

Diabetic Ketoacidosis

Sics Editore

The Saint-Chopra Guide to Inpatient Medicine Sanjay Saint,Vineet Chopra,2018 Preceded by: Clinical clerkship in inpatient medicine / Sanjay Saint. 3rd ed. c2010.

Pediatric Diabetic Ketoacidosis Stephen C.

Duck,Joseph R. Hageman,2015 The future of persons with Type 1 Diabetes Mellitus is continuing to look brighter with the advent of biomedical technology. Nevertheless, the acute consequences of this disease remains a significant threat. Diabetic ketoacidosis [DKA] remains the most serious challenge for primary care physicians and subspecialists caring for children and young persons with Diabetes Mellitus. Its prevention is possible only among those already diagnosed. Awareness of the etiology and clinical presenting signs among children of all ages is requisite for primary care and emergency department staff [Chapter 1]. While more likely to occur among those with Type 1 diabetes, a significant proportion of children with Type 2 diabetes are also at risk [Chapter 3]. Once diagnosed, the physician team must understand not only what biochemical imbalances must be corrected, but also what life-threatening complications must be avoided [Chapter 1]. The path through that maze is not yet fully interpreted; many choices remain as options, but each must be carefully evaluated. Diagnosis among the very young is a challenge because of they lack self-awareness and clarity of signs and symptoms [Chapter 2]. Education of the primary care staff is critical and able to alter the incidence of DKA at the time of diagnosis. Institutions that treat children and adolescents with DKA need an informed Emergency Department as well as Pediatric Intensive Care Facilities. Access to appropriate consultations, such as pediatric endocrinology, cardiology, neurology and neurosurgery are crucial. The initiation of care is critical,

and occurs invariably in the Emergency Department [Chapter 4]. Meticulous documentation of fluid composition and volume, insulin administration, vital signs and neurological state of well-being is essential. These will facilitate the transition to the appropriate in-patient service, whose task is to understand the biological impact of fluid rehydration and fluid flux, as well as hypocapnea, hyperglycemia and cranial perfusion [Chapter 5]. The current standards of care all but prevent most of the varied biochemical complications of appropriate care for persons with DKA. However, awareness of these possibilities is crucial [Chapter 6]. Yet, one complication remains unexplained and too often unpredicted, and it is devastating to the pediatric patient: cerebral edema. This complication, its prevention and treatment are discussed [Chapter 6]. Type 2 diabetes mellitus is continuing to increase in incidence and prevalence among all ages. Once thought to be non-ketosis prone diabetes, now persons undiagnosed or previously diagnosed do obtain DKA. They, however, have other unique medical requirements that must be applied to their treatment [Chapter 3]. Hyperglycemic hyperosmolar state is a complication no longer limited to adults with diabetes or children with Type 2 diabetes mellitus. While the incidence is fortunately lower than that of DKA, its outcome is potentially direr. Appreciation of the unique treatment requirements and guidelines are discussed [Chapter 7]. This monograph provides a comprehensive compendium to those caring for children of all ages with diabetic ketoacidosis, its related disorders and associated conditions.

Diabetic Emergencies Nicholas

Katsilambros, Christina Kanaka-Gantenbein, Stavros

Liatis, Konstantinos Makrilakis, Nikolaos

Tentolouris, 2011-09-07 The book explores both the clinical

presentation of serious diabetic emergencies (like ketoacidosis, hyperosmolar coma, and severe hyper and hypoglycemia) that consultants and hospital staff encounter in practice and the best methods of both managing the emergencies and also administering follow-up guidance/care. All chapters are clearly structured to highlight: definition of emergency; epidemiology; potential causes, diagnosis, clinical management (including problem areas), follow-up management/care; and patient advice. There are case studies to aid clinical understanding, as well as 5-7 multiple choice questions and several key points/take-home message boxes in every chapter.

