

# AVP-D (Cranial Diabetes Insipidus)

Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Consultant is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am a patient with AVP-Deficiency (cranial diabetes insipidus (DI)). I have explained to you that my condition is not linked in any way to diabetes mellitus. You have been made aware that I do not need insulin and that a refusal for me to take my own desmopressin medication could be life-threatening.**

**Please also note this** [Patient Safety Alert](https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2016/02/psa-desmopressin-080216.pdf) **ref: NHS/PSA/W/2016/001**

Please sign below confirming that you have refused to allow me to take my own supply of desmopressin

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(To be signed by the refusing health professional - Ambulance, A&E or Ward Staff)*

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVP-Deficiency (AVP-D), also known as Cranial Diabetes Insipidus (DI) is a disorder whereby my kidneys are unable to keep hold of water, because of my inability to produce the life-preserving hormone AVP (vasopressin) from my pituitary gland. This means I produce large amounts of pale urine, which looks just like water, if I am not treated correctly. This gives me a very distressing thirst and is dangerous as I get dehydrated quickly.

My condition requires DDAVP (desmopressin) medication to be given in the right way. Without DDAVP I may become unwell and in extreme situations this can be life threatening. Many medical professionals are not aware of this condition, confusing it with sugar diabetes mellitus.

I require frequent and regular assessment of DDAVP and water requirements, as well as close monitoring of fluid balance to stop me getting dehydrated (hypernatraemia) or over-diluted hyponatraemia with water. The condition is completely different to diabetes mellitus (sugar diabetes) and needs specialist input by an endocrinologist to look after my water balance.