CDCES Diabetes Educator Prep

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Practice Questions

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1. A patient with type 2 diabetes shares with their healthcare provider that they want to make dietary changes to improve their diabetes management. Which of the following responses is BEST?

A. "It's best to start with a strict low-carb diet to see significant results first."
B. "Focus only on calorie-counting to manage your diabetes more effectively."
C. "Consider following the latest fad diet that's trending for quick improvement."
D. "That sounds like a great approach! What kind of dietary changes are you considering, and how can I assist you in planning?"

2. A 68-year-old female client with advanced chronic kidney disease (CKD) stage 4, peripheral neuropathy, and type 2 diabetes presents to the clinic for a follow-up. She is currently on insulin therapy and her A1C is 8.5%. The healthcare provider knows:

A. The client's A1C goal should be < 6-8%
B. The client's A1C goal should be < 7%
C. The client's A1C level is currently at goal
D. The client's A1C goal should be < 8%

3. The dietitian is discussing with a client why the endocrinologist has recommended adding a GLP-1 agonist to their current metformin therapy. The dietitian knows:

A. The addition of a basal insulin helps to improve glycemic control primarily during meals with less risk of hypoglycemia
B. Both postprandial and fasting glucose levels are generally elevated in most individuals with type 2 diabetes
C. Only fasting glucose levels typically worsen in individuals with type 2 diabetes who are untreated with medication
D. Metformin only addresses the postprandial hyperglycemia

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4. Patients with diabetes need to be aware of specific symptoms that indicate complications from long-term high blood glucose levels. Which of the following symptoms suggests diabetic neuropathy?

A. Numbness, tingling, and burning sensation in the feet
B. Chest pain, shortness of breath, and dizziness
C. Frequent urination, thirst, and blurry vision
D. Weight loss, fatigue, and dry mouth

5. A Certified Diabetes Care and Education Specialist is discussing healthy eating habits with a patient newly diagnosed with type 2 diabetes. Which of the following statements made by the patient indicates that further education is needed regarding the nutritional content of beverages?

A. "I choose water most of the time to stay hydrated and because it has no calories."
B. "When I occasionally drink fruit juice, I measure out just one serving and consider its carbohydrate content."
C. "I know that sugary beverages can cause blood sugar spikes, so I avoid them and choose healthier options."
D. "I drink diet soda throughout the day because it has no sugar and will help me manage my weight better than water."

6. An educator is conducting a session for individuals with diabetes who are considering various forms of exercise. Which of the following statements regarding exercise and diabetes management is NOT correct?

A. Monitoring blood glucose levels before, during, and after exercise is essential.
B. Carbohydrate intake adjustment may be necessary to prevent hypoglycemia during prolonged physical activity.
C. High-intensity interval training (HIIT) is not recommended for individuals with type 1 diabetes.
D. Regular physical activity can help improve insulin sensitivity.

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7. A health educator is evaluating a lifestyle intervention plan for a patient with prediabetes. Which of the following statements is accurate?

A. The majority of individuals with prediabetes can prevent progression to type 2 diabetes through diet and exercise alone, without a structured plan.
B. Engaging in a structured lifestyle intervention with the appropriate supports can significantly reduce the risk of progression to type 2 diabetes.
C. A minimal intervention approach is effective at reducing the risk of diabetes progression.
D. Lifestyle interventions without structured support can independently ensure high compliance.

8. A 45-year-old male with type 2 diabetes is experiencing persistent symptoms of anxiety. Which of the following is the MOST likely to be successful in treating the patient's anxiety?

A. Cognitive behavioral therapy
B. Interpersonal therapy
C. Antianxiety medication
D. Motivational interviewing

9. Which of the following statements about neuropathy in people with diabetes is TRUE?

A. In a person with diabetes, treating neuropathy increases the risk of cardiovascular events.
B. In people with diabetes, neuropathy is often caused by an excess level of blood cholesterol affecting the nerves.
C. When a foot ulcer is treated surgically, the risk of neuropathy is increased in diabetic patients.
D. Neuropathy is more common in people with diabetes and can develop at an earlier age than in people without diabetes.