Unveiling Diabetes - Historical Milestones in Diabetology V. Jørgens, M. Porta, 2020-08-06 A history of diabetology told by renowned contributors, many have themselves already become a part of diabetes history. A must-have for every diabetologist! Diabetologists, diabetes educators, and many interested readers will appreciate this book. What is more, countless celebrations are planned for the 100th anniversary of the discovery of insulin: this book provides numerous illustrations, accounts of personal experiences, and critical remarks on the history of diabetology – in addition to the history of insulin. It spans an arc from antiquity to the work of Claude Bernard, Paul Langerhans, Josef von Mering, Apollinaire Bouchardat, Oskar Minkowski, E.P. Joslin, and F.M. Allen. The history of insulin is presented from the perspective of diabetologists from Scotland, Spain, Germany, and Poland. The history of oral antidiabetics is told by Harald Lebovitz, and the chapter about glitazones by Edwin Gale reads like a spy novel! Pierre Lefèbvre describes the work of the diabetologist Jean Pirart and the history of glucagon. Sir George Alberti has provided a chapter about the therapy of ketoacidosis, to which he himself made groundbreaking

contributions. Nephropathy is presented by Hans-Henrik Parving, and Eva Kohner, Ronald Klein and Barbara E.K. Klein have contributed a chapter on retinopathy. Other contemporary topics such diabetes in pregnancy, diabetes technology, psychosocial aspects of diabetes, and the history of the EASD and ADA are also included in this book.

Practical Emergency Resuscitation and Critical Care Kaushal Shah, Jarone Lee, Clark G. Owyang, Benjamin Christian Renne, 2023-10-31 The second edition of a succinct and portable text reviewing the clinical approach to emergency medicine and critical care.

Diabetic ketoacidosis Sics Editore, 2014-10-01 Always remember to measure plasma/blood glucose in insulin-treated diabetic patients showing symptoms of any kind. Check for an acute disease needing treatment (infection) as the reason for plasma glucose increase. Ketoacidosis must always be treated in hospital. If the hyperglycaemic, non-ketotic patient is not admitted to hospital for observation, make sure that the patient is given insulin and the plasma glucose begins to decrease. the patient is able to take care of himself and gets immediate help if he feels any worse. The reason for ketoacidosis should always be investigated and the patient's awareness of, and ability to manage, his/her diabetes should be checked.

Consults in Obstetric Anesthesiology Suzanne K. W. Mankowitz, 2018-11-15 This text addresses the need for a book specifically aimed at obstetric anesthesia and covers topics such as pulmonary, cardiac renal, hepatic, hematologic, neurologic, endocrine and other diseases. The real anesthetic challenge arises when patients present to Labor and Delivery with unusual or complicated medical problems and, in recent years, a few of the larger institutions have developed an Obstetric Anesthesiology

Consultation Service to prepare for the management of these patients. While most pregnant women who present to Labor and Delivery require anesthetic intervention, they typically meet the anesthesiologist for the first time in labor. Since the majority of laboring women are healthy without significant comorbidities, this does not present much of a challenge to the anesthesiologist and the anesthetic management tends to be straight-forward with favorable outcomes. However, using this new model, the anesthesiologist has the opportunity to discuss the various treatment modalities and potentially suggest diagnostic testing to be performed prior to delivery, similar to the pre-operative testing that is done in other surgical environments.

Fast Facts: Diabetes Mellitus Ian N. Scobie, Katherine Samaras, 2014-02-20 Now in its fifth edition, 'Fast Facts: Diabetes Mellitus' continues to grow in popularity as essential reading for all healthcare professionals. As well as providing a practical approach to the causes and clinical manifestations of types 1 and 2 diabetes, it is packed with information on early detection, and comprehensive details of the latest drug therapies, insulin regimens, delivery methods and injection sites. Importantly, this effective handbook provides simple clear messages to give to your patients to maximize their self-management skills. All healthcare professionals can have a significant life-altering effect on the health outcomes and quality of life of people living with diabetes, and this is the ideal update on current practice for primary care providers, specialist nurses, students of medicine and nursing, educators, pharmacists, allied health professionals and doctors of all specialties in training, as well as specialists in other fields who regularly see patients with diabetes. And one for your patients too. The public increasingly desire being kept informed and

