

Investigation of Polyuria/Suspected Diabetes Insipidus (DI)

- Confirm polyuria ($\geq 3L$ per day in adults, $\geq 2L$ per day in children)
- History to include fluid intake and drug history^{\$}
 - Consider drugs that may cause a dry mouth and consequent increased fluid intake
- Exclude Chronic Kidney Disease, Diabetes Mellitus and diuretic use
- Request U+E + calcium + TFT as hypokalaemia, hypercalcaemia and hyperthyroidism can cause polyuria and polydipsia
- Consider primary polydipsia if polyuria secondary to polydipsia

Interpretation of urine osmolality* in relation to polydipsia

- If urine osmolality is >700 mOsmo/kg then DI is unlikely
- If urine osmolality is <700 mOsmo/kg then DI cannot be excluded.
Contact endocrinologist to ascertain if water deprivation test is indicated.

*Consider asking patient to have nothing to eat or drink from 10pm and then collect early morning urine for osmolality

^{\$} Drugs that may be implicated include:

Diuretics	Certain anti-psychotics
Glucocorticoids	Lithium
Anti-histamines	Alcohol
Caffeine	