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10. A patient with type 2 diabetes is hospitalized and placed on an insulin regimen that includes a low dose correction insulin scale. Prior to lunch, the patient’s blood glucose reading is 175 mg/dL. How many units of rapid-acting insulin should the nurse administer?

A. 4 units
B. No rapid-acting insulin should be given, and the nurse should recheck blood glucose after one hour
C. 2 units
D. 1 unit

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11. A man with type 2 diabetes has been taking lorcaserin for weight management for more than a year and is now planning to start a new medication for his depression. Due to potential drug interactions, lorcaserin will need to be discontinued. Discontinuation should be preceded by taking a dose every other day for a week to _____.

A. Avoid rebound hyperglycemia
B. Prevent serotonin syndrome
C. Avoid severe hypotension
D. Avoid rebound hypoglycemia

12. Which of the following is NOT considered a complication of poorly controlled diabetes?

A. Seasonal allergies
B. Neuropathy
C. Retinopathy
D. Cardiovascular disease

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13. A client attending a diabetes education session for the first time presents with a HbA1c level of 9%. Based on the American Diabetes Association (ADA) diabetes management guidelines, the patient's HbA1c level indicates:

A. The patient is within a safe range and requires no immediate changes
B. The patient needs to start insulin therapy immediately
C. The patient should be advised to decrease their physical activity
D. The patient is at high risk of diabetes-related complications

14. A patient with type 2 diabetes is concerned about starting insulin therapy due to potential side effects. On which of the following statements about insulin therapy should the nurse base their response?

A. Insulin therapy causes weight loss.
B. Patients should significantly reduce carbohydrate intake if they start insulin therapy.
C. Insulin therapy can be adjusted to minimize side effects while effectively managing blood glucose levels.
D. Once a patient starts insulin therapy, they will always require it.

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15. A diabetes educator is counseling a group of female diabetics about preventing complications related to diabetes. Which of the following statements made by a client indicates the need for more instruction?

A. "Maintaining healthy blood pressure levels is crucial to minimize kidney damage."
B. "Only women with type 1 diabetes develop neuropathy."
C. "If my blood sugar levels remain uncontrolled, I can develop retinopathy."
D. "Regular foot checks are important to prevent diabetic foot ulcers."

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16. A dietitian is evaluating a diabetic male with type 2 diabetes for lifestyle factors contributing to potential diabetic complications. The dietitian knows that:

A. High intake of saturated fats increases the risk of cardiovascular disease due to increased cholesterol levels
B. Consuming fish oil supplements significantly increases the risk of developing diabetes complications
C. The American Heart Association recommends a target LDL cholesterol level of less than 130 mg/dL
D. Men over the age of 60 are at lower risk for developing cardiovascular disease compared to women of the same age

17. A 65-year-old patient with Type 2 Diabetes is receiving education about potential complications associated with aging and diabetes management. Which of the following statements is accurate?

A. Lean older adults with diabetes have marked resistance to insulin-mediated glucose disposal.
B. Obese older adults with diabetes have profound impairment in glucose-induced insulin secretion but minimal resistance to insulin action.
C. Younger adults with diabetes exhibit normal fasting hepatic glucose production compared to older adults with diabetes.
D. Aging is associated with a decreased response to incretin hormones.

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18. Which of the following statements about exercise recommendations for diabetes management is INCORRECT?

A. Exercise can lower blood glucose levels in people with type 2 diabetes.
B. Patients are advised to monitor blood glucose levels before and after engaging in strenuous exercise.
C. Individuals with type 1 diabetes should engage in exercise immediately after insulin administration.
D. Physical activity helps in improving insulin sensitivity.

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19. A diabetes educator is teaching a group of patients with type 2 diabetes about factors impacting glycemic control. All of the following can negatively affect glycemic control EXCEPT :

A. Stress
B. Regular physical activity
C. High carbohydrate diet
D. Sedentary lifestyle

20. During a community diabetes education session, a participant shares that they have been experiencing frequent dizzy spells that they suspect are due to low blood sugar. What is the BEST immediate response by the educator?

A. Advise the participant to immediately check their blood sugar levels and consume a fast-acting carbohydrate if levels are low.
B. Suggest the participant drink water and rest for a while.
C. Refer the participant to their primary care physician for a future appointment.
D. Provide the participant with a list of foods that can help them maintain stable blood sugar levels.

