

Let's Talk About...

SIADH

SIADH (Syndrome of Inappropriate Antidiuretic Hormone) is a condition where the body keeps too much water, causing a low blood sodium (salt) level. SIADH is caused by too much ADH (antidiuretic hormone). ADH is made by a part of the brain. Normally, ADH prevents the kidneys from releasing too much water. If there is too much ADH, the body holds on to water. Too much water can dilute the blood and cause a low blood sodium level. Very ill children can make too much ADH. This condition may last for hours or days, but usually goes away on its own. SIADH can be caused by many things including head trauma, surgery, meningitis, pneumonia, certain medications, or anything that causes a shock to the body.

What are the symptoms of SIADH?

SIADH causes a person to have thirst, headache, tiredness, upset stomach, a low amount of urine, irritability, seizures, muscle weakness, cramping, and changes in level of consciousness. SIADH may be hard to notice in babies or young children because they cannot talk or express themselves well.

What happens in the hospital?

Your child's nurse will watch for irritability, lowered activity, changes in the amount of urine your child produces, and changes in your child's eating patterns. The healthcare team will check laboratory test results that show how well your child's kidneys are controlling salt and water balance in the body. Your child's care team will watch the amount of sodium and potassium (type of salts) in your child's blood and urine. SIADH may cause blood sodium levels to decrease. Your child may need to have

frequent blood tests to check for sodium in the blood. The healthcare team will keep your child's sodium (salt) and water balance as close to normal as possible until the condition goes away. They will do as few blood tests as possible, while providing your child the care she needs.

How is SIADH treated?

The main treatment for SIADH is to limit the amount of liquid your child drinks or gets by IV. If sodium levels are dangerously low, your child may need special fluids through a vein or certain medications to correct the levels. Your child's nurse will record the amount your child takes in and the amount of urine (pee) your child makes. The medical staff will figure the exact amount of liquid your child can have each day to keep her safe. Your child will be in the hospital until the SIADH goes away and the initial condition that caused the SIADH is controlled. She may be in the hospital a few days longer than planned, but there should be no long-term effects from SIADH.



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