

# SYNDROME OF INAPPROPRIATE ANTIDIURETIC HORMONE

## PATHOPHYSIOLOGY

Excess secretion of antidiuretic hormone (ADH) from the pituitary gland, can be from a tumor, infection or medication. The excess secretion of ADH causes the body to retain water, leading to hyponatremia and water intoxication.

## ASSESSMENT FINDINGS

Assess for hypertension, pulmonary edema (crackles), jugular vein distention (JVD), altered LOC, seizures, increased urine specific gravity, decreased BUN, HCT and Na<sup>+</sup>

## DIAGNOSTICS

- Urine checked for specific gravity with a high specific gravity
- Electrolytes specifically Na<sup>+</sup> with concerns for hyponatremia
- BUN and hematocrit.

## NURSING PRIORITIES

- Promote appropriate fluid balance
- Prevent urinary retention
- Optimize cardiovascular function

## THERAPEUTIC MANAGEMENT

- Monitor for cardiac arrhythmias
- Perform frequent neuro exams
- Monitor I&Os closely (restrict fluid intake)
- Monitor weight and administer hypertonic solutions
- Diuretics and replace electrolytes.

## MEDICATION THERAPY

- Hypertonic solutions like D5LR or hypertonic saline (1.5%, 3%)
- Diuretics such as furosemide
- Electrolytes as indicated.