21. A patient with diabetes complains to their healthcare provider about a new skin condition involving red, circular patches on their legs. What is the most likely cause and necessary action?

A. The condition is highly painful and requires immediate pain management
B. The condition results from poor hygiene and requires antibiotics
C. The condition likely results from a fungal infection and needs antifungal treatment
D. The condition is diabetic dermopathy and it usually does not require treatment

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22. A patient with type 2 diabetes plans to embark on a hiking expedition in a remote area for a week. Which of the following statements made by the patient is INCORRECT?

A. I should pack extra food and water in case of delays or emergencies.
B. I will need to learn how to administer first aid for hypoglycemia.
C. I should avoid carrying glucose tablets as they are not necessary.
D. I need to ensure I have a sufficient supply of diabetes medications.

23. Which of the following statements regarding HbA1c measurement is CORRECT?

A. The HbA1c test involves a fasting blood sample
B. HbA1c levels of 6.5% or higher indicate diabetes
C. HbA1c measurement is only indicative of blood glucose levels over the past week
D. HbA1c levels below 5.7% indicate diabetes

24. A diabetes educator is conducting a session on lifestyle modifications for managing type 2 diabetes. Which of the following statements about physical activity is NOT correct?

A. Exercising regularly can lead to an immediate increase in insulin requirements.
B. Physical activity improves insulin sensitivity in people with type 2 diabetes.
C. Regular exercise helps in reducing blood glucose levels.
D. Both aerobic and resistance training are beneficial for managing type 2 diabetes.

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25. Patients who have type 1 diabetes and are preparing for strenuous exercise should be advised to check their blood glucose levels and consume additional carbohydrates if their glucose level falls below _____.

A. 140 mg/dL
B. 180 mg/dL
C. 200 mg/dL
D. 100 mg/dL

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26. A diabetic client in a nursing home is being treated with continuous subcutaneous insulin infusion (CSII) at a rate of 8 units/hour. The target blood glucose range is 120-180 mg/dL. During a routine check, the nurse notes that the patient's blood glucose is 122 mg/dL. The patient's blood glucose level 2 hours ago was 145 mg/dL. What is the BEST action for the nurse to take?

A. Decrease the rate of the insulin infusion by 2 units/hour and recheck blood glucose level in one hour
B. Increase the rate of the insulin infusion by 1 unit/hour and recheck blood glucose in one hour
C. Decrease the rate of the insulin infusion by 1 unit/hour and recheck blood glucose in one hour
D. Discontinue the insulin infusion and recheck blood glucose in one hour

27. A documented A1C value of <6.5% without the usual symptoms of hypoglycemia is known as:

A. Probable symptomatic hypoglycemia
B. Asymptomatic hypoglycemia
C. Pseudohypoglycemia
D. Postprandial hypoglycemia

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28. A person with type 2 diabetes is planning to go on a two-week hiking trip in a remote area and asks the nurse how much insulin they should carry. The nurse needs to explain the appropriate way to prepare for such a trip.

A. The patient should carry an ample supply of insulin, accounting for potential increases in insulin needs due to physical activity and varying weather conditions. The insulin should be stored in a portable cooler to maintain its stability.
B. The patient only needs to take the exact amount of insulin they use on a regular day, no adjustments needed.
C. The patient should not bring insulin, as they can easily find it in stores or pharmacies within the remote area.
D. The patient can bring insulin but does not need to worry about keeping it cool; room temperature is suitable.

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29. A patient with type 2 diabetes is curious about the effect of different breakfast foods on their blood glucose levels. They ask the dietitian which item from their breakfast tray is most likely to cause a rise in post-meal blood glucose levels. Which of the following choices is MOST correct?

A. Black coffee
B. Scrambled eggs
C. Bacon strips
D. Orange juice

30. A patient with poorly controlled type 2 diabetes is planning to undergo an extended juice cleanse. Which of the following responses by the healthcare team is BEST?

A. Tell the patient that the juice cleanse is a healthy choice with no need for medical monitoring.
B. Recommend only adjusting the patient's medication without discussing the potential risks of the juice cleanse.
C. Strongly advise the patient to explore alternatives to the juice cleanse but be prepared to support the patient if they choose to proceed.
D. Inform the patient that the juice cleanse will definitely harm their health.

