Pituitary Patient: Important Medical Notes



To be placed on bed notes for in-hospital stay or attending A&E

Patient Name:		Date of Birth:	
Address:		Hospital No:	
Hospital Consultant:		Tel:	
		Bleep:	
GP:		Tel:	
Pituitary Condition:			
Fituitary Condition.			
Patients Medication :	Dose:	Patients Medication:	Dose:
HYDROCORTISONE: In emergency admission or for surgical procedure, please			
ensure			
AVP-D (Cranial diabetes insipidus): This patient needs ready access to fluids;			
AVP-D (cranial diabetes insipidus) is not related to diabetes mellitus. To assess			
appropriate fluid balance, ensure patient has:Clinical assessment			
Review of fluid balance charts			
Review of blood chemistry			
Patient's Endocrine Consultant Notes: for Patient's Endocrinologist to complete			
<i>g</i>			
For Patient's Endocrinologist to complete:			
Signed: Titl		itle and name	
Date: Name of Hospital:			