injection or using a nasal spray of aqueous lysine vasopressin (Makaryus and McFarlane, 2006). The injectable form has the advantage of lasting 48 to 72 hours; however, it has the disadvantage of requiring frequent injections and proper preparation of the drug.

Nursing Tip

To be effective, injectable vasopressin must be thoroughly resuspended before administration. If this is not done, the oil may be injected minus the antidiuretic hormone (ADH). Small brown particles, which indicate drug dispersion, must be seen in the suspension.

Nursing Care Management

An early sign of DI may be sudden enuresis in a child who is toilet trained. Excessive thirst with concurrent bedwetting indicates further investigation. Another clue is persistent irritability and crying in an infant that is relieved only by bottle feedings of water. After head trauma or certain neurosurgical procedures, the development of DI can be anticipated; therefore, these patients must be closely monitored.

Nursing assessment includes frequent measurements of a patient's weight, serum electrolytes, blood urea nitrogen (BUN), hematocrit, and urine specific gravity. Fluid intake and output should be frequently measured and recorded. Alert patients are able to adjust fluid intake but unconscious or very young patients require closer fluid observation. In children who are not toilet trained, collection of urine specimens may require application of a urine-collecting device.

After confirmation of DI, parents need comprehensive teaching. Specific clarification that DI is a different condition from DM should be reinforced. Parents and children must realize that treatment is lifelong. Caregivers should be taught the correct procedure for preparation and administration of vasopressin. When children are old enough, they should be encouraged to assume full responsibility for their care.

For emergency purposes, children with DI should wear medical alert identification. Older children should carry the nasal spray