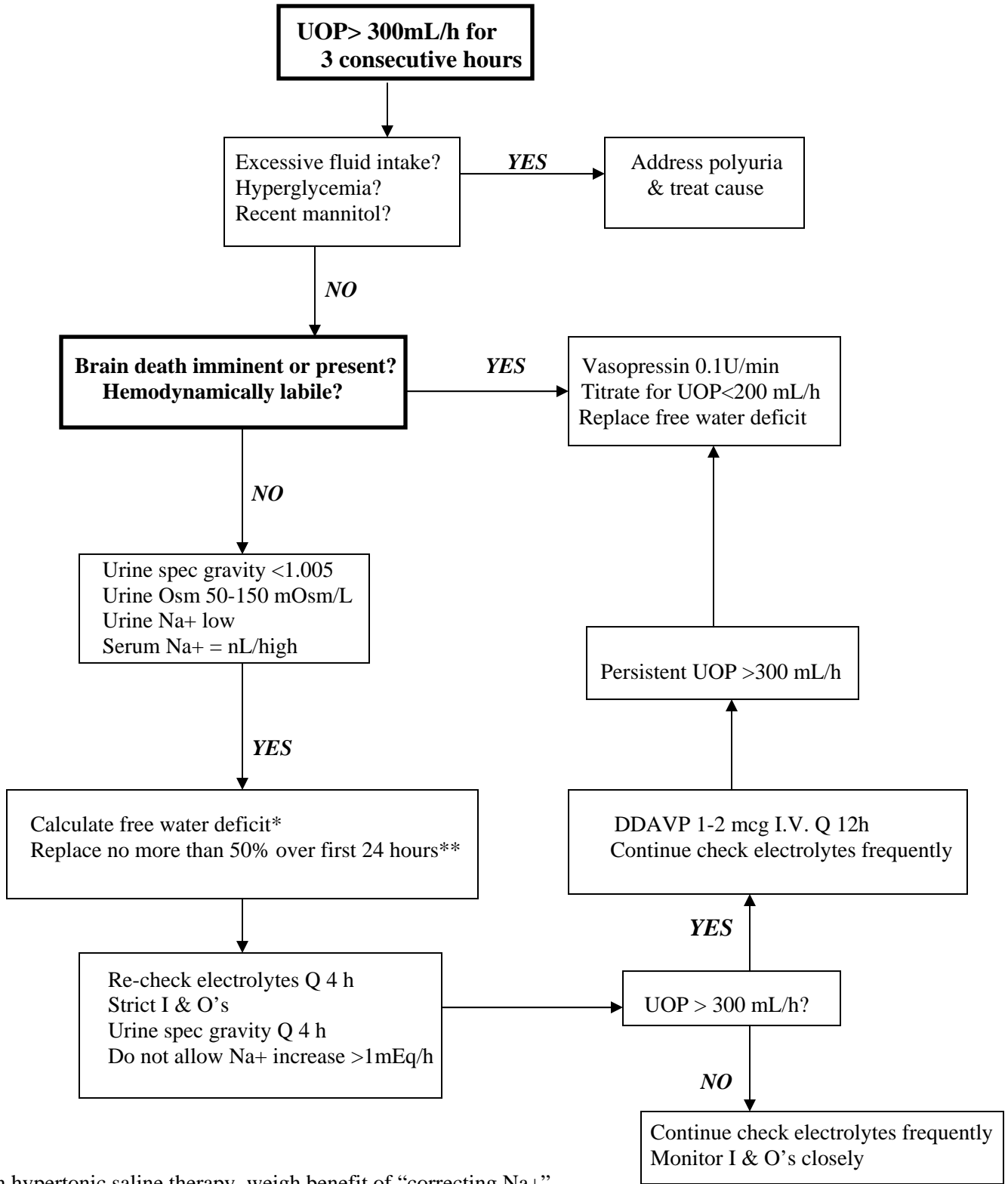


DIABETES INSIPIDUS (DI) FOLLOWING TRAUMATIC BRAIN INJURY



*If on hypertonic saline therapy, weigh benefit of “correcting Na+”

**Replace volume losses with ½ NS or D5W

REFERENCES:

- (1) Agha A. Sherlock M. Phillips J. Tormey W. Thompson CJ. The natural history of post-traumatic neurohypophysial dysfunction. *Eur J Endocrinol.* 152(3):371-7, 2005 Mar.
- (2) Saner FH. Kavuk I. Lang H. Radtke A. Paul A. Broelsch CE. Organ protective management of the brain-dead donor. *Eur J Med Res.* 9(10):485-90, 2004 Oct .
- (3) Smith M. Physiologic changes during brain stem death--lessons for management of the organ donor. *J Heart & Lung Transpl.* 23(9 Suppl):S217-22, 2004 Sep
- (4) Zimmerman D. Use of arginine vasopressin in the absence of diabetes insipidus. *Progress Transpl.* 10(3):142-4, 2000 Sep.
- (5) Katz K. Lawler J. Wax J. O'Connor R. Nadkarni V. Vasopressin pressor effects in critically ill children during evaluation for brain death and organ recovery. *Resuscitation.* 47(1):33-40, 2000 Sep.
- (6) Gramm HJ. Meinhold H. Bickel U. Zimmermann J. von Hammerstein B. Keller F. Dennhardt R. Voigt K. Acute endocrine failure after brain death? *Transplantation.* 54(5):851-7, 1992 Nov.
- (7) Debelak L. Pollak R. Reckard C. Arginine vasopressin versus desmopressin for the treatment of diabetes insipidus in the brain dead organ donor. *Transplant Proc.* 22(2):351-2, 1990 Apr.
- (8) Levitt MA. Fleischer AS. Meislin HW. Acute post-traumatic diabetes insipidus: treatment with continuous intravenous vasopressin. *J Trauma.* 24(6):532-5, 1984.