abreast of diabetes care. I actively encourage it, since an informed and engaged patient is more easily kept within treatment targets, says Dr Katherine Samaras (author). So we encourage you to make your patients well-informed active partners in their diabetes care by sharing this highly readable book with them. Contents: • Epidemiology • Diagnosis • Type 1 diabetes mellitus • Type 2 diabetes mellitus • Other types of diabetes mellitus • Treatment of type 1 diabetes mellitus • Treatment of type 2 diabetes mellitus • Diet and physical activity • Complications and mental health considerations • Hypoglycemia • Diabetic ketoacidosis and hyperosmolar hyperglycemic state • Pregnancy and diabetes • Useful resources

Diabetic Coma, Ketoacidotic and Hyperosmolar David S. Schade, 1981

The Diabetic Ketoacidosis Mastery Bible Ankita Kashyap, Krishna N. Sharma, 2023-12-19 The Diabetic Ketoacidosis Mastery Bible: Your Blueprint for Complete Diabetic Ketoacidosis Management is a comprehensive guide offering a holistic approach to understanding, preventing, and managing diabetic ketoacidosis (DKA). This book begins by unraveling the biology of DKA, identifying symptoms, and debunking common misconceptions. From emergency management strategies and long-term complications to nutritional approaches, readers will find invaluable insights into meal planning, hydration, and the importance of supplements. The holistic health section explores stress management techniques, the role of physical activity, and integrative medicine, providing a well-rounded perspective. Medical interventions and treatment options, including fluid and electrolyte management, pharmacological advances, and innovative technologies, are thoroughly discussed. The book delves into the emotional impact of DKA and offers

strategies for building a robust support network. Customizable management plans, goal setting, and personalized nutrition advice empower readers to navigate various aspects of life with DKA, from travel and workplace considerations to family planning. Recipes and meal ideas, along with post-DKA care and recovery, make this guide an indispensable companion for individuals and families on their journey to master the management of diabetic ketoacidosis.

Diabetes Mellitus Pincus Taft,1985

Diabetes in Practice Boris Draznin,2022-10-26

Diabetes clinical practice is a life-long learning experience, and the insights presented in Diabetes in Practice will facilitate a deeper knowledge of the complex nature of diabetes and its comorbidities for physicians, nurse practitioners, registered dietitians, diabetes educators, and students. Diabetes in Practice offers a deep look into years of the professional practice of clinical diabetes. The 49 case studies Boris Draznin, MD, PhD, has assembled cover a wide array of diabetes cases involving atypical presentations to those addressing ketoacidosis and hypoglycemia, continuous glucose monitoring and insulin pumps, and diabetes co-occurring with cancer and autoimmune conditions. Each case study includes expert review from long-term diabetes practitioners to help you in your daily interactions with patients and enhance your understanding of diabetes diagnosis and treatment challenges.

Mayo Clinic Essential Diabetes Book Mayo

Clinic,2009-03-10 More people than ever before have diabetes. The disease affects an estimated 21 million adults and children in the US and many people with the disease don't have it under control. Unlike years ago, you have a good chance of living an active and healthy life with

diabetes - provided you work with your health-care team to take the necessary steps to control your blood sugar. This title covers: the pre-diabetes stage - taking charge to prevent diabetes; types of diabetes; symptoms and risk factors; treatments and strategies for managing your blood sugar; avoiding serious complications; advances in insulin delivery and new medications; and, recipes.

Clinical Pediatric Anesthesia Kenneth

Goldschneider, Andrew Davidson, Eric Wittkugel, Adam Skinner, 2012-03-16 Through 71 case presentations, Clinical Pediatric Anesthesia covers the field of pediatric anesthesiology with a practical, point-of-care approach. Each concisely written case is organized by introduction, learning objectives, case presentation, discussion, summary, annotated references, and further reading. In a style akin to the oral board examinations, discussions are framed as questions and answers to encourage thorough analysis and understanding by the reader. Key words are highlighted to emphasize important points, and annotated references allow for further exploration of topics. Multiple approaches often exist for the care of children in any given situation, so various options are discussed when appropriate with advantages and disadvantages closely examined. Since questions posed by real-life clinical situations call for active thinking, this case-based book promotes the same evaluation and decision-making skills required of the pediatric anesthesia clinician.

