**Key Points for ‘Sick Day Rules’ Education for Patients with Diabetes Insipidus**

1. For all patients with diabetes insipidus, medical staff should ensure there is a clinical alert on Trak, specifying either:

**This patient has cranial diabetes insipidus and is at risk of SEVERE DEHYDRATION if DDAVP is withheld. Please ensure DDAVP is administered on time and DO NOT OMIT. Careful fluid balance is required, especially for patients with poor oral intake and/or confusion/reduced consciousness. Contact endocrinology for advice if required.**

**This patient has nephrogenic diabetes insipidus and is at risk of SEVERE DEHYDRATION. Careful fluid balance is required, especially for patients with poor oral intake and/or confusion/reduced consciousness. Contact endocrinology for advice if required.**

1. For patients with cranial diabetes insipidus, the GP will be asked by the Health Board to create a KIS, using the following information:

**There is a risk of severe harm or death when DDAVP / Desmopressin is omitted or delayed in patients with cranial diabetes insipidus. Please ensure that this medication is continued at all times, especially when the patient appears unwell.**

**Contact the on-call endocrinology registrar/consultant at the RIE/WGH for advice if required.**

Going forward, it will be important for medical staff to check that a KIS has indeed been completed and if not a reminder should be sent with a copy of the wording. ‘New patients’ will need a request from secondary care to have the KIS created, with a copy of the wording above.

This KIS can be accessed by ambulance crews, NHS 24 and GP out-of-hours, *but is not accessible by Scottish Ambulance Service call handlers*. Therefore, the above information also needs to be sent by email using the *appropriate form* to: [scotamb.dataadmin@nhs.net](mailto:scotamb.dataadmin@nhs.net). This will create a clinical alert that can be seen by call handlers and dispatchers. The appropriate SAS form should be attached to the email and this should be pasted into Trak, so that it is clear to clinical staff in the future that this has been done.

1. The ECED document on ‘sick day rules’ should be given to all patients with diabetes insipidus. Patients should also be advised to wear a ‘MedicAlert’ tag or bracelet.
2. Patients should be given a contact number for the on-call registrar for advice if they are unsure about DDAVP dosing during intercurrent illness. Out-of-hours, they should contact NHS 24.
3. At every clinic appointment, the opportunity should be taken to remind the patient of the sick day rules, ensure they have a copy of the ECED guidelines and ensure that the patient has discussed the contents of the document with family members.

Professor Mark Strachan

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