

### 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
<b>Onset</b>	Rapid (<24h)	Several days
<b>Causes</b>	Causes- Infection, Surgery, Stress, Stroke, MI, skipping insulin, untreated DM1, steroid use	Causes- Infection, Surgery, Stress, Stroke, MI, medications (ex. thiazides), treatments (ex. dialysis)
<b>Blood Glucose Levels</b>	> 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
<b>Nursing Interventions</b>	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.