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Answer Key & Explanations

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1. D — "That sounds like a great approach! What kind of dietary changes are you considering, and how can I assist you in planning?"
Answer: "That sounds like a great approach! What kind of dietary changes are you considering, and how can I assist you in planning?" Balanced meals with mindful carbohydrate monitoring can help manage diabetes. The healthcare provider should support the patient in planning dietary changes, not enforce restrictive or trendy diets.

2. C — The client's A1C level is currently at goal
Answer: This client's A1C level is currently at goal. The goals of glucose control should be individualized based on the client's overall health status, particularly the presence of comorbidities, cognitive function, and ability to perform day-to-day activities. In clients with significant comorbidities such as advanced CKD, an A1C goal of > 8% might be appropriate to avoid hypoglycemia and other complications. This client fits those criteria making her current A1C of 8.5% acceptable. In the absence of significant comorbidities or functional decline, the A1C target may be more stringent (e.g., < 7%), but in clients with conditions like CKD, looser targets are often justified.

3. B — Both postprandial and fasting glucose levels are generally elevated in most individuals with type 2 diabetes
Answer: Both postprandial and fasting glucose levels are generally elevated in most individuals with type 2 diabetes. Both overnight and between-meal glucose levels (fasting or basal) and the increments above pre-meal levels (postprandial) are increased in most people with diabetes, and both components of hyperglycemia typically worsen with increasing duration of diabetes. Both components, basal and postprandial, worsen with the increasing duration of diabetes. Metformin acts mainly on fasting and between-meal hyperglycemia, not on postprandial hyperglycemia. The addition of a GLP-1 agonist can help to improve glycemic control by addressing both postprandial and fasting glucose levels.

4. A — Numbness, tingling, and burning sensation in the feet
Answer: Numbness, tingling, and burning sensation in the feet. Diabetic neuropathy is a type of nerve damage that can occur with diabetes. Common signs include numbness, tingling, and a burning sensation, especially in the feet and hands. These symptoms result from prolonged high blood glucose levels, which can damage nerves over time. Symptoms like chest pain, shortness of breath, and dizziness are more indicative of cardiovascular problems, while frequent urination, thirst, and blurry vision are classic symptoms of high blood glucose levels. Weight loss, fatigue, and dry mouth are general symptoms that can be linked to various conditions but not specifically to diabetic neuropathy.

5. D — "I drink diet soda throughout the day because it has no sugar and will help me manage my weight better than water."
Answer: "I drink diet soda throughout the day because it has no sugar and will help me manage my weight better than water." While diet sodas do not contain sugar and have fewer calories than regular sodas, they contain artificial sweeteners and other chemicals that may still impact health negatively. Water is a better

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choice for staying hydrated without added chemicals. It's important to educate patients that moderation is key and that water should be the primary beverage for hydration. Regular consumption of diet sodas has been associated with other health risks and may not support overall health or weight management goals effectively. Healthier options like water, herbal teas, or sparkling water without added sugars or artificial sweeteners are preferable.

6. C — High-intensity interval training (HIIT) is not recommended for individuals with type 1 diabetes.
Answer: High-intensity interval training (HIIT) is not recommended for individuals with type 1 diabetes High-intensity interval training (HIIT) can be safe and beneficial for individuals with type 1 diabetes, provided they have good glycemic control and are supervised by healthcare professionals. Regular physical activity improves insulin sensitivity, and monitoring blood glucose levels around exercise sessions helps manage diabetes effectively. Additionally, adjusting carbohydrate intake can prevent hypoglycemia during prolonged activities.

7. B — Engaging in a structured lifestyle intervention with the appropriate supports can significantly reduce the risk of progression to type 2 diabetes.
Answer: Engaging in a structured lifestyle intervention with the appropriate supports can significantly reduce the risk of progression to type 2 diabetes. Research shows that structured lifestyle interventions with proper support systems can greatly reduce the risk of developing type 2 diabetes in individuals with prediabetes. These interventions improve adherence, self-efficacy, and long-term behavior change. Minimal intervention and lack of structure are less effective in achieving and maintaining these results.

