

PROTOCOL FOR: Syndrome of Inappropriate Antidiuretic Hormone (SIADH): Care of the Patient

SUPPORTIVE DATA: SIADH is a disorder in which excessive amount of ADH is secreted and results in an increased blood sodium and increased water retention - water intoxication (i.e., decreased serum osmolarity, hyponatremia).

Oncologic emergencies display symptoms that progress along a continuum and the goal is to identify and intervene early before a true emergent situation develops.

DESIRED PATIENT OUTCOMES: Patients are assessed for signs and symptoms of oncologic emergencies.

Interventions are implemented promptly before a true emergent situation develops.

CLINICAL ASSESSMENT AND CARE:

Assess Risk Factors: Patients at risk are those with:

- a. Diagnosis of small cell lung cancer.
- b. Diagnosis of pancreatic, duodenum, prostate, brain cancers or Hodgkin's disease.
- c. CNS disorders (trauma, infection, lesions)
- d. Pulmonary infections (pneumonia, TB, abscess, aspergillosis, asthma)
- e. Treatment with cyclophosphamide, vincristine, cisplatin, vinblastine, thiazide diuretics, morphine, tricyclic antidepressants, Diabinese
- f. Stress surgery, trauma, fever
- g. Severe pain

Assess for signs and symptoms of SIADH, including:

- a. Constitutional - weakness, fatigue
- b. Neurological - confusion, lethargy, headache
- c. GI - N/V, diarrhea, anorexia, cramps
- d. Renal - oliguria, weight gain
- e. Muscular - cramping
- f. Late signs - seizures, coma
- g. Laboratory data: assess for

LAB	SIADH
Serum osmolarity	Decreased
Urine osmolarity	Increased
Serum sodium	Decreased
Urine sodium	Increased
BUN/Creatinine	Normal

Notify physician for:

- a. Change in LOC
- b. Weakness/lethargy
- c. Increased weight
- d. Seizures

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MANAGEMENT includes:

- a. Treat underlying condition (chemotherapy, surgery, radiation, treat infections)
- b. Correct electrolytes
 - Fluid restrictions for mild SIADH (usually < 1000 mL/day)
 - Saline solutions for severe SIADH
 - Lasix: hypotonic diuretics
 - Monitor potassium - replace PRN
 - Pharmacologic agents
 - a. Demeclocycline (inhibits ADH action)
 - b. Lithium Carbonate (causes polyuria by interfering with ADH)
- c. Monitor fluid status, strict intake and output monitoring, (CHF or fluid overload)
- d. Daily weights (goal is to see decrease in weight)
- e. Monitor labs - especially if diuresing patient

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/01

REVISION DATES: 3/02