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## Nursing exam bank

Welcome to your ultimate diabetes NCLEX questions and review! Please answer all the diabetes mellitus practice questions (100 items) from our nursing test bank and test your competence in the nursing management of diabetes. In this section is the practice NCLEX quiz for diabetes mellitus. This 100-item quiz will test your knowledge and ability to differentiate the different types of diabetes mellitus, recognizing the clinical manifestations and signs and symptoms of complications, medical management, nursing management, and patient education. Quiz Guidelines Before you start, here are some examination guidelines and reminders you must read: Practice Exams: Engage with our Practice Exams to hone your skills in a supportive, low-pressure environment. These exams provide immediate feedback and explanations, helping you grasp core concepts, identify improvement areas, and build confidence in your knowledge and abilities. Challenge Exams: Take our Challenge Exams to test your mastery and readiness under simulated exam conditions. These exams offer a rigorous question set to assess your understanding, prepare you for actual examinations, and benchmark your performance. You're given 2 minutes per item. For Challenge Exams, click on the "Start Quiz" button to start the quiz. Complete the quiz: Ensure that you answer the entire quiz. Only after you've answered every item will the score and rationales be shown. Learn from the rationales: After each quiz, click on the "View Questions" button to understand the explanation for each answer. Free access: Guess what? Our test banks are 100% FREE. Skip the hassle - no sign-ups or registrations here. A sincere promise from Nurseslabs: we have not and won't ever request your credit card details or personal info for our practice questions. We're dedicated to keeping this service accessible and cost-free, especially for our amazing students and nurses. So, take the leap and elevate your career hassle-free! Share your thoughts: We'd love your feedback, scores, and questions! Please share them in the comments below. Quizzes included in this guide are: If you need a quick review about the concepts of diabetes mellitus, please see the refresher below: Description Diabetes mellitus is a disorder characterized by insufficient production of insulin in the pancreas or when there is a resistance or deficiency of available insulin resulting in hyperglycemia. It is characterized by disturbances in carbohydrate, protein, and fat metabolism. Sustained hyperglycemia has been shown to affect almost all tissues in the body and is associated with significant complications of multiple organ systems, including the eyes, nerves, kidneys, and blood vessels. Types Type 1 diabetes mellitus or, formerly called insulin-dependent diabetes mellitus, typically occurs in younger people with the exact cause is unknown. Type 1 diabetes may result from an autoimmune process triggered by a virus Type 2 diabetes mellitus, formerly called non-insulin dependent diabetes mellitus, is characterized by defects in insulin release and use, and insulin resistance. Commonly occurs in patients with obesity and those with genetic susceptibility to DM. Gestational diabetes mellitus is characterized by glucose intolerance of any degree that occurs during pregnancy. Pathophysiology Type 1 diabetes mellitus: There is a destruction of the islet cells in the pancreas causing insufficient insulin and excess glucagon. Glucose accumulates in the serum causing hyperglycemia. Blood being delivered in the kidneys has high glucose concentration causing osmotic diuresis and glycosuria. Osmotic diuresis causes water loss, resulting in polydipsia. Lack of insulin makes the body unable to use carbohydrates primarily and instead uses fats and proteins for energy production, resulting in ketosis and weight loss. Polyphagia and fatigue result from the breakdown of nutritional stores. Type 2 diabetes mellitus: Insulin resistance occurs in diabetes mellitus, wherein there is a decrease in tissue sensitivity to insulin. In normal conditions, insulin binds to special receptors on the cell surfaces and initiates reactions involved in glucose metabolism. However, in type 2 diabetes, these intracellular reactions are diminished, making insulin less effective at stimulating glucose uptake by the tissues and at regulating glucose release by the liver. If the beta cells cannot keep up with the increased demand for insulin, the glucose level rises and type 2 diabetes develops. Gestational diabetes mellitus: Hyperglycemia develops in pregnancy because of the secretion of placental hormones, which causes insulin resistance. Gestational diabetes is related to the anti-insulin effects of progesterone, cortisol, and human placenta lactogen, which increase the amount of insulin needed to maintain glycemic control. Complications Hypoglycemia is when the blood glucose falls to less than 50 to 60 mg/dL and is linked to excessive use of hypoglycemic agents, decreased food intake, increased physical activity, excessive alcohol consumption, or renal failure. It often occurs before meals, especially if meals are delayed or snacks are omitted. It can occur on type 1 or type 2 diabetes. Diabetic ketoacidosis (DKA) is caused by an absence or severe inadequacy of insulin. This deficit in available insulin results in disorders in the metabolism of carbohydrate, protein, and fat. DKA is usually associated with incorrect or failure to take insulin as prescribed and stress and is occurring in clients with type 1 diabetes. Hyperglycemic Hyperosmolar Nonketotic Syndrome (HHNS) is the combination of severe hyperglycemia and hyperosmolarity with little or no acidosis. The insulin level in HHNS is too low to prevent hyperglycemia but is high enough to prevent fat breakdown. HHNS occurs in older clients (50 to 70 years old) with type 2 diabetes and is associated with stress or ingestion of certain