



CASE STUDIES





CASE STUDY #1



4 year old Southern Asian woman, comes to the clinic with the following complaints:

Chronic fatigue

Increased thirst

Constant hunger

Frequent urination

Vaginal yeast infection treated with OTC meds without success

Symptoms: pain, burning, or low back pain with urination

HISTORY

- ❖ Works full time as a clerk in a loan company
- ❖ Reports having difficulty reading numbers and reports and making frequent mistakes
- ❖ ~~“By the time I get home and make supper for my family, then put my child to bed, I am to tired to exercise.”~~
- ❖ C/O feet hurting— “often feel like there are pins in them.”
- ❖ H/O gestational diabetes
- ❖ Diet high in carbohydrates



OBJECTIVE DATA

delivered large baby 6 years ago, gained large amount of weight with pregnancy

current weight 173, Height 5'0" BMI 33

P 152/97

random blood glucose 291

LAB DATA

asting glucose 187 mg/dL

gbA1C 8.8%

otal cholesterol 256 mg/dL

riglycerides 346 mg/dL

DL 155 mg/dL

DL 32 mg/dL

A +glucose, - ketones



INTERPRET LAB RESULTS



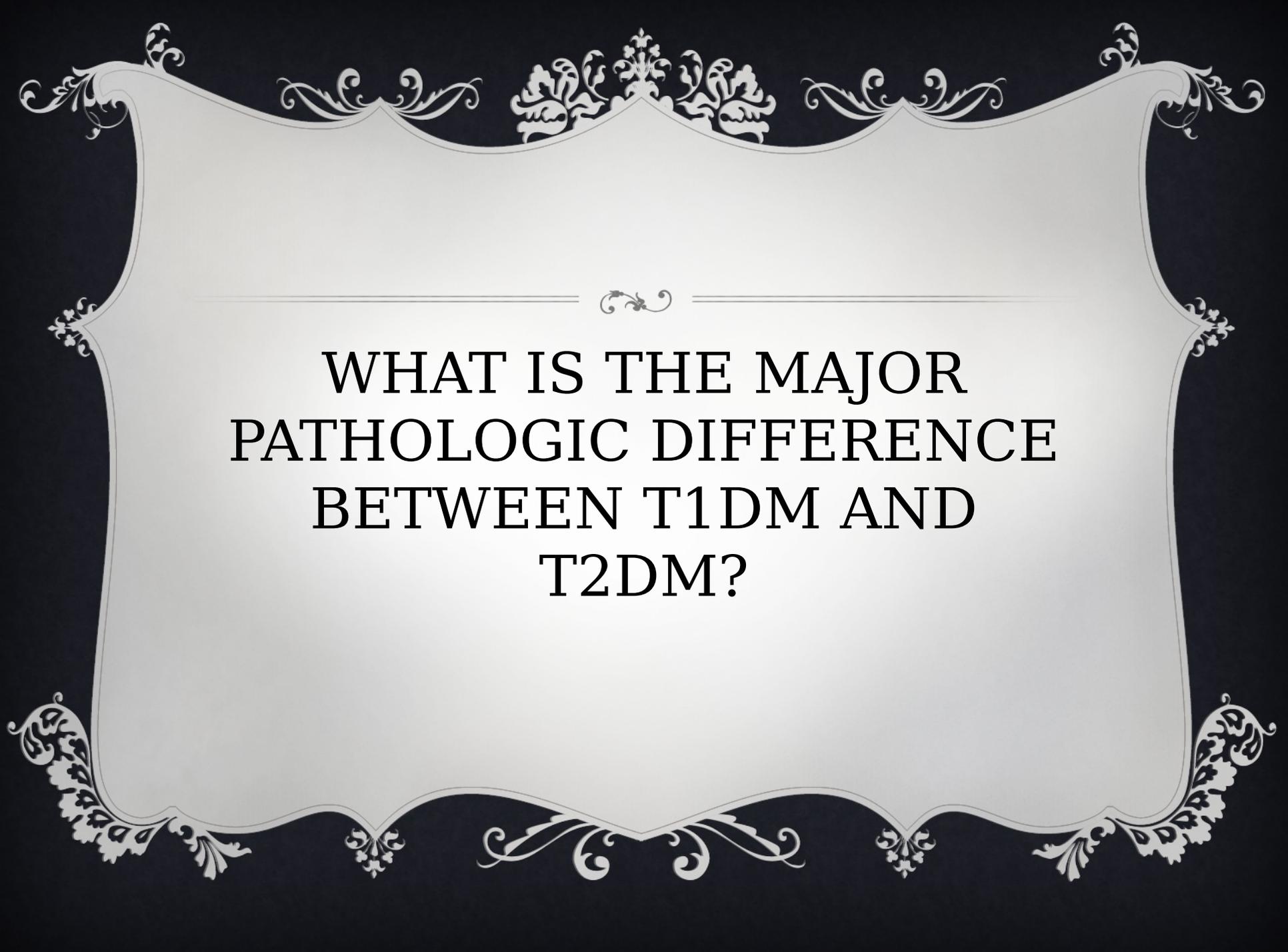
