

# Diabetes Insipidus Care Guide For School

For a pupil dependent on **desmopressin**

<b>Name of child:</b>		Date of birth	/ /
Address:			
<b>Contact:</b>			
Child's Mother:		Mobile:	
Child's Father:		Mobile:	
Grandparent/other close relative:		Contact number:	
Child's GP:		Contact number:	
Child's Specialist:		Contact number:	
<b>Child's primary diagnosis/condition is called:</b>			
<b>DI Medication name:</b>			
Medication:		Dose/time	/
Medication:		Dose/time	/
Medication:		Dose/time	/
<b>Any other medication taken:</b>			
<b>Name of medication:</b>			
Medication:		Dose/time	/
Medication:		Dose/time	/
Medication:		Dose/time	/

## IMPORTANT MEDICAL INFORMATION

A child who has diabetes insipidus (DI) will require access to the toilet and water to drink. They are desmopressin dependent.

### Diabetes insipidus is NOT related to diabetes mellitus.

If sudden illness, the treating paramedic and hospital doctor must be told of his/her diabetes insipidus.

If ..... has not passed urine for a period of time or has not taken fluids as normal (this may be due to start of an illness) their desmopressin medication should be withheld until she/he has passed urine.

**PLEASE READ THE IMPORTANT POINTS ON THE REVERSE OF THIS FORM**

## Important points

### PERSONAL PLAN IN EMERGENCY

Most of the time \*..... will be healthy and join in all normal school activities. However, under conditions of physical stress such as illnesses or accidents he/she may have a problem. The symptoms particular to my child if she/he needs desmopressin and fluids are:

.....

.....

.....

.....

**PLEASE NOTE: If the symptoms are more severe, especially with marked drowsiness, an ambulance should be called.**

### IMPORTANT POINTS

For all school staff involved in the care of ..... (Child's name\*)

1. If you are \*..... class or year teacher, please ensure that other teachers, helpers, dinner attendants, etc. know and understand the important points about my child's condition
2. Please do not keep \*..... late at school without informing us, his/her parents and ensuring that fluids are accessible.
3. Their desmopressin should be available to \*..... at all times. They must be easily accessible in the classroom and must be taken to sports sessions, swimming and outings.
4. When \*..... participates in any school outing, please ensure that all relevant medication) is taken along and that at least two accompanying adults are fully informed of his/her condition.
5. If \*..... behaves abnormally, is seriously unwell or if frequent vomiting occurs, or if there is any doubt as to the condition or medical needs of my child (and medical help is not at hand) do not hesitate to call an ambulance, or take him/her to the nearest Accident & Emergency department.

For more information about pituitary conditions please visit our website: **www.pituitary.org.uk** or telephone our Helpline: **0117 370 1320**

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