8. A — Cognitive behavioral therapy
Answer: Cognitive behavioral therapy Cognitive behavioral therapy (CBT) is widely recognized as an effective treatment for anxiety disorders in adults. Both CBT and mindfulness-based therapy are successful in managing anxiety symptoms. Antianxiety medication can be effective for severe anxiety disorders, particularly when combined with CBT. Interpersonal therapy is more traditionally used for depressive disorders, especially in adolescents. Motivational interviewing is primarily applied to improve motivation and commitment to behavioral changes and not specifically for treating anxiety.

9. D — Neuropathy is more common in people with diabetes and can develop at an earlier age than in people without diabetes.
Neuropathy is more common in people with diabetes and can develop at an earlier age than in people without diabetes. High blood glucose levels can cause nerve damage over time, leading to diabetic neuropathy. It is not directly linked to cholesterol levels, risk of cardiovascular events, or surgical treatments of foot ulcers.

10. C — 2 units
Answer: 2 units Using the low dose correction insulin scale, for a blood glucose level of 175 mg/dL, 2 units of rapid-acting insulin are to be administered. On the low dose correction insulin scale, 1 unit of rapid-acting insulin is given for blood glucose levels between 140-160 mg/dL, and 4 units are given for levels between 180-200 mg/dL. Rechecking the blood glucose without administering insulin isn't appropriate as the blood glucose level of 175 mg/dL requires intervention based on the low dose correction insulin scale.

11. B — Prevent serotonin syndrome
Answer: Discontinuation should be preceded by taking a dose every other day for a week to prevent serotonin syndrome. There are warnings for lorcaserin due to the risk of serotonin syndrome, which can occur when lorcaserin is discontinued rapidly or if there is an interaction with other serotonergic drugs. Symptoms of

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serotonin syndrome include agitation, hallucinations, tachycardia, labile blood pressure, hyperthermia, and gastrointestinal symptoms. Lorcaserin is a serotonin 2C receptor agonist used for weight management in patients with type 2 diabetes. Rapid discontinuation is associated with serotonin syndrome, not severe hypotension or significant changes in blood glucose levels.

12. A — Seasonal allergies
Answer: Seasonal allergies Seasonal allergies are not associated with poorly controlled diabetes. Neuropathy, retinopathy, and cardiovascular disease are common complications of diabetes. Poorly controlled blood glucose levels can lead to damage in various organs and systems, resulting in neuropathy (nerve damage), retinopathy (eye damage), and cardiovascular disease (heart-related conditions).

13. D — The patient is at high risk of diabetes-related complications
Answer: The patient is at high risk of diabetes-related complications According to ADA guidelines, a HbA1c level of 9% indicates poor glycemic control and places the patient at a higher risk for diabetes complications, such as retinopathy, neuropathy, and cardiovascular diseases. The patient requires immediate intervention, including potential adjustments in medication, lifestyle changes, and regular monitoring of their blood glucose levels. Immediate insulin therapy might be necessary depending on individual patient assessment, but it is not an automatic requirement for all patients with a high HbA1c. On the other hand, advising the patient to decrease physical activity would be counterproductive as physical activity is generally recommended to improve glycemic control.

14. C — Insulin therapy can be adjusted to minimize side effects while effectively managing blood glucose levels.
Answer: Insulin therapy can be adjusted to minimize side effects while effectively managing blood glucose levels. Insulin therapy can be personalized to meet individual needs, balancing insulin type, timing, and dosage. The goal is to manage blood glucose levels effectively while minimizing potential side effects. Regular monitoring and adjustments allow for flexibility and tailored management strategies. Contrary to the distractors, insulin therapy does not always lead to a permanent requirement for insulin, does not inherently cause weight loss, and extreme carbohydrate restriction is unnecessary as insulin helps in metabolizing the carbs efficiently.

15. B — "Only women with type 1 diabetes develop neuropathy."
Answer: "Only women with type 1 diabetes develop neuropathy." Neuropathy can affect individuals with both type 1 and type 2 diabetes. Chronic high blood sugar levels can damage nerves throughout the body, most commonly causing neuropathy in the legs and feet. It is essential for all diabetics to manage their blood sugar levels to prevent neuropathy. Managing blood sugar helps to prevent various complications including retinopathy, which affects the eyes, and maintaining healthy blood pressure levels also plays an important role in protecting kidney function.

