



**Endocrinology Testing:
Water Deprivation Test for
Medical Investigation Facility (MIF)
(Inpatient and Outpatient)**
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DATE ____/____/____ TIME _____
DD MM YYYY

WEIGHT: _____ kg HEIGHT: _____ cm

ALLERGY CAUTION sheet reviewed

▶ Refer to the Medical Investigation Facility (MIF) Protocol and Procedures for Endocrine testing guidelines and documentation

Patient Care

- Insert PIV per Initiating Peripheral Intravenous protocol (CV.02.01) for blood sampling. Use minimal flushes.
- Draw baseline bloodwork with IV start
- May saline lock
- Weight on admission and end of test
- Point of care urine specific gravity with refractometer with each void

Vital Signs

- HR, RR, BP on admission then q2h and at end of test

Medications

Obtain from Pharmacy; give on physician's order at the end of test:

▶ For patients less than 6 months of age:

- desmopressin (DDAVP ®) 1.25 mcg intranasal once
- desmopressin (DDAVP ®) 0.12 mcg subcutaneous once
- desmopressin (DDAVP ®) 12.5 mcg PO once

▶ For patients 6 months to 2 years of age:

- desmopressin (DDAVP ®) 2.5 mcg intranasal once
- desmopressin (DDAVP ®) 0.24 mcg subcutaneous once
- desmopressin (DDAVP ®) 25 mcg PO once

▶ For patients 2 years to 12 years of age:

- desmopressin (DDAVP ®) 5 mcg intranasal once
- desmopressin (DDAVP ®) 0.48 mcg subcutaneous once
- desmopressin (DDAVP ®) 50 mcg PO once

▶ For patients greater than 12 years of age:

- desmopressin (DDAVP ®) 10 mcg intranasal once
- desmopressin (DDAVP ®) 1 mcg subcutaneous once
- desmopressin (DDAVP ®) 100 mcg PO once

Nutrition

- NPO including water from _____ h
- Patient may not drink until the end of the test
- Encourage patient to drink water and eat prior to discharge

Laboratory

Baseline Blood:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Sodium | <input type="checkbox"/> Antidiuretic Hormone |
| <input checked="" type="checkbox"/> Potassium | <input type="checkbox"/> Free T4 |
| <input checked="" type="checkbox"/> Chloride | <input type="checkbox"/> TSH |
| <input checked="" type="checkbox"/> Bicarbonate | <input type="checkbox"/> IGF-1 |
| <input checked="" type="checkbox"/> Anion gap | <input type="checkbox"/> Prolactin |
| <input checked="" type="checkbox"/> Osmolality | <input type="checkbox"/> Cortisol |
| <input checked="" type="checkbox"/> Urea | |
| <input checked="" type="checkbox"/> Creatinine | |
| <input checked="" type="checkbox"/> Glucose | |
| <input type="checkbox"/> Other baseline bloodwork: _____ | |

Signature: _____ Print Name: _____

College ID: _____ Pager: _____



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Laboratory Continued

Baseline Urine:

- Specific gravity
- Osmolality
- Other Baseline Urine: _____

Obtain q2h:

- Sodium, plasma
- Osmolality, plasma

With each void:

- Specific gravity, urine
- Osmolality, urine

End-of-Test Labs:

- Sodium, plasma
- Potassium, plasma
- Chloride, plasma
- Bicarbonate, plasma
- Anion gap, plasma
- Osmolality, plasma
- Urea, plasma
- Creatinine, plasma
- Glucose, plasma
- Antidiuretic Hormone, plasma
- Other End-of-Test Labs: _____

▶ If desmopressin given at the end of test:

Collect urine q20 to 30 min and notify physician of each result

- Specific gravity, urine
- Osmolality, urine

Communication

▶ Notify Endocrinologist if ANY of the following occur to determine whether test may be terminated or if other procedures are to be carried out:

- Plasma sodium greater than or equal to 145 mmol/L
- Plasma osmolality greater than or equal to 295 mmol/L
- Urine specific gravity greater than or equal to 1.020
- Urine osmolality greater than or equal to 300 mOsm/kg
- Weight loss greater than or equal to 5% or patient is hypotensive or symptomatic
- Plasma sodium less than or equal to 140 mmol/L at 13:00 h and not rising significantly

Signature: _____ Print Name: _____

College ID: _____ Pager: _____