

## DIABETES TYPE 1

## DIABETES TYPE 2

## Complications (Type 1 and Type 2)

## DIABETES MELLITUS

## NURSING CARE PLAN

## DIABETES INTERVENTIONS (Type 1)

## DIABETES INTERVENTIONS (Type 2)

**Causes:** Autoimmune destruction of the insulin-producing beta cells in the pancreas.

**Signs and Symptoms:**

- Excessive thirst (polydipsia)
- Frequent urination (polyuria)
- Excessive hunger (polyphagia)
- Unexplained weight loss
- Fatigue
- Blurred vision
- Slow healing of wounds
- Recurrent infections

**Diagnosis:**

- Fasting blood glucose > 126 mg/dL
- HbA1c > 6.5%
- Random blood glucose > 200 mg/dL
- Oral glucose tolerance test (OGTT) > 200 mg/dL

**Management:**

- Insulin therapy (basal-bolus or pump therapy)
- Regular blood glucose monitoring
- Healthy diet and regular exercise

**Causes:** Insulin resistance and relative insulin deficiency.

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**Complications (Short-term/Acute):**

- Hypoglycemia:** Low blood glucose levels leading to symptoms like sweating, shakiness, and confusion.
- Hyperglycemia:** High blood glucose levels leading to symptoms like increased thirst, frequent urination, and fatigue.
- Diabetic Ketoacidosis (DKA):** A life-threatening condition characterized by high blood glucose, ketones in the blood, and metabolic acidosis.
- Hypokalemia:** Low potassium levels, often a complication of DKA, leading to muscle weakness and heart problems.

**Complications (Long-term/Chronic):**

- Cardiovascular Disease:** Increased risk of heart disease, stroke, and peripheral artery disease.
- Neuropathy:** Nerve damage leading to numbness, tingling, and pain, particularly in the feet.
- Nephropathy:** Kidney damage leading to decreased kidney function and eventually kidney failure.
- Retinopathy:** Eye damage leading to vision impairment and blindness.
- Foot Ulcers:** Sores on the feet that can become infected and lead to amputation.

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- Regular blood glucose monitoring
- Healthy diet and regular exercise

**Assessment:** Monitor blood glucose levels, vital signs, and patient education.

**Interventions:**

- Monitor blood glucose levels regularly.
- Administer insulin as prescribed.
- Encourage a healthy diet and regular exercise.
- Monitor for signs of hypoglycemia and hyperglycemia.
- Provide patient education on diabetes management.

**Evaluation:** Blood glucose levels are within target range, patient is able to manage diabetes, and there are no signs of complications.

**Assessment:** Monitor blood glucose levels, vital signs, and patient education.

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# DIABETES MELLITUS

## Visual learner Notes



**Insulin**

Insulin is a hormone that allows glucose to enter the cells and be used for energy. It is produced by the beta cells in the pancreas.

**Types of Insulin:**

- Rapid-acting:** Onset of action within 15 minutes, peaks within 1-2 hours, and lasts for 3-5 hours.
- Short-acting:** Onset of action within 30 minutes, peaks within 2-4 hours, and lasts for 6-8 hours.
- Intermediate-acting:** Onset of action within 2-4 hours, peaks within 4-12 hours, and lasts for 12-18 hours.
- Long-acting:** Onset of action within 1-2 hours, peaks within 4-12 hours, and lasts for 24 hours or more.

**Management:**

- Regular blood glucose monitoring
- Healthy diet and regular exercise
- Insulin therapy (basal-bolus or pump therapy)

**Nursing Interventions**

- Monitor blood glucose levels regularly.
- Administer insulin as prescribed.
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**Assessment**

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# Study Guide For Diabetes

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A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the Speedy Publishing text.

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,2017-07-31 Exam prep for the Certified Diabetes Educator CDE exam

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