight

Expected Findings

headache, N/V, confusion, fatigue, diminished deep tendon reflexes, weight gain, loss of appetite

Laboratory Tests

CMP, plasma osmolality, UA, serum cortisol, thyroid level

Diagnostic Procedures

based on hx, physical assessment, and is established after other causes of hyponatremia, such as kidney disease and hypothyroidism, are ruled out. Hyponatremia must be associated w/ hypo-osmolality. brain CT & MRI

SAFETY CONSIDERATIONS

PATIENT-CENTERED CARE

Nursing Care

restrict water intake to 500-1000ml in 24h. IVF pt will have I&Os and sodium level monitored q2h

Medications

IVF (hypertonic or isotonic saline), diuretic, aquaretic

Client Education

med adherence, fluid restriction, importance of long term management

Therapeutic Procedures

med adherence

Interprofessional Care

diagnose underlying cause

Complications

loss of consciousness, seizures, coma, death, falls