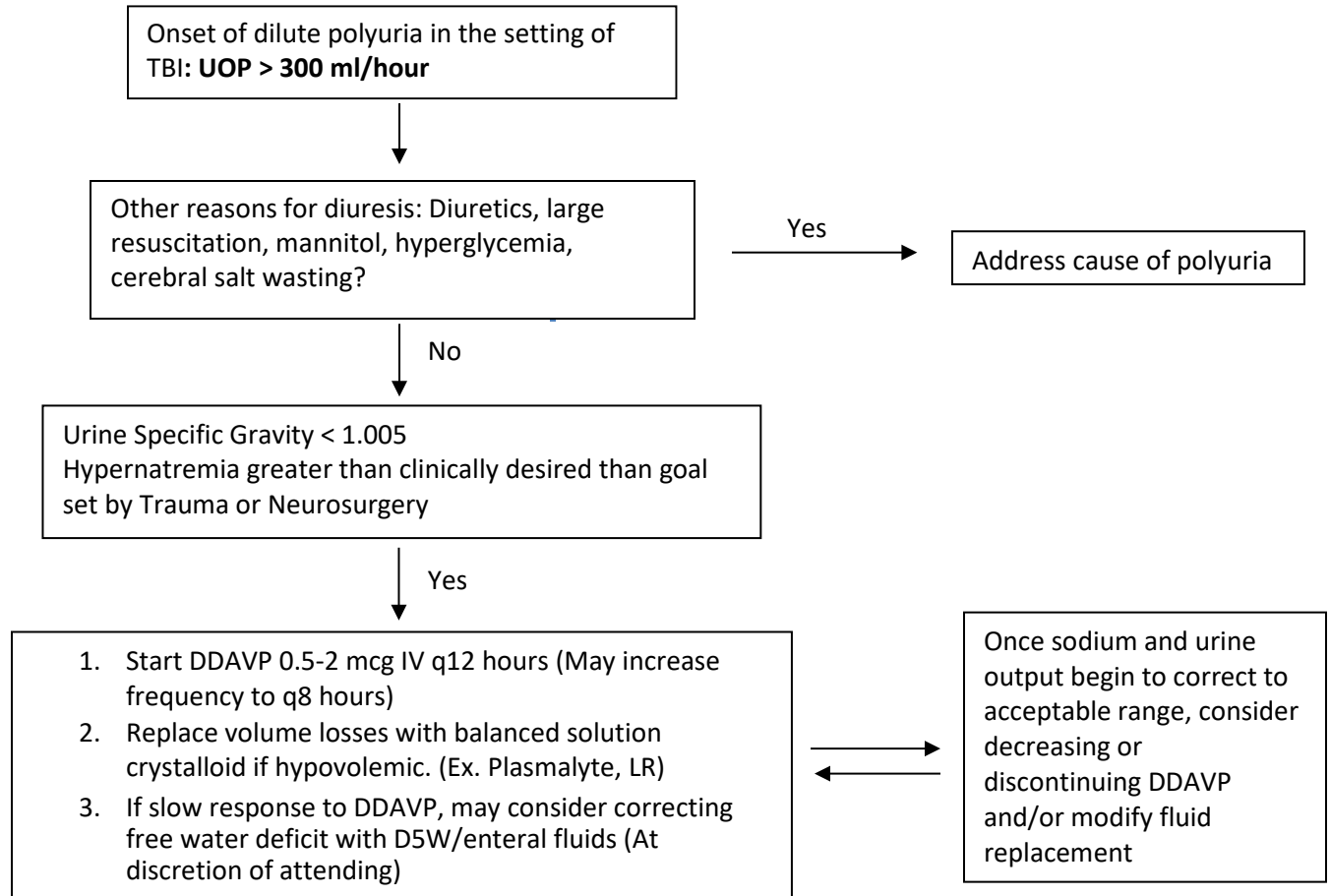


Diabetes Insipidus (DI) in TBI



During therapy: Check electrolytes at least q4 hours in the acute phase, follow urine specific gravity, strict I&Os, and be aware that sodium should **NOT** rise or fall > 1mEq/h

- 1 Anders BT. Intensive care in neurosurgery. New York: American Association of Neurological Surgeons; 2003. p. 66-9.
- 2 Oiso Y, Robertson GL, Norgaard JP, Juul KV. Treatment of neurohypophyseal diabetes insipidus. J Clin Endocrinol Metab. 2013;98:3958-67.
- 3 Qureshi S, Galiveeti S, Bichet DG, Roth J. Diabetes insipidus: celebrating a century of vasopressin therapy. Endocrinology. 2014;155:4605-21.
- 4 Shucart WA, Jackson I. Management of diabetes insipidus in neurosurgical patients. J Neurosurg. 1976;44:65-71.
- 5 Marino PL. The ICU book. 4th ed. New York: Wolters Kluwer/Lippincott Williams & Wilkins; 2014. p. 661-3.
- 6 Gempeler A, Orrego-González E, Hernandez-Casanas A, Castro AM, Aristizabal-Mayor JD, Mejia-Mantilla JH. Incidence and effect of diabetes insipidus in the acute care of patients with severe traumatic brain injury. Neurocritical Care. 2020 Dec;33(3):718-24.
- 7 Agha A, Thornton E, O'Kelly P, Tormey W, Phillips J, Thompson CJ. Posterior pituitary dysfunction after traumatic brain injury. The Journal of Clinical Endocrinology & Metabolism. 2004 Dec 1;89(12):5987-92.

Updated/Revisions:

5/2020, 6/2022, 5/2024, 5/2026

Authors:

Michael Derickson, MD

Laurie B Ford, ACNP-BC

Chelsea Tasaka, PharmD

Jennifer Beavers, PharmD