**WHAT IS YOUR
DIAGNOSIS FOR THIS
PATIENT?**



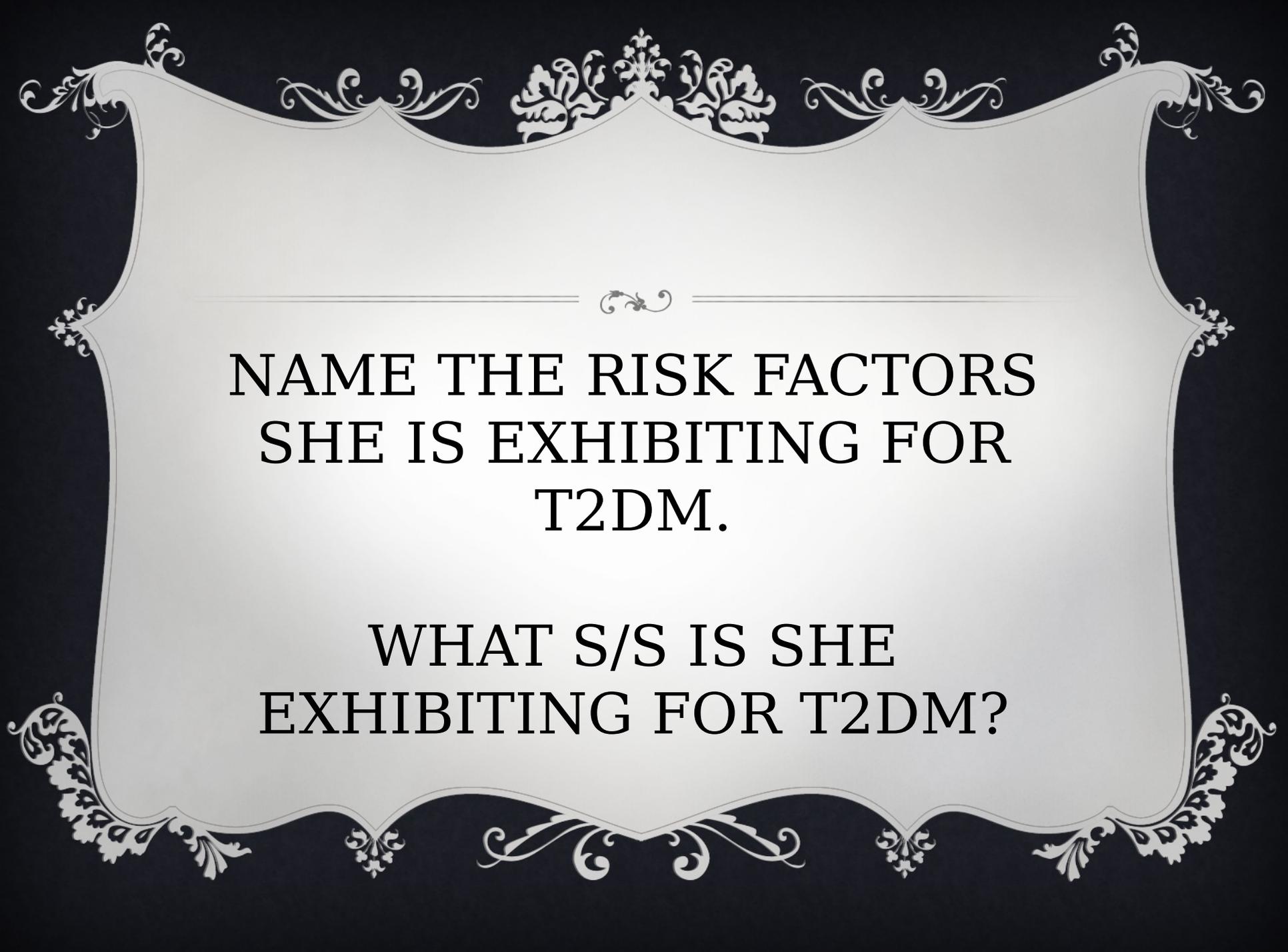
IDENTIFY THREE METHODS
TO DIAGNOSE DM



**DESCRIBE THE
FUNCTIONS OF INSULIN**

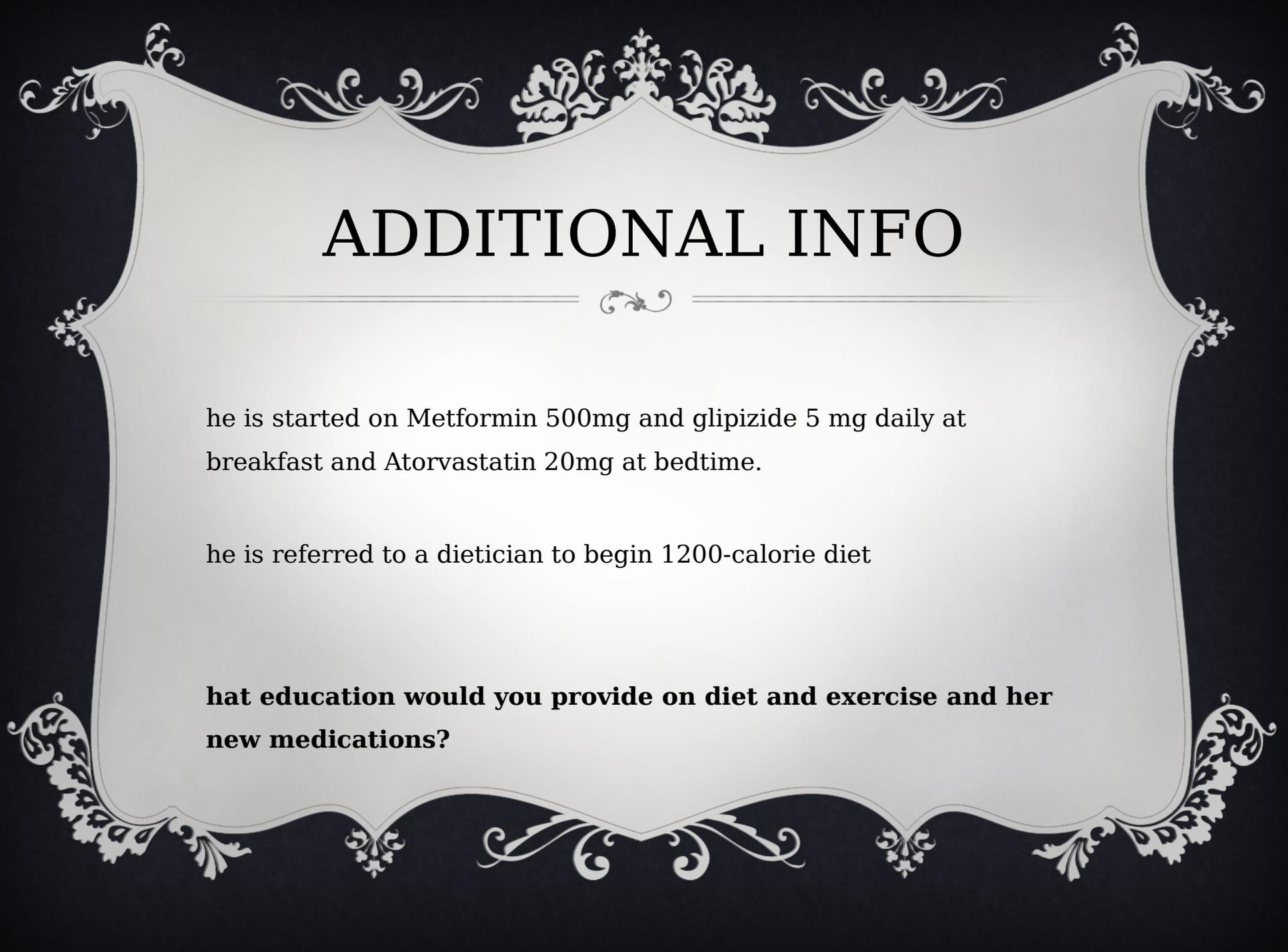


WHAT IS THE MAJOR
PATHOLOGIC DIFFERENCE
BETWEEN T1DM AND
T2DM?



NAME THE RISK FACTORS
SHE IS EXHIBITING FOR
T2DM.

WHAT S/S IS SHE
EXHIBITING FOR T2DM?



ADDITIONAL INFO

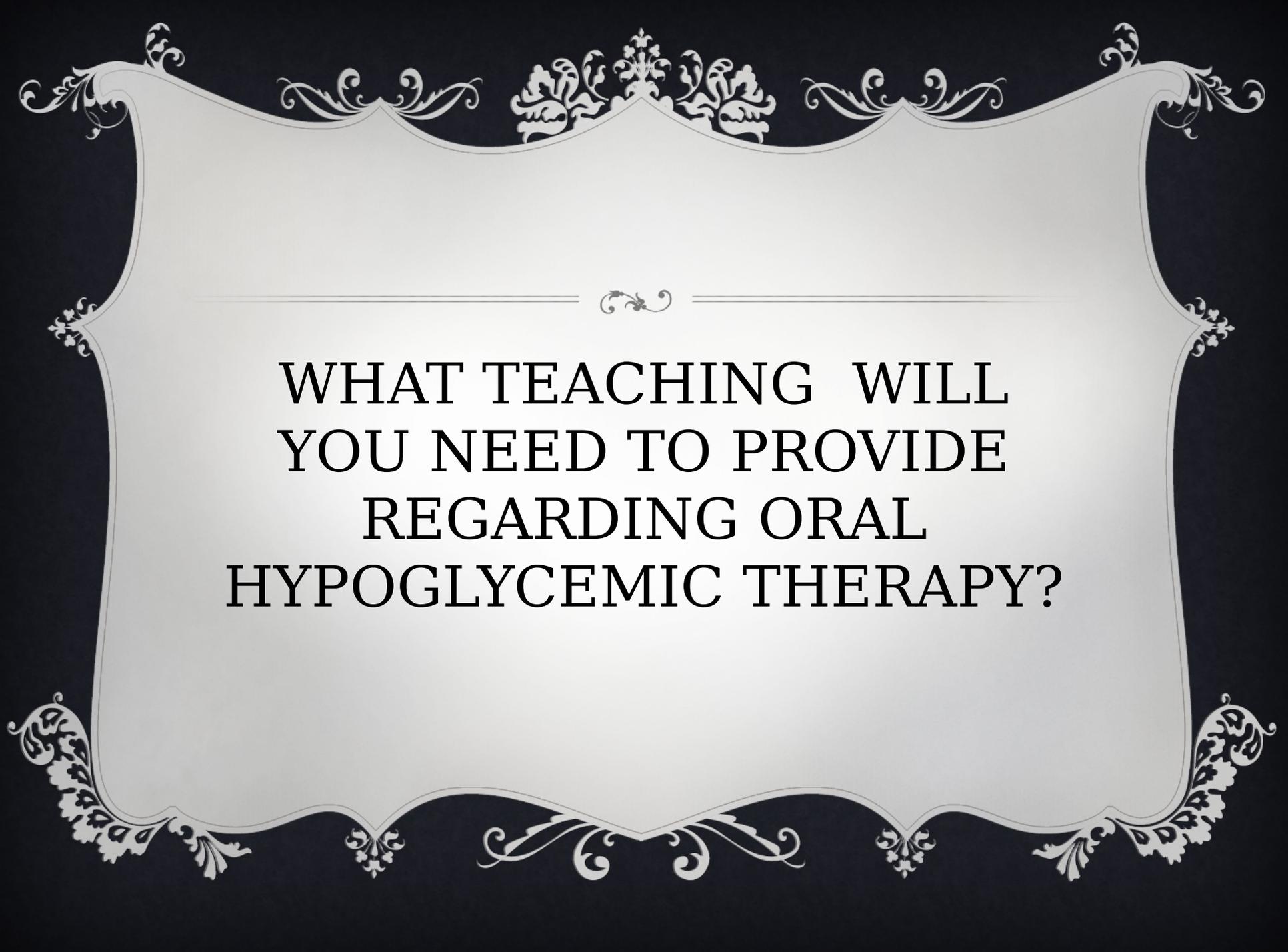
he is started on Metformin 500mg and glipizide 5 mg daily at breakfast and Atorvastatin 20mg at bedtime.