16. A — High intake of saturated fats increases the risk of cardiovascular disease due to increased cholesterol levels
Answer: High intake of saturated fats increases the risk of cardiovascular disease due to increased cholesterol levels If a client has a high intake of saturated fats, they should reduce this intake to lower cholesterol. Increased cholesterol levels are linked to cardiovascular disease. While fish oil supplements are generally recommended for heart health, they do not significantly increase the risk of diabetic complications. The American Heart Association recommends a target LDL cholesterol level of less than 100 mg/dL, not 130 mg/dL. Men have a higher risk of cardiovascular disease until about age 45, women catch up between 45 and

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54, and surpass men at age 55 and beyond.

17. D — Aging is associated with a decreased response to incretin hormones.
Aging is related to a decrease in the response to incretin hormones, which affects insulin secretions. The alterations in insulin release, loss of pulsatility, and first-phase insulin secretion are also contributing factors. Compared to younger adults, obese, rather than lean older people with diabetes, have relatively normal insulin secretion but significant resistance to insulin-mediated glucose disposal. Lean, rather than obese older people with diabetes, exhibit a profound impairment in glucose-induced insulin secretion but minimal resistance to insulin action. Older adults with diabetes show normal fasting hepatic glucose production, unlike the elevated hepatic glucose production in younger diabetes patients.

18. C — Individuals with type 1 diabetes should engage in exercise immediately after insulin administration.
Answer: Individuals with type 1 diabetes should engage in exercise immediately after insulin administration. For individuals with type 1 diabetes, it is recommended to avoid exercise immediately after insulin administration as it may increase the risk of hypoglycemia. Instead, they should exercise at a time when insulin levels and blood glucose levels are more stable. Physical activity is beneficial for people with diabetes as it improves insulin sensitivity, helps lower blood glucose levels, and assists in overall diabetes management. Exercise is an important component of managing both type 1 and type 2 diabetes.

19. B — Regular physical activity
Answer: Regular physical activity Regular physical activity can help improve glycemic control in individuals with type 2 diabetes. In contrast, a high carbohydrate diet, sedentary lifestyle, and stress are known to negatively affect glycemic control.

20. A — Advise the participant to immediately check their blood sugar levels and consume a fast-acting carbohydrate if levels are low.
Answer: Advise the participant to immediately check their blood sugar levels and consume a fast-acting carbohydrate if levels are low. Frequent dizzy spells could signify low blood sugar, a condition that requires prompt action to prevent further complications. Consuming a fast-acting carbohydrate is the standard treatment for hypoglycemia, and checking blood sugar levels helps confirm the cause of the symptoms. Other actions, such as resting or planning a future physician visit, do not provide the immediate intervention necessary to address potential hypoglycemia.

21. D — The condition is diabetic dermopathy and it usually does not require treatment
Answer: The condition is diabetic dermopathy and it usually does not require treatment Diabetic dermopathy is marked by round or oval, indented, red to brown patches commonly found on the shins. This condition is usually painless and does not require medical treatment. Good blood sugar control may improve the appearance of these patches. It is not related to poor hygiene or infections and does not typically cause discomfort.

22. C — I should avoid carrying glucose tablets as they are not necessary.
Answer: "I should avoid carrying glucose tablets as they are not necessary." Glucose tablets are important for rapid treatment of hypoglycemia, especially during physical activities such as hiking. The patient should ensure they have enough diabetes medications for the duration of the trip, pack extra food and water, and be prepared to manage hypoglycemia.

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23. B — HbA1c levels of 6.5% or higher indicate diabetes
Answer: HbA1c levels of 6.5% or higher indicate diabetes According to the diagnostic criteria, an HbA1c (glycated hemoglobin) level of 6.5% or higher is used to diagnose diabetes. This measurement reflects the average blood glucose levels over the past 2-3 months. The test is used because glucose attaches to hemoglobin in the blood, and the amount of glucose that remains attached over time provides a good indication of average blood glucose levels.

