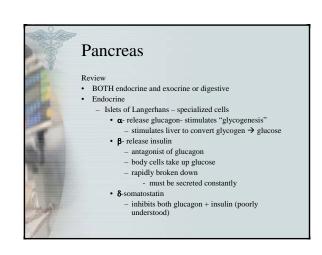
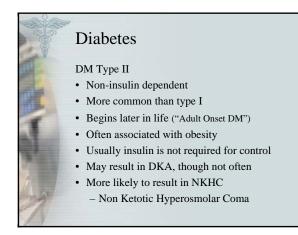
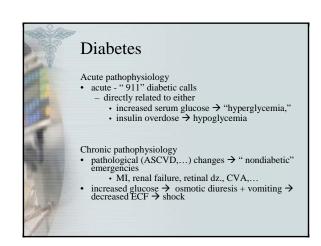
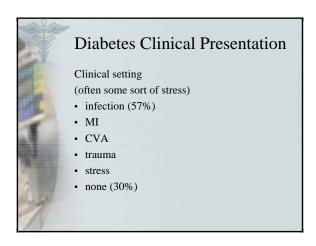


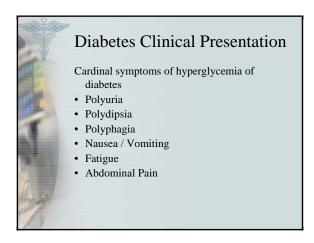
Diabetes DM Type I Insulin dependent DM (IDDM) Usually begins when patient is young ("JODM") Theories of etiology heredity virus attacks β cells autoimmune reaction attacks β cells



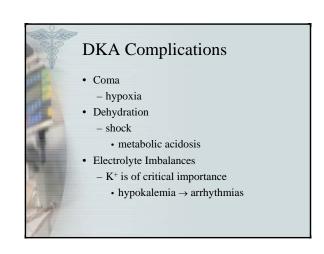


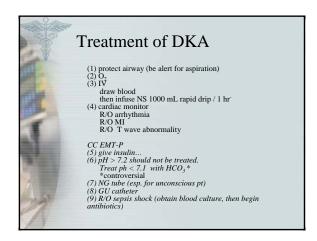


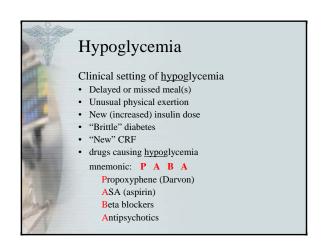


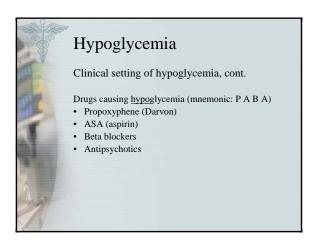


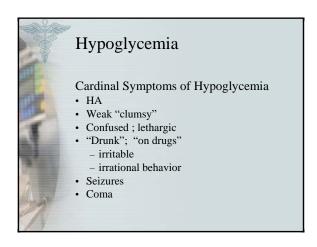
Diabetes Clinical Presentation Chief PE Findings of DKA (9) Increased HR Increased RR- Kussmaul Warm dry Altered consciousness Orthostatic changes Signs of precipitating events (infectious,...) Fruity odor (not pungent acetone odor) Fever (often absent) Abdominal tenderness ± gastric distension

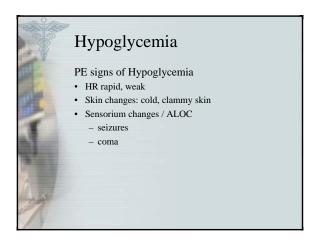


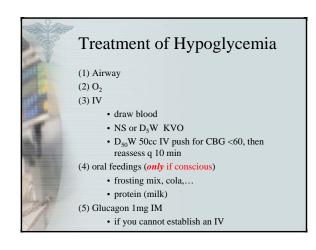


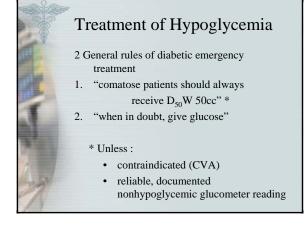


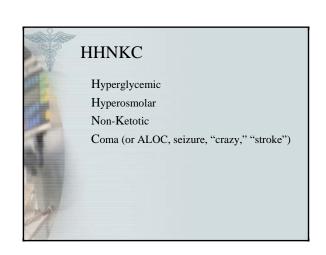


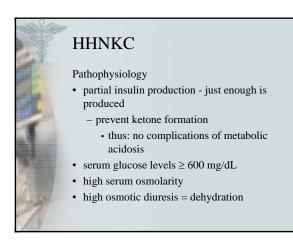


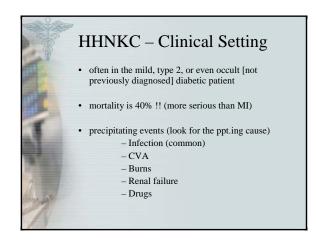


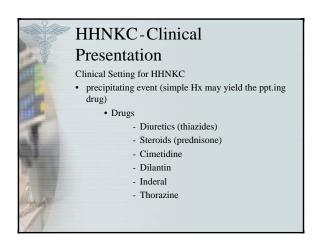


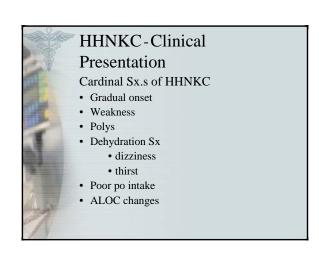


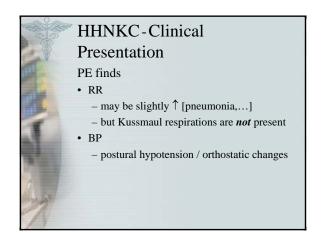


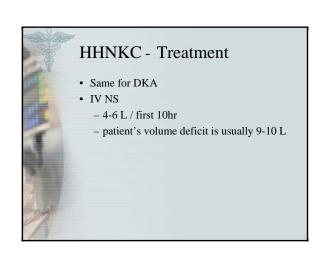




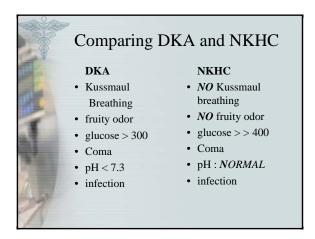








-	For diabetic ketoacidosis DKA a		
(0)0	Nonketotic hypergycemia, hyper		
	(NKHHC), . note the associated	. clinical	
V	problems or findings:		
THE REAL PROPERTY.	•	DKA	
ALC: CO	NKHHC		
Section 1			
13.44	 Kussmaul breathing, usually 	+	-
A STATE OF THE PARTY OF THE PAR			
-	Glucose use>>200	+	+
	 Coma, possible complication 	+	+
1000	DILEG 6		
Tarin Alexander	• PH 7.2, often	+	-
A	• Infection (programmic) possible	+	_
141	• Infection (pneumonia), possible	-	Т
0 1			
A STATE OF THE STA			



All the CNS emergencies
can be secondary to or mimiced by these "sugar
disorders"

• delirium/ confusion
• coma
• seizures
• "stroke"