he is referred to a dietician to begin 1200-calorie diet

What education would you provide on diet and exercise and her new medications?



WHAT IS THE RATIONALE
FOR STARTING HER ON
METFORMIN AND
GLIPIZIDE?



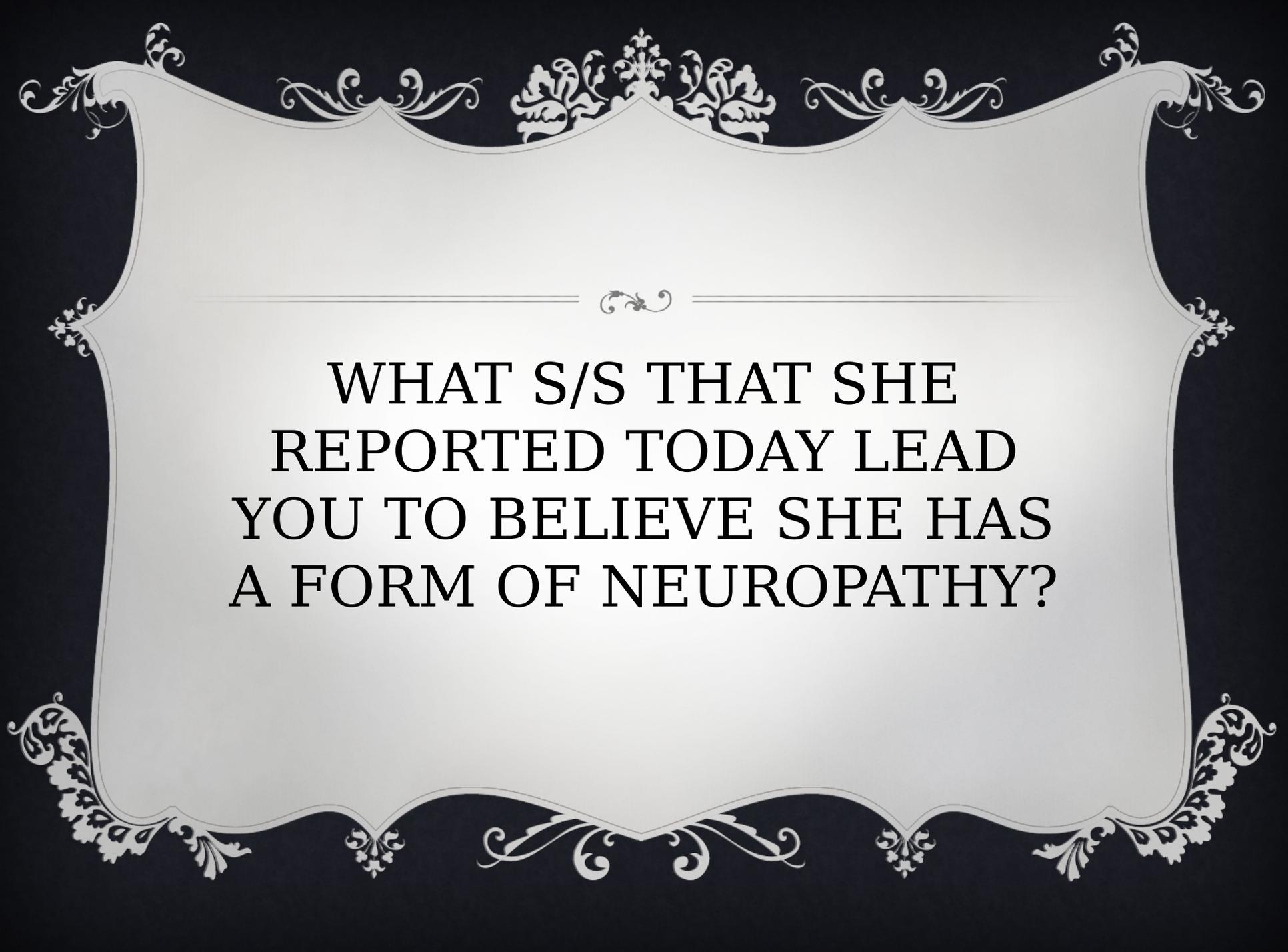
WHAT TEACHING WILL
YOU NEED TO PROVIDE
REGARDING ORAL
HYPOGLYCEMIC THERAPY?



