with them for temporary relief of symptoms. School personnel need to be aware of a child's diagnosis so that they can grant children unrestricted use of the lavatory.

Syndrome of Inappropriate Antidiuretic Hormone Secretion

The disorder that results from hypersecretion of ADH from the posterior pituitary hormone is known as syndrome of inappropriate antidiuretic hormone secretion (SIADH). It is observed with increased frequency in a variety of conditions, especially those involving infections, tumors, or other CNS disease or trauma, and it is the most common cause of hyponatremia in the pediatric population (Lin, Liu, and Lim, 2005; Rivkees, 2008).

The manifestations are directly related to fluid retention and hypotonicity. Excess ADH causes most of the filtered water to be reabsorbed from the kidneys back into central circulation. Serum osmolality is low, and urine osmolality is inappropriately elevated. When serum sodium levels are diminished to 120 mEq/L, affected children may display anorexia, nausea (and sometimes vomiting), stomach cramps, irritability, and personality changes. With progressive reduction in sodium, other neurologic signs including, stupor, and seizure may occur. The symptoms usually disappear when the underlying disorder is corrected.

Fluid restriction is the first management of SIADH. Subsequent management depends on the cause and severity. Fluids continue to be restricted to one-fourth to one-half maintenance. When there are no fluid abnormalities but SIADH can be anticipated, fluids are often restricted expectantly at two-thirds to three-fourths maintenance.

Nursing Care Management

The first goal of nursing management is recognizing the presence of SIADH from symptoms described in patients at risk.

Nursing Alert

Nausea, vomiting, and malaise may precede the onset of more severe stages, such as disorientation, confusion, coma, and seizures