

Diagnosis: Diabetes Mellitus Type 1 vs Diabetes Mellitus Type 2

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	Pathophysiology Summary	Signs and Symptoms (subjective)	Physical Assessment Findings (objective)	Pharmacology Recommendations
<p>Diagnosis #1: Diabetes Mellitus Type 1</p>	<ul style="list-style-type: none"> DM Type 1 is a consequence of insulin deficiency resulting from the destruction of pancreatic beta-cells that are produced in the pancreas. The pancreatic beta-cells are found in islets of Langerhans main function is to produce and secrete insulin. In turn, insulin is a hormone responsible for regulating levels of glucose in the 	<p>Patient presented in the office complaining of:</p> <ul style="list-style-type: none"> Increase of fluid intake Polydipsia (increase thirst) Polyphagia (increase appetite) Polyuria (increase urination), especially in the evening (nocturia) Sudden 	<p>Upon examination patient presented with:</p> <ul style="list-style-type: none"> Sudden weight loss (comparison to patient's previous H&P) Dry skin <p>Diagnostic tests:</p> <ul style="list-style-type: none"> CBC BMP include fasting glucose level Urinalysis- which may show abnormal acetone or glucose level in patient's urine 	<p>When patient is diagnosed with DM Type 1, the body no longer produces insulin (hormone) on its own. The patient is required to take insulin. Insulin is given via subcutaneous injection and not orally. The oral digestive system will not absorb insulin.</p> <p>Insulin Classification: Antidiabetic</p> <p>MOA: Insulin lowers blood glucose by increasing the transport of glucose into cells and promoting the conversion of glucose to glycogen. It also promotes the conversion of amino acids to glucose in muscle, stimulates triglyceride synthesis, and inhibits the release of fatty acids from adipose tissue (Vallerand, 2014)</p> <ul style="list-style-type: none"> Rapid-acting insulin: Lisinsulin (Humalog), Insulin lispro (Humalog), Insulin aspart (Novolog), Insulin glargine (Lantus), Apidra, insulin lispro (Humalog)