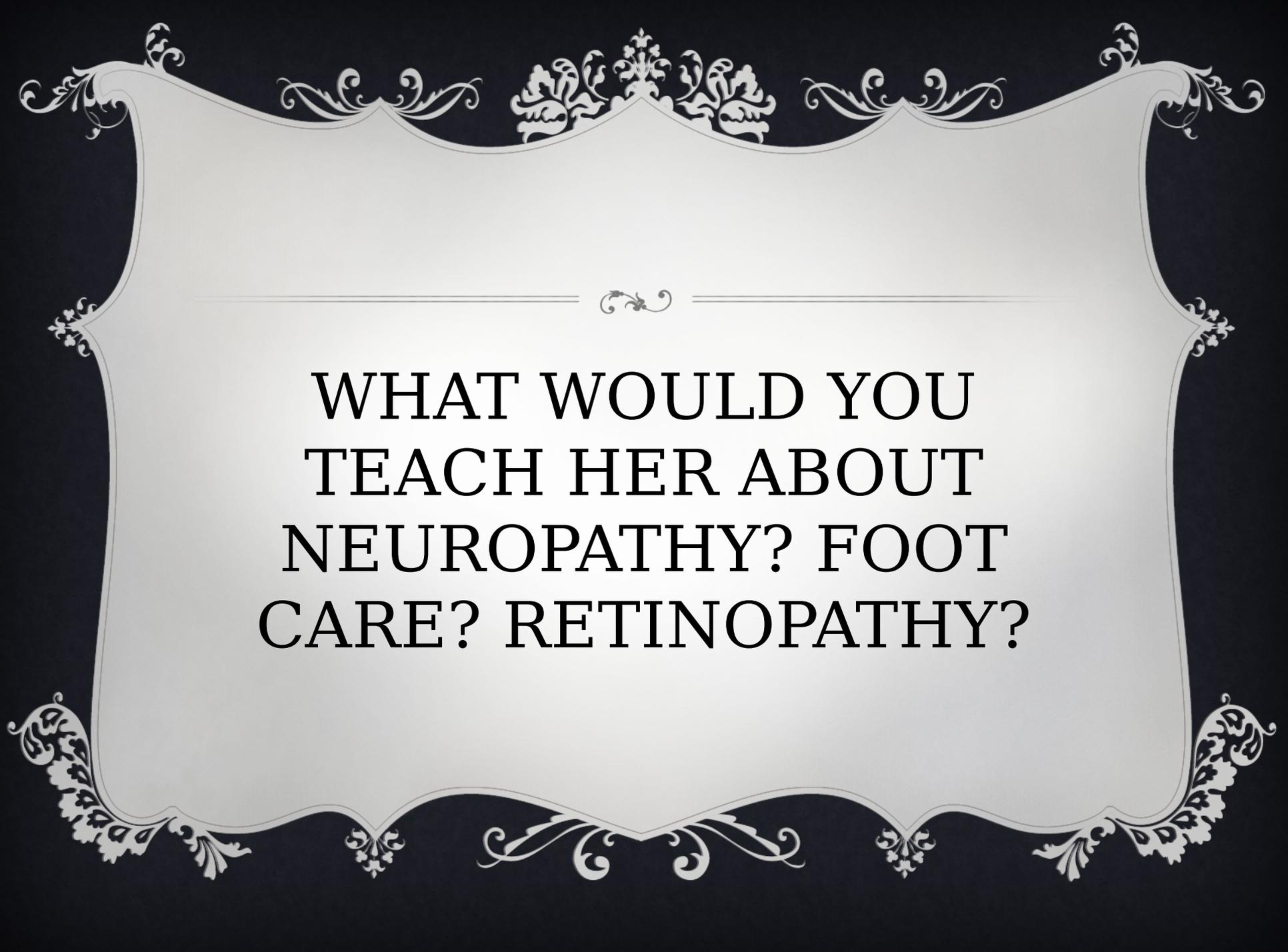
**WHAT BENEFITS WILL
SHE RECEIVE FROM
EXERCISING?**



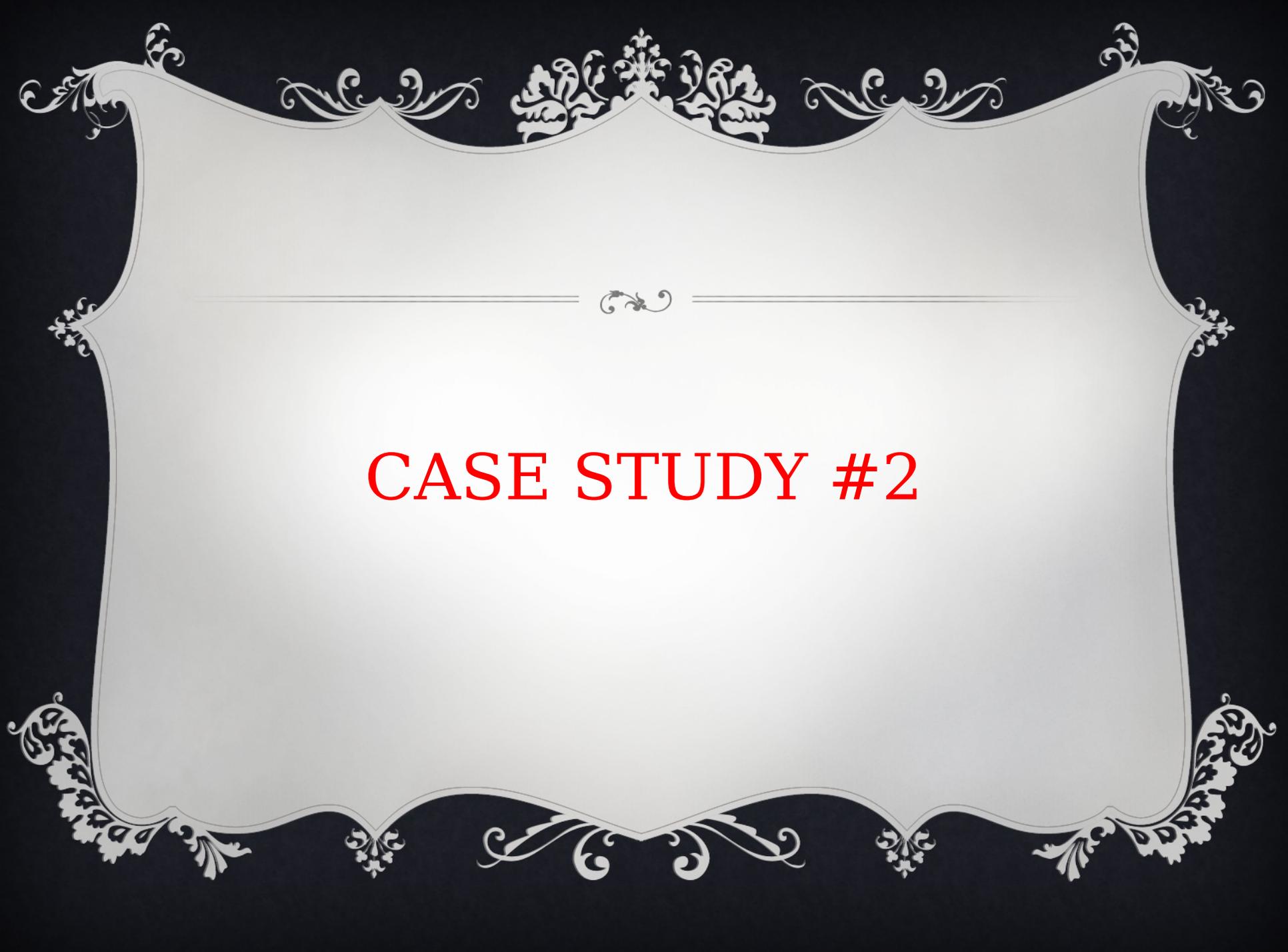
“I’VE HEARD MANY PEOPLE
LOSE THEIR TOES OR EVEN
THEIR FEET”



WHAT S/S THAT SHE
REPORTED TODAY LEAD
YOU TO BELIEVE SHE HAS
A FORM OF NEUROPATHY?



WHAT WOULD YOU
TEACH HER ABOUT
NEUROPATHY? FOOT
CARE? RETINOPATHY?



CASE STUDY #2

5 year old Hispanic female who was released from the hospital 2 days ago after a diagnosis of T1DM.

he c/o one-month history of frequent urination, thirst, severe fatigue, blurred vision, and some burning and tingling in her feet.

andom glucose was 410 mg /dL

MI 21.6

P 160/96

he was admitted to hospital for glucose control and initiation of insulin therapy and carbohydrate counting (CHO). After discharge she is referred to you for comprehensive education.