Ferri's Clinical Advisor 2021 Fred F.

Ferri, 2020-06-10 Find fast answers to inform your daily diagnosis and treatment decisions! Ferri's Clinical Advisor 2021 uses the popular 5 books in 1 format to deliver vast amounts of information in a clinically relevant, user-friendly manner. This bestselling reference has been significantly updated to provide you with easy access to

answers on 1,000 common medical conditions, including diseases and disorders, differential diagnoses, clinical algorithms, laboratory tests, and clinical practice guidelines—all carefully reviewed by experts in key clinical fields. Extensive algorithms, along with hundreds of new figures and tables, ensure that you stay current with today's medical practice. Contains significant updates throughout, covering all aspects of current diagnosis and treatment. Features 27 all-new topics including chronic rhinosinusitis, subclinical brain infarction, reflux-cough syndrome, radiation pneumonitis, catatonia, end-stage renal disease, and genitourinary syndrome of menopause, among others. Includes new appendices covering common herbs in integrated medicine and herbal activities against pain and chronic diseases; palliative care; and preoperative evaluation. Offers online access to Patient Teaching Guides in both English and Spanish.

Diabetes in Childhood and Adolescence Francesco Chiarelli, Knut Dahl-Jørgensen, Wieland Kiess, 2005-01-01
Diabetes mellitus is one of the most frequent chronic diseases affecting children and adolescents. The number of young children being diagnosed with type 1 diabetes is increasing worldwide and an epidemic of type 2 diabetes already at a young age is being

Diabetes Mellitus and Older African Americans, 1993

The Genetic Landscape of Diabetes Laura Dean, 2004
Endocrine Emergencies Lynn Loriaux, Chaim Vanek, 2021-04-20
Medical emergencies due to disorders of the endocrine system represent a unique category of clinical care. Hypotension, fever, palpitations, confusion, and electrolyte abnormalities are all signs of disparate endocrine emergencies that require immediate diagnoses and treatment. Recognition of endocrine emergencies will

frequently lead to rapid improvement and stabilization of the patient. Now in a revised and expanded second edition including the latest clinical guidelines and protocols, Endocrine Emergencies serves as a handy single reference for any endocrinologist, internist, hospitalist, and emergency medicine physician to rapidly identify and initiate treatment. Topics covered include acute adrenal insufficiency, diabetic ketoacidosis, thyroid storm, hyponatremia, and myxedema coma, among many others. Each chapter opens with a precis that provides, in a single page, a presentation of symptoms, workup, and therapy. This serves as a rapid, “off the shelf” cue to immediately begin a differential diagnoses and therapy plan. The remainder of each chapter is an in-depth review of the pathophysiology, diagnoses, and management of the disease process. Book chapters are written by experts in the field and reflect the consensus and standard of care for specific endocrine emergencies. Updated with the latest clinical evidence and treatment options, Endocrine Emergencies remains a valuable resource for practitioners in endocrinology and internal medicine, as well as emergency room physicians, hospital support staff, fellows and residents.

Reducing Episodes of Diabetic Ketoacidosis Within a Youth Population Applied Research Press, 2015-08-31

Diabetic ketoacidosis (DKA) is the most common cause of morbidity and mortality for youth with type 1 diabetes mellitus (T1DM). This article reports qualitative data from focus groups with youth and parents of youth with T1DM on the barriers that they identify to DKA prevention and resources that may aid youth better manage their diabetes. The project identified barriers to DKA prevention for youth which were not previously identified in the medical literature, e.g., the stress associated with temporary

guardians, risk of information overload at initial diagnosis and the long period from initial diagnosis when most diabetes education is received. Families from rural areas do report additional burdens, but in some cases these families have developed community supports to help offset some of these problems. Mobile and online resources, educational refreshers about DKA, concise resources for teachers and other temporary guardians, and DKA treatment kits for parents may help improve diabetes management and prevent future episodes of DKA.

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