DIABETES INSIPIDUS ALERT – TO BE COMPLETED BY ENDOCRINE CONSULTANT/NURSE

SEND TO

[sas.dataadmin@nhs.scot](mailto:scotamb.dataadmin@nhs.net)

THIS PATIENT HAS DIABETES INSIPIDUS

AT RISK OF SEVERE DEHYDRATION IF UNABLE TO ACCESS FLUIDS.

IF PATIENT IS PRESCRIBED DDAVP NOSE SPRAY/TABLETS, DO NOT OMIT WITHOUT MEDICAL ADVICE.

ENDOCRINE CONSULTANT:

HOSPITAL:

DATE:

Please register “red flag” my patient on the Scottish Ambulance Service database as HAVING DIABETES INSIPIDUS so that in the event of an emergency the crew are aware of the patient’s condition

NAME:

DOB:

ADDRESS: