

ACTIVE LEARNING TEMPLATE: *System Disorder*

STUDENT NAME Kevin Juarez

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

Alterations in Health:
excessive ADH causes the body to retain water. Leads to hyponatremia and low osmolality

Pathophysiology Related to Client Problem: excessive secretion of ADH leads to increased water reabsorption by kidneys. Leads to water retention, hyponatremia, and hypo osmolality. Disrupts fluid/electrolyte balance.

Health Promotion and Disease Prevention: Lung disorders, brain injuries, and tumors must be regularly assessed.

ASSESSMENT

Risk Factors: Small cell lung CA, brain injuries, infections, medications like antidepressants/chemo, advanced age, surgery, and chronic illnesses that affect the lungs/CNS

Expected Findings: hyponatremia, N/V, headache, confusion, irritability, generalized weakness, low sodium levels, edema.

Laboratory Tests: serum Na⁺ and osmolality, urine Na⁺ and osmolality, BUN/Cr level, thyroid and adrenal function tests.

Diagnostic Procedures: CT, MRI, urine sodium/osmolality, serum sodium and osmolality.

SAFETY

CONSIDERATIONS: Closely monitor water retention and hyponatremia. Assess for symptoms of seizure/confusion.

PATIENT-CENTERED CARE

Nursing Care: restore fluid and electrolyte balance. Strict I&O, restrict fluid intake, administer diuretics.

Medications: vasopressin receptor antagonists, diuretics. Oral salt tablets.

Client Education: Adhere to fluid restrictions. Learn to monitor weight and maintain a record of fluid intake and output.

Therapeutic Procedures: Induce fluid restriction, hypertonic saline, vasopressin receptor antagonist. Address underlying causes.

Interprofessional Care: endocrinologists, nephrologist, dietitians, nurses for care and education.

Complications: severe hyponatremia. Electrolyte imbalance. Fluid imbalance. Neurological damage. Cardiovascular issues. Confusion, seizures, coma.

