

## **The Diabetic Patient Exam**

**1. You are called to a convenience store for a man acting strangely. You arrive to find an unkempt man of about 60 years of age that is sitting against the wall inside of the store and appears disoriented and confused. The store clerks explain that they believe him to be a homeless man and he hangs around quite often and is usually very friendly and never causes a problem. During the initial assessment the patient becomes scared and a little combative. Your course of action should be:**

**A. Gently restrain the patient and transport him for a psychiatric evaluation at the nearest crisis center.**

**B. Contact medical control and advise the clerks to call the police to handle the person.**

**C. Gently restrain the patient and evaluate for any underlying medical condition.**

**D. To maintain the personal safety of yourself and your partner, ask the store clerks to restrain the patient so you can evaluate him properly.**

**2. Based on the above patient's presentation, it is best to assume that he is suffering from:**

**A. Alzheimer's disease**

**B. Alcohol binge**

**C. Dementia**

**D. Hypoglycemia**

**3. After you have gained access to the above patient, your course of action should be:**

**A. Since the patient is awake, administer glucose under his tongue, administer Narcan via IV, transport to the hospital.**

**B. Assess and monitor the patients condition and keep in restraints until he can be transferred to proper mental health personnel.**

**C. Since the patient is awake, see if you can get him to eat something sweet, transport to the hospital.**

**D. Administer Thiamine via I and then administer dextrose 50% slowly via IV, transport to the hospital.**

**4. You are called to the home of an elderly couple where you find an 83 year old female lying in her hospital bed. Her husband explains that she has a history of heart disease, diabetes, hypertension, “mini strokes”, and has been very ill lately because of her emphysema and is on 3L of oxygen, 24 hours a day. She is normally lucid and can mobilize with assistance, but he finds that she is a bit confused this morning and will not eat. He takes very good care of his ailing wife and explains that she has had all of her medication this morning, as written out on her daily calendar. You obtain the following vital signs: Pulse: 120 BP: 160/90 Respirations: 28 and non-labored. You further note that the patient is pale, cold and clammy to the touch. She is alert and cooperative, but seems confused and unable to appropriately answer questions. Your course of treatment should include:**

**A. High-flow O2, Check blood sugar levels, rapid but quiet transportation to the hospital.**

**B. 3L O2, Check blood sugar levels, administer glucose by mouth.**

**C. 3L O2, EKG, administer Verapamil to slow the patient’s heart rate.**

**D. High-flow O2, EKG, rapid but quiet transportation to the hospital.**

**5. Based on the above patient's presentation, what do you believe is the underlying cause for her condition?**

**A. Hypoglycemia**

**B. Diabetic Ketoacidosis**

**C. Complications from the emphysema**

**6. You are called to a high school athletic field for a respiratory emergency. You arrive to find a 16 year old female who is semi-conscious on the ground. The coach explains that she was playing in the field hockey game and suddenly had trouble catching her breath. The coach sat her on the ground and she quickly deteriorated and collapsed. She is responsive only to painful stimuli and you note that she is breathing rapidly and deeply. Her skin is warm and dry and you detect a strong fruity odor on her breath. Although she weakly protests to your efforts of obtaining vital signs, you are able to note the following: Pulse: 120, BP: 130/88, Respirations: 24 and deep. Your course of treatment should include:**

**A. ABC assessment, high-flow O<sub>2</sub>, administer dextrose 50% IV, administer Narcan, transport to the hospital.**

**B. ABC assessments, high-flow O<sub>2</sub>, complete spinal immobilization and transport to the hospital.**

**C. ABC assessment, administer glucose under the tongue, rapid transport to the hospital.**

**D. ABC assessments, administer dextrose 50% IV, administer Thiamine, and transport to the hospital.**

**7. Based on the above patient's presentation, what do you believe is the underlying cause for her condition?**

**A. Hyperosmolar Hyperglycemic Nonketotic Coma**

**B. Drug Overdose**

**C. Hypoglycemia**

**D. Diabetic Ketoacidosis**

**8. From the above scenario, the breathing pattern of the patient is referred to as:**

- A. Kussmaul's**
- B. Cheyne-Stokes**
- C. Wolff-Parkinson-White**
- D. Venturi**

**9. You are called to an office building where you find a 44 year old woman complaining of dizziness. She is cold and clammy and says she is no longer experiencing the dizziness that prompted her co-workers to call an ambulance, but that she now has a headache. She denies any medical history and is not on any regular medications, with the exception of an over-the-counter appetite suppressant that she has been taking to try and lose weight. She pulls the pills from her purse, but is unable to read the bottle, as her vision is blurred. You note that her hand is trembling as she hands you the bottle to read. She states she is in overall good health, but admits to feeling very fatigued lately. Based on the patient's presentation, what do you believe is the underlying cause for her condition?**

- A. Acute Myocardial Infarction**
- B. Hypoglycemia**
- C. Type I Diabetes**
- D. None of the above**

**10. Your course of treatment for the patient above should include:**

- A. ABC assessment, O2, rapid transport to the hospital.**
- B. ABC assessment, check blood sugar levels, administer dextrose under the tongue.**
- C. Advise the patient to consult her doctor for a more comprehensive weight loss program, make yourself available to medical control, have the patient sign a medical release form.**
- D. Advise the office staff to call you back if the dizziness returns, make yourself available to medical control, have the patient sign a medical release form.**