

ENDOCRINOLOGY & DIABETES UNIT

Endocrine Clinic

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<http://endodiab.bcchildrens.ca>



DATE: _____

TEACHING CHECKLIST: DIABETES INSPIDUS

Assessment: Include diagnostic information, familiarity with medications and injections, caregivers, participation in high-risk activities, and proximity to health care.

Learners (include relationship to patient): _____

1. _____ Understands condition and purpose of DDAVP replacement.
2. _____ Knows normal daily dose, schedule, and method of administration.
3. _____ Able to recognize breakthrough.
4. _____ Understands situations where fluid balance might be affected e.g. vomiting, diarrhea, IV fluids, fasting.
5. _____ Knows purpose, inscriptions and source of medical alert ID.
6. _____ Nursing Support Services referral completed.
7. _____ Receives appropriate handouts:
 - A. _____ *Central Diabetes Insipidus* booklet, other condition-specific booklets, websites, support groups
 - B. _____ *Diabetes Insipidus Letter*
 - C. _____ *Community Health Services Referral Form for Children with an Endocrine Condition*
 - D. _____ MedicAlert application
 - E. _____ *Fluid Balance Record*

Follow-up Plan: _____

Date: _____

RN Signature: _____