

DIABETIC COMA

1. List the emergency conditions, the most common endocrine disease in the clinic.

1. Diabetic ketoacidosis
2. Hyperosmolar coma
3. Lactate acidosis coma
4. Hypothyroid coma
5. Hypoglycemic coma

2. List the major clinical signs of decompensation of diabetes.

1. The syndrome of polyuria, polydipsia
2. Increased appetite
3. Increased perspiration
4. Fatigue
5. Muscle weakness
6. The smell of acetone

3. What are the main causes of diabetic ketoacidosis.

1. The absolute or relative insulin deficiency due to cessation of insulin
2. Gross violation of the diet
3. The increase in insulin requirements.
4. Loss of dose or improper administration of insulin

4. What additional tests confirm the presence of ketoacidosis, in addition to determining acetone in the urine?

1. Blood pH
2. The level of ketone bodies in the blood

5. Low-grade body temperature in patients in diabetic coma and precoma testifies:

1. good immune defense of the body
2. the cause of ketoacidosis is an infection
3. normal reaction of the body in response to decompensate diabetes

6. What does the leukocytosis and a shift to the left in the formula precoma and diabetic coma?

1. The sign of infection.
2. response to stress, and not always an indicator of infection.

7. Your tactics in the case of coma and precoma.

1. Observation at home, the correction actions on the phone.
2. Emergency hospitalization in the intensive care unit on a background of intravenous saline solution to avoid the development of hypovolemic shock and collapse.

8. Sign of which is the increase of leukocytes against rehydration patient in precoma and diabetic coma?

1. Good immune defense.
2. Severity of metabolic changes.
3. infection or acute inflammation.

9. List the laboratory findings monitored during diabetic precoma and coma.

1. Hourly blood glucose.
2. Determination of blood PH
3. The level of blood electrolytes (K, Na, Cl).
4. The definition of hypertension
5. The level of urea and creatinine.
6. All of the above

10. How often should observe the patient in diabetic ketoacidosis and coma?

1. every 30-60 minutes.
2. Every 2 hours.
3. Every 3 hours.

11. What should I fear in the first place by removing the patient from a diabetic coma and precoma?

1. hypotension and collapse.
2. hypokalemia.
3. Hyperkalemia.
4. Acute hypoxia kidneys.
5. swelling of the brain

12. As preferable to insulin in a diabetic coma and precoma?

1. Continuous infusion of short-acting insulin iv at 0.1 U / kg / hour
2. intra muscle insulin until the ketoacidosis stop.

3. Subcutaneous injection of 6 to 8 IU of short-acting insulin to 6 times a day.

13. Indicating of disappearance of ketoacidosis?

1. The disappearance of acetone in the urine.
2. Normalization of PH in the blood.

14. What are the causes of pulmonary edema in the treatment of diabetic coma?

1. Excessive administration of saline.
2. hypokalemia
3. The rapid decline in blood glucose.

15. Is it possible to predict the possibility of cerebral edema?

1. Yes, you can.
2. No clinical signs, indicating a high risk of cerebral edema.

16. Reasons lactate acidosis coma?

1. Severe infections, giving the tissue hypoxia.
2. Acceptance of biguanide against alcohol.
3. severe liver and kidney damage.
4. all of the above

17. Is it presented as a dangerous risk to repeat light hypoglycemic reaction?

1. No, do not represent.
2. Yes, they are harmful, as they contribute to the development of diabetic microangiopathy and encephalopathy.

18. How fast should begin remedial measures in case of hypoglycemia?

1. You can not rush, because make sure that it is hypoglycemia, wait until the clinical picture becomes clearer.
2. Have to wait until the answer comes on the level of blood glucose.
3. Do not wait, even for suspected hypoglycemia, give the patient a sweet drink, or enter a glucose / intravenously.

19. The more dangerous the prolonged hypoglycemic coma?

1. Hazard no longer exists.
2. The development of structural changes in the central nervous system,

followed by encephalopathy.

3. The biggest threat is brain swelling deaths.

20. The leading features of biochemical disturbances in hyperosmolar coma are:

1. high hyperglycemia;
2. hyponatremia;
3. increase the osmolarity of the blood;

21. Difference between ketoacidosis coma and hyperosmolar coma

1. Kussmaul breathing;
2. acetone smell from the mouth;
3. acetonuria;
4. neurological symptoms;
5. normal blood sugar levels.

22. Clinical symptoms hyper lactate acidosis coma manifested:

1. Kussmaul breathing, shortness of breath;
2. severe arterial hypertension;

23. What are the main laboratory criteria of diabetic acidosis.

1. hyperglycemia (more than 14 mmol / l)
2. metabolic acidosis (pH <3.5)
3. the availability of ketone bodies in the blood or urine
4. Increased lactate levels (more than 1.2 mmol / L)
5. Displacement ratio lactate / pyruvate ratio (more than 10/1)
6. Increase the deficit of anions

24. List the major clinical signs of diabetic ketoacidosis in the early stages.

1. polyuria, polydipsia, weakness, fatigue, loss of appetite, nausea, dry mouth, headache
2. The smell of acetone in breath
3. Tachycardia, tone deafness may arrhythmias
4. Increase the liver and its pain
5. The lack of dehydration
6. The absence of microcirculatory

25. What you need to do if the continuous intravenous infusion of insulin,

blood glucose levels are not reduced?

1. Increase the dose of insulin twice
2. Introducing more longer-acting insulin

26. Can I stop the infusion of insulin in normalization of glycemia in acidosis?

1. No we must decrease the dose
2. Yes

27. How long should last intravenous infusion of insulin?

1. To the normalization of blood glucose.
2. Before disappearing of ketoacidosis.

28. The rate of decline in glucose in diabetic coma

1. less than 5.5 mmol / L per hour
2. 10 mmol / L per hour

29. Is it always the absence of acetone in the urine indicates the absence of ketoacidosis?

1. Yes, always
2. No, the answer may be negative in early ketoacidosis because the test determines only acetoacetate, and not to cause ketoacidosis - hydroxybutyric acid

30. What complications are possible during the treatment of diabetic coma and precoma?

1. Hypovolemic shock (drop in blood pressure, collapse).
2. The development and progression of infection (sepsis).
3. pulmonary edema.
4. Swelling of the brain.
5. all of the above.