drugs. Microangiopathy, or diabetic microvascular disease, is characterized by capillary basement membrane thickening most prominently in the retina and glomerulus. Diabetic retinopathy is the deterioration of the small blood vessels that nourish the retina causing visual impairment. Nephropathy is a renal dysfunction caused by microvascular changes in the kidney secondary to diabetes mellitus. Diabetic neuropathy refers to a group of diseases that affect all types of nerves characterized by paresthesias or decreased sensation. Peripheral neuropathy and autonomic neuropathy are two of the most common types of neuropathy found in diabetes. Increased susceptibility to infections results from an impaired ability of granulocytes to respond to infectious agents. Clinical Manifestations Diabetes mellitus: Polyuria (increased urination), polydipsia (increased thirst), and polyphagia (increased appetite) are the classic symptoms of diabetes mellitus, also known as the "3 P's of DM". Fatigue and weakness Weight loss Sudden vision changes Tingling or numbness in hands or feet Dry skin Skin lesions or wounds that are slow to heal Recurrent infections (urinary, skin, vulva) Diabetic Ketoacidosis (DKA) Hyperglycemic Hyperosmolar Nonketotic Syndrome (HHNS) Hypoglycemia Mild hypoglycemia: stimulation of the sympathetic nervous system. Sweating Cool, moist skin, or pallor Tremors Tachycardia Palpitation Nervousness Hunger Moderate hypoglycemia: decreased glucose levels for the brain cells. Impaired CNS function Inability to concentrate Lightheadedness Headache Confusion Memory lapses Double vision Drowsiness Severe hypoglycemia: severe impairment of the CNS. Disoriented behavior Seizures Difficulty arousing from sleep Loss of consciousness Laboratory and Diagnostics Diabetes mellitus Fasting blood glucose level above 140 mg/dL or postprandial (after meals) blood glucose levels above 200 mg/dl measured on more than one occasion is diagnostic. Glycosylated hemoglobin (HgbA1C) shows an elevated blood glucose level. Diabetic ketoacidosis (DKA) Blood glucose levels between 300 and 8900 mg/dL Ketoacidosis is reflected in low serum bicarbonate (0 to 15 mEq/L) and low pH values. Accumulation of ketone bodies is reflected in blood and urine ketone measurements. Sodium and potassium concentrations may vary depending on the degree of dehydration. Increased levels of creatinine, blood urea nitrogen, and hematocrit go along with dehydration. Arterial blood gas indicate metabolic acidosis HHNS Serum blood glucose higher than 700 mg/dL Serum blood osmolality is higher than 350 mOsm/kg Urine specimen reveals the absence of ketosis Serum electrolyte levels show hypernatremia and hypokalemia. Hypoglycemia Serum blood glucose level is less than 70 mg/dL Medical Management The main goal of treatment is to normalize insulin activity and blood glucose levels to reduce the development of complications. There are five components of management for diabetes: nutrition, exercise, monitoring, pharmacologic therapy, and education. Insulin is the primary treatment for type 1 diabetes. Weight reduction is the primary treatment for type 2 diabetes. Exercise enhances the effectiveness of insulin. Nursing Management Monitor blood glucose levels and provide teaching to the patient on how to do so. Administer medications, as prescribed. Self-administering insulin Provide information and teaching on how to self-administer insulin. On storing insulin: vials of insulin, when not in use, should be refrigerated (extreme temperatures should also be avoided). Insulin vial that is currently in use can be kept at room temperature (1 month). Cloudy insulins should be thoroughly mixed by gently inverting the vial or rolling it between the hands before drawing the solution. Intermediate-acting insulin showing a frosted, whitish coating inside the bottle, should be discarded. On selecting syringes: syringes should match the insulin concentration. On mixing insulins: patients should be warned not to inject one type of insulin into the bottle containing a different type of insulin. Patients with difficulty mixing insulins may use premixed insulin. Selecting and rotating injection sites: the abdomen, upper arms, thighs, and hips are the four main sites for insulin injection. Rotation of injection sites is recommended to prevent lipodystrophy which may cause a decrease in the absorption of insulin. Encourage the patient to use all available injection sites within one area rather than randomly rotating sites from area to area. Inserting the needle: insulin should be injected into the subcutaneous tissue, the incorrect technique may affect the rate of absorption. Nurse teaching on diabetes Assess readiness to learn and include the patient's family in developing a diabetic teaching plan. Prevention of complications Dietary and lifestyle changes Proper self-care (especially foot care) Administration and management of insulin Use of hypoglycemic medications Management of DKA. Management of HHNS. Assess vital signs, fluid status, and laboratory values. Fluid status and urine output are closely monitored because of the risk for renal failure secondary to severe dehydration. Because clients are usually older, monitor for heart failure and cardiac arrhythmias. Management of Hypoglycemia. Monitor blood glucose levels. Administer glucose (oral glucose, I.V. glucose, or glucagon). Advise client to carry simple sugar at all times to prevent case of hypoglycemia. Recommended books and resources for your NCLEX success: Disclosure: Included below are affiliate links from Amazon at no additional cost from you. We may earn a small commission from your purchase. For more information, check out our privacy policy. Saunders Comprehensive Review for the NCLEX-RNSaunders Comprehensive Review for the NCLEX-RN Examination is often referred to as the best nursing exam review book ever. More than 5,700 practice questions are available in the text. Detailed test-taking strategies are provided for each question, with hints for analyzing and uncovering the correct answer option. Saunders Q & A Review for the NCLEX-RN® ExaminationThis edition contains over 6,000 practice questions with each question containing a test-taking strategy and justifications for correct and incorrect answers to enhance review. 