LAB VALUES ON ADMIT

asting glucose 300 mg/dL

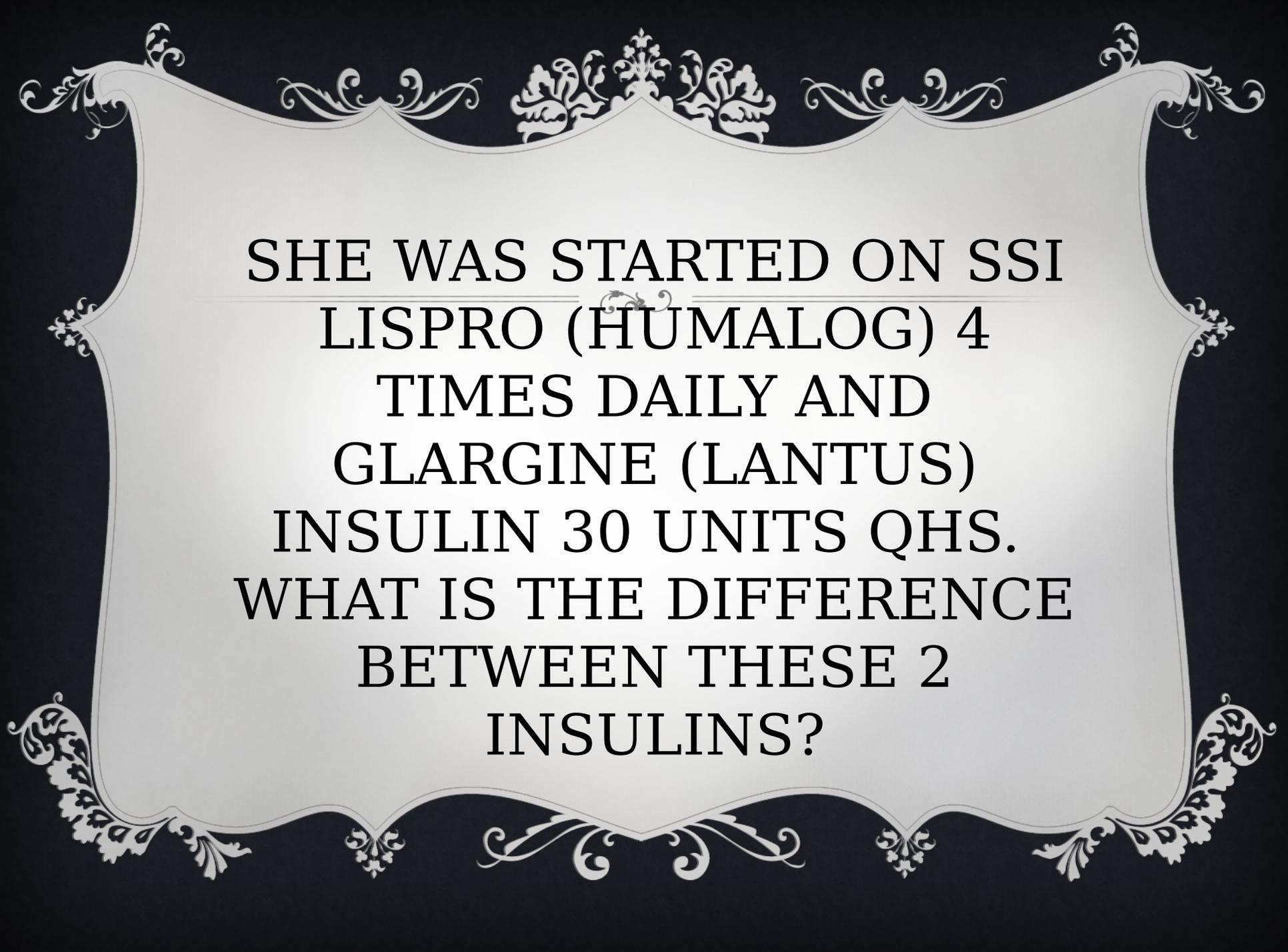
gbA1C 10.5%

otal cholesterol 350 mg/dL

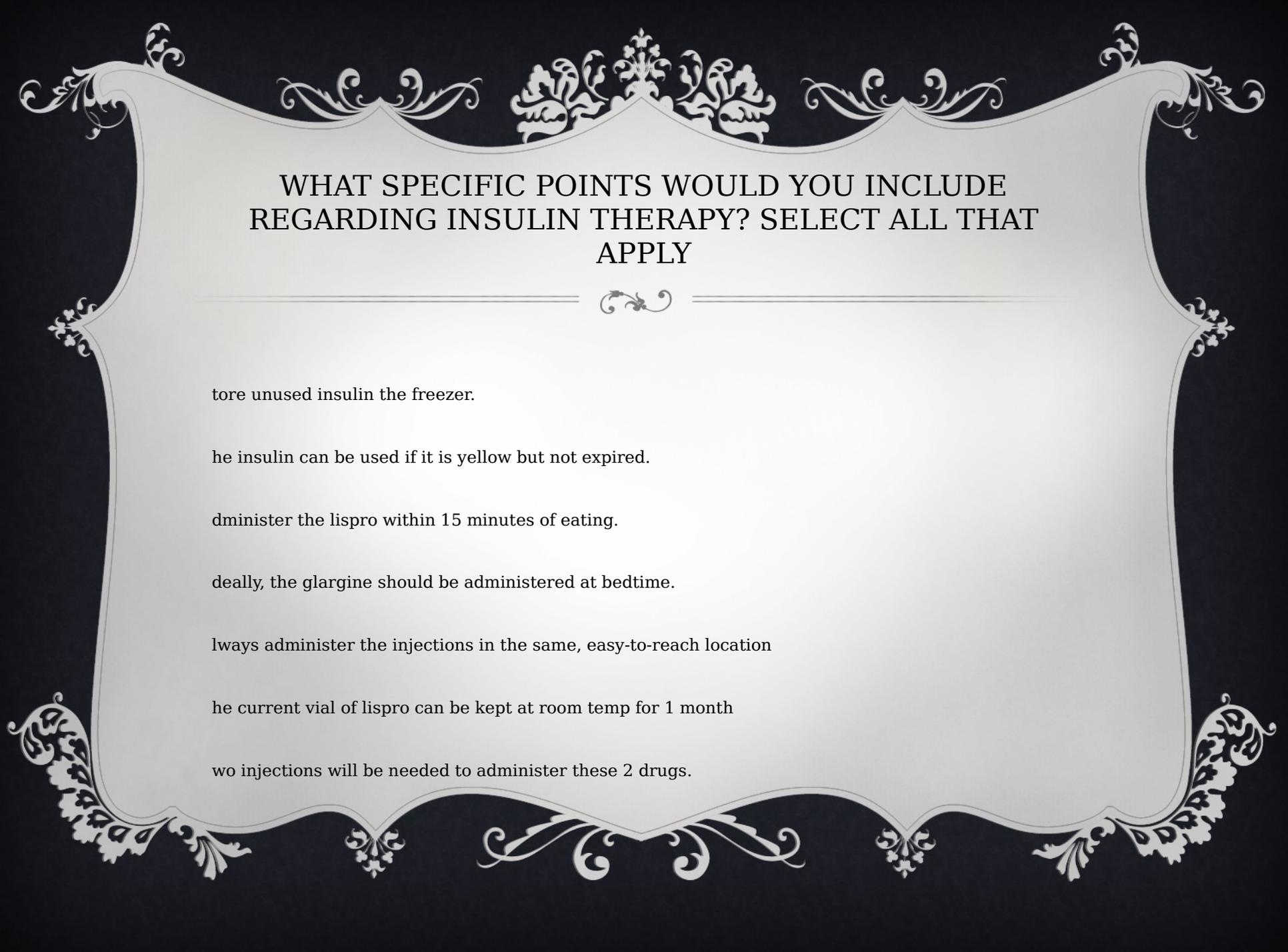
DL 160 mg/dL

DL 25 mg/dL

UN 28 mg/dL, Creatinine 1.8 mg/dL



SHE WAS STARTED ON SSI
LISPRO (HUMALOG) 4
TIMES DAILY AND
GLARGINE (LANTUS)
INSULIN 30 UNITS QHS.
WHAT IS THE DIFFERENCE
BETWEEN THESE 2
INSULINS?



