

Definition

- Disorder of glucose metabolism
- Insulin production and/or utilization is impaired.
- Hyperglycemia develops, which requires treatment to control.
- Chronic disease that affects multiple organ systems

Comparison

Pathophysiology

- Type 1: Pancreatic beta cells are no longer able to produce insulin.
- **Type 2:** Pancreas produces less insulin over time.
- **Both types:** Liver and muscles are unable to properly utilize glucose.

	Type 1 diabetes	Type 2 diabetes
Prevalence	5%–10% of clients	90%–95% of clients
Onset	Abrupt	Gradual
Population affected	Most commonly diagnosed in teenage years, typically diagnosed < age 40	Most commonly diagnosed in adulthood, but increasing diagnosis in childhood
Characteristics	Absent or minimal insulin productionIslet cells antibodies often present at diagnosis	Initial insulin production, insulin resistance develops over time, insulin production decreases
Causes	Virus or toxins, considered an autoimmune condition	Genetic and environmental factors such as physical inactivity, obesity
Symptoms	Polyuria, polydipsia, polyphagia, fatigue, unexpected weight loss	May have no symptoms, fatigue, recurrent infections, may have polyuria, polydipsia or polyphagia
Treatment	 Requires insulin administration Glucose monitoring	 May use oral antidiabetic medications May eventually require insulin Glucose monitoring Lifestyle changes
Complications	Eye disease, kidney disorders, stroke, MI, neurologic and vascular disease, nerve damage	

Diagnosis

The following lab tests can confirm the diagnosis of diabetes:

- HbA1c ≥ 6.5 %
- Fasting plasma glucose \geq 126 mg/dL
- Two-hour plasma glucose \geq 200 mg/dL
- Symptoms with a random plasma glucose ≥ 200 mg/dL

Target glucose levels for diabetics

Client education

- Teach clients how and when to monitor glucose levels at home.
- Provide education on the role of diet and exercise in diabetes management.
- Teach clients how to use prescribed medications and about potential side effects.
- Educate clients on when to call their provider and when to seek emergency care.

SIGNS OF DIABETIC EMERGENCY

• Feeling faint

Sudden loss

of responsiveness

≤ **180**

Hunger

Fasting

- Clammy skin
- Profuse sweating
- Drowsiness or confusion

80-130

Weak and rapid pulse

2 hour

post-prandial

- Nausea/vomiting
- Seizures
- Temporary paralysis

≤ **7** %

lecturio nursing

HbA1C