MEDICAL-SURGICAL NURSING FINAL EXAM 2024/2025 WELL UPDETED QESTIONS AND ANSWERS 1000% CORRECT | GRADED A+

lispro insulin (humulog) - ANSWER-rapid acting insulin

onset of lispro insulin (humolog) - ANSWER-under 15 minutes

peak of lispro insulin (humulog) - ANSWER-30 min to 1.5 hours

when to administer lispro insulin (humulog) - ANSWER-0-15 minutes prior to a meal

regular insulin (Humulin R, Novolin R) - ANSWER-short acting insulin

onset of regular insulin (humulin R, Novolin R) - ANSWER-30 min to 60 minutes

peak of regular insulin (humulin R, Novolin R) - ANSWER-2 to 3 hours

when to administer regular insulin (humulin R, Novolin R) - ANSWER-30 minutes before a meal

lente insulin (humulin L) - ANSWER-intermediate acting insulin

onset of lente insulin - ANSWER-1 to 2 hours

when to administer lente insulin - ANSWER-does not need to be with a meal

peak of lente insulin - ANSWER-4 to 12 hours

insulin glargine - ANSWER-long acting insulin

precautions with insulin glargine (lantus) - ANSWER-insulin glargine cannot be mixed with other insulins!!, the action may be affected in an unpredictable manner.

onset of insulin glargine - ANSWER-1-1.5 hours

peak of insulin glargine - ANSWER-has no peak...lasts 24 hr

storage for insulin - ANSWER-insulin vials should be stored in a refrigerator or they can be kept at room temperature for up to 28 days. cartridges and pens should be stored at room temperature and used within 28 days..

glucagon - ANSWER-a drug used to treat hypoglycemia. raises blood glucose levels

side effects of glucagon - ANSWER-n/v, hypotension, hypersensitivity, & hypokalemia

administration of glucagon - ANSWER-can be given SQ, IM, or IV. then as soon as the patient is awake, give the patient some carbohydrate snack

mixing insulin - ANSWER-whenever mixing insulin, the short acting (regular/humilin R) insulin is drawn up first in order to prevent contamination. short acting is clear insulin and intermediate acting (humilin L/lente) is cloudy, so it is drawn up clear then cloudy. insulin glargine cannot be mixed with any kind of insulin.

metformin - ANSWER-the most common oral hypoglycemic medication for pre diabetic patients and non insulin dependent type 2 diabetes. is not used to treat type 1.

side effects of metformin - ANSWER-GI effects including anorexia, n/v, HA, abdominal gas/pain, metallic taste, hypoglycemia,

LACTIC ACIDOSIS!! (unexplained muscle aches, fatigue, lethargy and hyperventilation)

*ok for pregnancy

precautions taking metformin - ANSWER-needs to be stopped 48 hours before any type of radiographic test with iodinated contrast dye and can't be resumed until 48 hours after because this can cause lactic acidosis or ARF. watch renal function when taking metformin.

when to d/c metformin - ANSWER-immediately if unexplained hypoxemia, dehydration, or signs of lactic acidosis

what foods increase risk of hypoglycemia with oral anti diabetic drugs - ANSWER-celery, coriander, dandelion root, garlic, ginseng

Diabetes mellitus - ANSWER-is a systemic, chronic, and progressive metabolic disease that requires lifelong lifestyle modification. people with DM have the inability to metabolize carbohydrates, proteins, and fats

Type 1 DM - ANSWER-can be genetic or autoimmune. involves the destruction of pancreatic beta cells. has no or minimal insulin production.

aka Juvenile onset/ IDDM

Type 2 DM - ANSWER-can be genetic and environmental. either d/t desensitization (limited response by beta cells) or insulin resistance (liver and peripheral tissues).

aka Adult onset/ NDDM

Type 1: age of onset, symptoms, insulin production, BMI, and insulin mgt - ANSWER-Age: <30 but can occur at any age.

S/sx: abrupt onset, weight loss

Insulin production: None, no prevention.

BMI: usually non-obese

Insulin: dependent

Type 2: age of onset, symptoms, insulin production, BMI, and insulin mgt - ANSWER-
Age: peak at 50 yo

S/sx: slow onset, fatigue

Insulin production: low, normal, or high. Preventable.

BMI: 60-80% of type 2 pts are obese

Insulin: 20-30% require

diabetic ketoacidosis - ANSWER-a complication of diabetes.. is a lack of insulin and ketosis.

more common in Type 1

hyperglycemia-hyperosmolar state - ANSWER-a complication of diabetes... is an insulin deficiency and profound dehydration

hypoglycemia - ANSWER-a complication of diabetes... is too little insulin, too little glucose

s/sx of diabetes - ANSWER-3 p's (polyuria, polydipsia, polyphagia), unintended weight loss, fatigue & weakness, irritability & mood changes, blurred vision, slow healing sores, acanthuses nigricans, HTN, hyperlipidemia, liver impairment, frequent infections

complications of DM - ANSWER-retinopathy, nephropathy, neuropathy, CAD/CVD risk of stroke, PVD

acanthosis nigricans - ANSWER-skin changes with DM2. skin folds around neck and armpits

HBA1C pre diabetes - ANSWER-5.7-6.4 %