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These exams provide immediate feedback and explanations, helping you grasp core concepts, identify improvement areas, and build confidence in your knowledge and abilities. Challenge Exams: Take our Challenge Exams to test your mastery and readiness under simulated exam conditions. These exams offer a rigorous question set to assess your understanding, prepare you for actual examinations, and benchmark your performance. You're given 2 minutes per item. For Challenge Exams, click on the "Start Quiz" button to start the quiz. Complete the quiz: Ensure that you answer the entire quiz. Only after you've answered every item will the score and rationales be shown. Learn from the rationales: After each quiz, click on the "View Questions" button to understand the explanation for each answer. Free access: Guess what? Our test banks are 100% FREE. Skip the hassle - no sign-ups or registrations here. A sincere promise from Nurseslabs: we have not and won't ever request your credit card details or personal info for our practice questions. We're dedicated to keeping this service accessible and cost-free, especially for our amazing students and nurses. So, take the leap and elevate your career hassle-free! Share your thoughts: We'd love your feedback, scores, and questions! Please share them in the comments below. In this section are the practice questions for the NCLEX-PN. This nursing test bank set includes 200 questions divided into eight parts. Quizzes included in this guide are: The National Council Licensure Examination for Practical Nurses (NCLEX-PN) is an examination offered by the National Council of State Board of Nursing (NCSBN) for those who want to work as a licensed practical nurse (LPN) or licensed vocational nurse (LVN) in the USA. It requires test takers to gauge their competencies regarding safe and effective nursing practice. The NCLEX-PN exam uses a computerized adaptive test (CAT) format meaning that no single exam is identical. The number of questions varies from 85 to 205 questions depending on how well you are performing on the exam. Of these items, 25 are pretest items that do not count towards your score. The time limit for the exam is five (5) hours. NCLEX-PN examination is divided into four major categories of questions in accordance with their test plan. These areas including the approximate weight percentage are as follows: 1. Safe and Effective Care Environment Coordinated Care (16% to 22%): Topics include client rights, advocacy, client care assignments, prioritization, supervisory concepts, informed consent, ethics and confidentiality, continuity of care, legal issues, referral process, quality improvement, and information technology. Safety and Infection Control (10% to 16%): Covers areas such as an incident report, injury and error prevention, ergonomics, security, and emergency response plans, handling hazardous materials, and home safety. 2. Health Promotion and Maintenance (7% to 13%): Questions are related to the aging process, maternal and child care, developmental stages, disease prevention, community resources, high-risk behaviors, and methods for collecting data. 3. Psychosocial Integrity (8% to 14%): Topics include mental health, drug dependency, crisis intervention, a coping mechanism, support system, therapeutic environment and communication, cultural awareness, behavioral management, abuse and neglect, sensory alterations, grief process, and stress management. 4. Physiological Integrity Basic Care and Comfort (13%): Questions are related to hygiene, elimination, nutrition, hydration, sleep, mobility, assistive devices, and comfort intervention. Pharmacological Therapies (11% to 17%): Questions focus on drug administration such as dosage calculation, adverse effects, side effects, expected actions and outcomes, and pain management. Reduction of Risk Potential (10% to 16%): Topics include vital signs, diagnostic tests, laboratory results, body system alterations, and therapeutic process. Physiological Adaptation (7% to 13%): Covers all the different physiological adaptations such as medical emergencies, fluid and electrolyte imbalances, and body system alterations. For up-to-date information about the NCLEX-PN test plan, visit the NCSBN website. The following are the recommended study tips on how to review for the NCLEX-PN: Understand the format of the exam. Familiarize yourself with the structure of the exam so that it will give you an idea on how to effectively deal with the questions. Use study materials. Go over your nursing textbooks, review some of your handouts, create some flashcards, or check an online course. Create a study plan and schedule. Plan which topic you will study on which days of the week and which day you will take a break. Avoid cramming. Study effectively and efficiently by giving yourself ample time to take in and retain the information. Don't rely on past clinical or work experiences. The NCLEX-PN exam is always based on evidence-based practice. Your critical thinking skills and book-based knowledge is essential in choosing the most correct answer. Try answering NCLEX-PN Practice Exams. These practice exams will give you a preview of which topics you have mastered and which areas you need to study more. Get ready for the exam day. It is important to have at least 8 hours of sleep prior to the exam, eat breakfast on the morning of the exam, dress comfortably, and arrive early. Recommended books and resources for your NCLEX success: Disclosure: Included below are affiliate links from Amazon at no additional cost from you. We may earn a small commission from your purchase. 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