

Type I Diabetes

Patho: autoimmune response, genetic, no insulin production

S/S: Younger than 35, slimmer, dry skin, fatigue, decreased wound healing

Type II Diabetes

Patho: onset is accelerated by obesity and sedentary lifestyle. Insulin resistance, impaired insulin secretion

Risk Factors: Systolic BP >130, Fasting BG >100, Overweight (waist size 35+ Female, 45+ Male), High Cholesterol.

Treatment: Diet & Exercise, Oral medication, Insulin

Gestational Diabetes

Placental hormones cause insulin resistance.

All women are screened 24-28 weeks gestation.

More likely to develop Type II within 10 years.

Treatment: Diet & Exercise, blood sugar monitoring, insulin

Cholesterol Panel Normals

Total Cholesterol	< 200
Triglycerides	< 150
LDL	< 100
HDL	40+

Hypoglycemia

Patho: BG < 70 mg/dL

Causes: too much insulin or oral hypoglycemic agents, too little food, excessive physical activity

Mild S/S: sweating, tremor, tachycardia, palpitation, nervousness, and hunger

Moderate S/S: inability to concentrate, headache, lightheadedness, confusion, memory lapses, numbness of the lips and tongue, slurred speech, ALOC, drowsiness, double vision, emotional changes

Hypoglycemia (cont)

Severe S/S: disoriented behavior, seizures, difficulty arousing from sleep, loss of consciousness

Nursing Interventions: Immediately treat with 15-20g of simple carbohydrates (ex. juice), Adults w/ BG <54 or unconscious and can't swallow - inject glucagon IM or SQ, In a hospital setting for pts who are unconscious or can't swallow - admin 25-50mL of D50W

Pt Education: pattern of eating, medication or insulin admin, emergency simple carbohydrates on hand, high calorie/high fat foods slow the absorption of glucose

Hyperglycemia

Patho: BG > 100

Causes: sepsis (infection), stress (surgery), skip insulin, steroids ("sone")

Treatment: Give insulin, antibiotics if necessary, and NS

Complications

	DKA	HHNS
	More common in Type I	More common in Type II
Onset	Rapid (<24h)	Several days
Causes	Causes- Infection, Surgery, Stress, Stroke, MI, skipping insulin, untreated DM1, steroid use	Causes- Infection, Surgery, Stress, Stroke, MI, medications (ex. thiazides), treatments (ex. dialysis)
Blood Glucose Levels	> 250 mg/dL	> 600 mg/dL

Complications (cont)

S/S 3 P's, Hypotension, frequent urination, dehydration, tachycardia, ALOC, seizures

Kussmaul respirations, fruity breath, blurred vision, weakness, headache, n/v

pH <7.3 (metabolic acidosis) Normal

Urine Ketones Present Absent

BUN & Creatinine Elevated Elevated

Nursing Priorities Fluid replacement, correction of electrolyte imbalance, insulin administration Fluid replacement (Isotonic IV, no LR), correction of electrolyte imbalance, insulin administration

Monitor K+ for hypokalemia Monitor K+ for hypokalemia

Nursing Interventions Monitor VS, I&O, assess for dehydration hourly. Monitor for fluid overload. Monitor for cerebral edema. Monitor VS, I&O, assess for dehydration hourly. Monitor for fluid overload. Monitor for cerebral edema.



By **Nandrews**

cheatography.com/nandrews/

Published 7th February, 2023.

Last updated 7th February, 2023.

Page 1 of 1.

Sponsored by **ApolloPad.com**

Everyone has a novel in them. Finish

Yours!

<https://apollopad.com>