WHAT SPECIFIC POINTS WOULD YOU INCLUDE
REGARDING INSULIN THERAPY? SELECT ALL THAT
APPLY



store unused insulin in the freezer.

Insulin can be used if it is yellow but not expired.

Administer the lispro within 15 minutes of eating.

Usually, the glargine should be administered at bedtime.

Always administer the injections in the same, easy-to-reach location.

The current vial of lispro can be kept at room temp for 1 month.

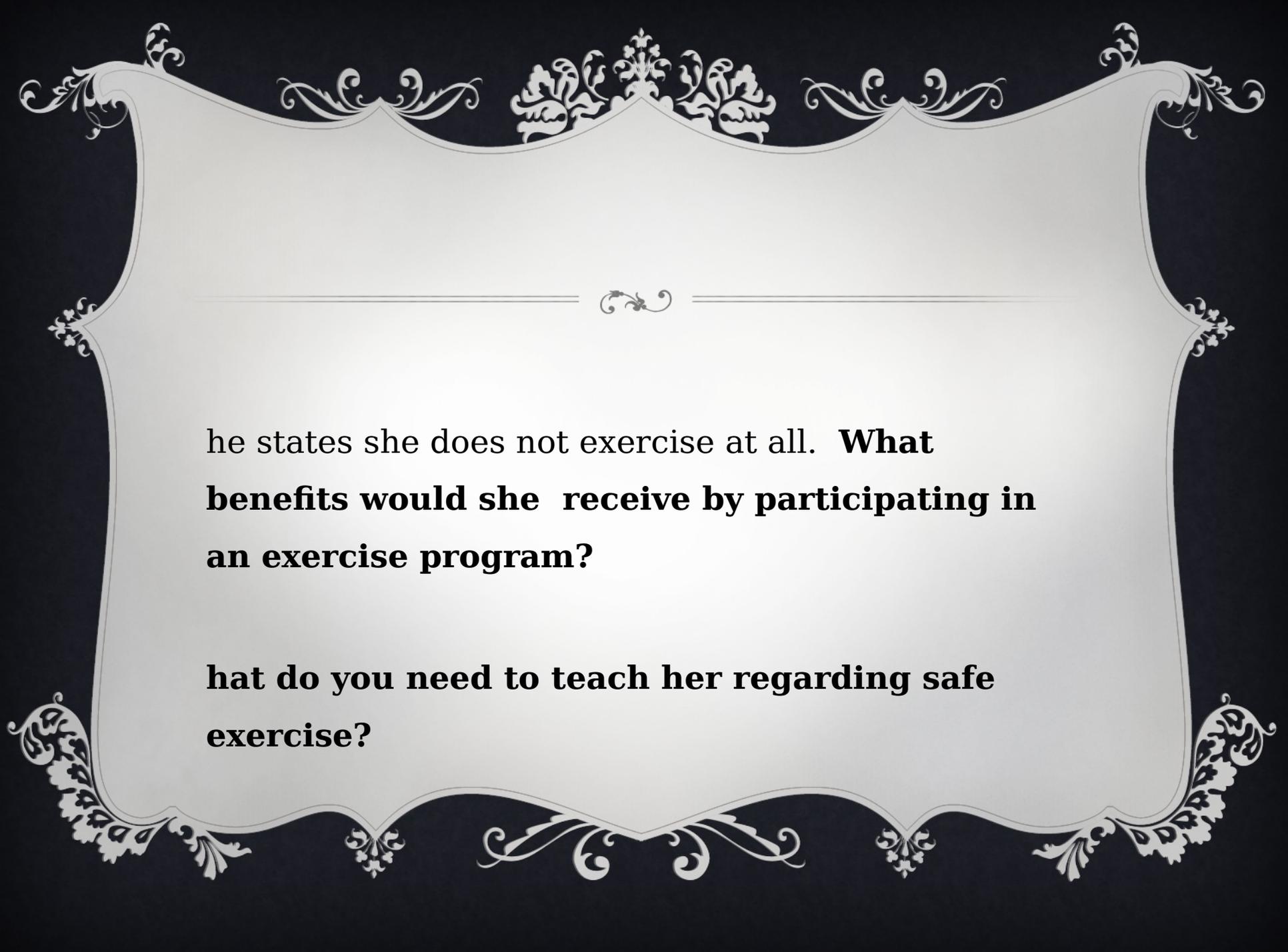
Two injections will be needed to administer these 2 drugs.



he states her diet is mostly fast foods, and the foods cooked at home are high in starch and fat.

he says because of her work schedule, mealtimes often vary from day to day.

hat is CHO counting and why would this technique work best for her?



he states she does not exercise at all. **What benefits would she receive by participating in an exercise program?**

hat do you need to teach her regarding safe exercise?



he calls several days later c/o “flu like symptoms”.

/o N/V/D

he states she does have a few chills and might have a low-grade fever but does not have a thermometer to check it.

he did not check her glucose level this morning or take her insulin because she has not eaten anything.



WHAT INSTRUCTIONS DO
YOU NEED TO GIVE HER
REGARDING THE
MANAGEMENT OF HER
ILLNESS AND DM?



WHAT ARE WE MOST
CONCERNED ABOUT
HER DEVELOPING?



WHAT THE S/S OF DKA?



THE END!!!!!!