24. A — Exercising regularly can lead to an immediate increase in insulin requirements.
Answer: Exercising regularly can lead to an immediate increase in insulin requirements. Exercise generally leads to improved insulin sensitivity and reduced insulin requirements. Regular physical activity is beneficial for managing blood glucose levels. Both aerobic and resistance training are effective in improving glycemic control in people with type 2 diabetes.

25. D — 100 mg/dL
Patients with type 1 diabetes should check their blood glucose levels before engaging in strenuous exercise. If their glucose level is below 100 mg/dL, they are advised to consume additional carbohydrates to prevent hypoglycemia during exercise. This helps maintain stable glucose levels and reduces the risk of hypoglycemic events.

26. C — Decrease the rate of the insulin infusion by 1 unit/hour and recheck blood glucose in one hour
Answer: Decrease the rate of the insulin infusion by 1 unit/hour and recheck blood glucose in one hour When the rate of the insulin infusion is 7-9.9 units/hour, and blood glucose is 100-129 with a goal blood glucose of 120-180 mg/dL, the most appropriate action is to decrease the rate of the insulin infusion by 1 unit/hour and recheck blood glucose in one hour. If the blood glucose drops more than 25 mg/dL from the last check, the insulin infusion should be discontinued and blood glucose rechecked in one hour. When the rate of the insulin infusion is > 10 units/hour, the rate would be decreased by 2 units/hour if the blood glucose was between 100-129. If the blood glucose was within the goal of 120-180, no changes would be made in the infusion rate. If blood glucose remains 120-180 for 2 consecutive hours, then checks could be decreased to every 2 hours.

27. B — Asymptomatic hypoglycemia
Answer: Asymptomatic hypoglycemia Asymptomatic hypoglycemia is defined as a documented A1C value of <6.5% without the usual symptoms. Pseudohypoglycemia is defined as an episode with typical symptoms of hypoglycemia, but measured A1C values are >6.5%, although they usually approach that level. Probable symptomatic hypoglycemia is defined as an event during which typical symptoms of hypoglycemia develop and are relieved with treatment but are never documented to meet the alert threshold of <6.5%. Postprandial hypoglycemia is hypoglycemia following a meal.

28. A — The patient should carry an ample supply of insulin, accounting for potential increases in insulin needs due to physical activity and varying weather conditions. The insulin should be stored in a portable cooler to maintain its stability.
Answer: The patient should carry an ample supply of insulin, accounting for potential increases in insulin needs due to physical activity and varying weather conditions. The insulin should be stored in a portable cooler to maintain its stability. When going on extended trips, especially to remote areas, patients with diabetes must prepare adequately to manage their blood glucose levels. They should carry more insulin than they typically need, given the increased physical activity and possible challenges in accessing medical supplies. Insulin should be kept cool to prevent degradation. Portable coolers designed for insulin storage can help maintain the required temperature.

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29. D — Orange juice
Answer: Orange juice Carbohydrate-containing foods and beverages, along with endogenous insulin production, are the greatest determinants of post-meal blood glucose levels. Foods containing carbohydrates include starchy vegetables, whole grains, fruits, milk and milk products, vegetables, and sugar. Orange juice is most likely to cause a rise in the patient's post-meal blood sugar. Black coffee has no effect on blood glucose levels as it contains no sugar. Scrambled eggs contain mainly protein, not carbohydrates. Bacon strips are high in fat and protein, which also have a minimal impact on blood glucose levels compared to carbohydrate-rich foods.

30. C — Strongly advise the patient to explore alternatives to the juice cleanse but be prepared to support the patient if they choose to proceed.
Answer: Strongly advise the patient to explore alternatives to the juice cleanse but be prepared to support the patient if they choose to proceed. Extended juice cleanses should be avoided in patients with poorly controlled type 2 diabetes if at all possible. The healthcare team should strongly advise the patient to explore other options that can deliver the same perceived benefits without the associated risks. However, the team must also be ready to support the patient's decision should they choose to proceed with the juice cleanse. Warning the patient that the cleanse will definitely harm them can be excessively daunting and may not be entirely accurate. Praising the juice cleanse as a healthy choice without medical supervision is medically unsound. Simply adjusting medication without discussing the risks and benefits of the cleanse is inadequate.

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