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Question: 1

The nurse is teaching a class for diabetics about urinary tract infections. The nurse realizes more instruction is needed when one of the women in the class makes which of the following statements?

- A. "Screening for asymptomatic bacteriuria in women with diabetes is not recommended."
- B. "I should always be treated for an infection with antibiotics if the doctor finds bacteria in my urine, even if I don't have symptoms of an infection."
- C. "Women with diabetes have a two- to fourfold higher incidence of bacteria in their urine than women without diabetes."
- D. "Women with diabetes have a two- to fourfold higher incidence of bacteria in their urine than men with diabetes."

Answer: B

Explanation:

Correct answer: "I should always be treated for an infection with antibiotics if the doctor finds bacteria in my urine, even if I don't have symptoms of an infection."

Although asymptomatic bacteriuria precedes symptomatic bacteriuria, there is no evidence that therapy for asymptomatic bacteriuria is beneficial because relapse rates are high and therapy does not prevent the development of symptomatic urinary tract infections (UTIs).

Because there is no evidence that therapy for asymptomatic bacteriuria is beneficial, screening for asymptomatic bacteriuria in women with diabetes is not recommended. Women with diabetes have a two- to fourfold higher incidence of bacteriuria than women without diabetes and than men with diabetes.

Question: 2

Which of the following dipeptidyl-peptidase 4 (DPP-4) inhibitors is approved for use in patients with severe hepatic failure?

- A. Alogliptin
- B. Vildagliptin
- C. Sitagliptin
- D. Saxagliptin

Answer: D

Explanation:

Correct answer: Saxagliptin

The only DPP-4 inhibitors approved for use in patients with severe hepatic failure are saxagliptin and linagliptin. Vildagliptin should, additionally, not be used in patients who have impaired hepatic function.

Question: 3

The nurse is assessing a client's ability to self-administer insulin. The client is to receive 4 units regular and 12 units NPH insulin. Which of the following actions by the client is an indication more teaching is needed?

- A. She draws up the clear insulin first
- B. She injects air into both vials prior to withdrawing any insulin
- C. She draws up the NPH insulin after the regular insulin
- D. She draws up the cloudy insulin first

Answer: D

Explanation:

Correct answer: She draws up the cloudy insulin first

If a client is mixing rapid-acting or regular (clear) insulin and NPH (cloudy) insulin in the same syringe, she must avoid getting any cloudy solution into the clear. This will slow the action of rapid-acting or regular insulin. Because of this, clients need to be taught to always draw up the clear insulin first.

In order to draw up liquid from a vial, individuals must first inject the same amount of air into the vial to overcome the vacuum.

Question: 4

The nurse is assessing a client who has been diagnosed with malignant otitis externa. Which of the following statements related to malignant otitis externa is TRUE?

- A. Osteomyelitis is a rare complication of the infection
- B. It is an acute, painful infection always limited to only the soft tissues and cartilage around the external auditory canal
- C. It is an infection that occurs almost exclusively in patients with diabetes
- D. It is usually caused by Escherichia coli bacteria

Answer: C

Explanation:

Correct answer: It is an infection that occurs almost exclusively in patients with diabetes

Malignant otitis externa is an infection usually caused by *P. aeruginosa* that occurs almost exclusively in patients with diabetes. There is pain and drainage of purulent material and progressive destruction as the process progresses from the soft tissues and cartilage, ultimately reaching the cranial nerves, the meninges, or the sigmoid sinus.

It is a chronic erosive process that, initially is limited to the soft tissues and cartilage around the external auditory canal but, as the process progresses, the infection involves the temporal and petrous bones and mastoids. Osteomyelitis usually is present in malignant otitis externa. The condition is usually caused by *P. aeruginosa*, not *Escherichia coli*.

Question: 5

Which of the following statements related to the classification of drugs known as statins is TRUE?

- A. They block the breakdown of fats to decrease VLDL and cholesterol and increase HDL
- B. Common side effects include constipation, diarrhea, flatulence and a bad taste in the mouth
- C. They block the enzyme the liver needs to produce cholesterol, helping lower LDL cholesterol and raise HDL cholesterol
- D. They bind with bile acids in the gut and lower total and LDL cholesterol and triglycerides

Answer: C

Explanation:

Correct answer: They block the enzyme the liver needs to produce cholesterol, helping lower LDL cholesterol and raise HDL cholesterol

Statins block the enzyme the liver needs to produce cholesterol, helping to lower LDL cholesterol and raise HDL. Side effects from statins include increased liver enzymes, headache, muscle aches, abdominal pain, nausea and weakness.

Bile acid-binding resins, not statins, bind with bile acids in the gut and lower total and LDL cholesterol and triglycerides. High-dose niacin, vitamin B3 or nicotinic acid, not statins, blocks the breakdown of fats to decrease VLDL and cholesterol and increase HDL. Constipation, diarrhea, flatulence and a bad taste in the mouth are side effects of bile acid-binding resins, not statins.

Question: 6

Which of the following statements made by a patient with type 2 diabetes requires the MOST urgent follow-up?

- A. "The stress in my life makes me feel like I cannot control my mood. Sometimes I lash out at others."
- B. "I'm tired of dealing with this diabetes. Sometimes I wish I was dead."
- C. "I've decided that I'm going to give treating my diabetes a two-week break."
- D. "I have run out of my medication and cannot afford more."

Answer: B

Explanation:

Correct answer: "I'm tired of dealing with this diabetes. Sometimes I wish I was dead."

A patient stating that they wish they were dead is an indicator of suicidal ideation and requires immediate follow-up.

Other disease related problems, such as a desire to stop treating oneself or running out of medication are urgent to address, but are not as important as addressing suicidal ideation. Having stress is a less urgent issue than having suicidal ideation.

Question: 7

The nurse is instructing a client with type 1 diabetes about exercise. To maintain normal blood glucose levels during prolonged exercise, the nurse instructs the client to:

- A. Eat a snack containing 15 grams carbohydrate every 15 minutes while exercising
- B. Eat a snack containing 20-25 grams of carbohydrate every 30 minutes while exercising
- C. Eat a snack containing 10 grams of protein every hour while exercising
- D. Eat a snack containing 20 grams of protein every hour while exercising

Answer: B

Explanation:

Correct answer: Eat a snack containing 20-25 grams of carbohydrate every 30 minutes while exercising
Usually, a snack containing 20 to 25 grams carbohydrate every 30 minutes is sufficient to provide enough glucose to maintain normal blood levels during prolonged exercise. Carbohydrate requirements will depend on such factors as the intensity and duration of exercise, the level of physical conditioning, the preceding diet and the circulating insulin levels.

15 grams of carbohydrate eaten every 15 minutes is likely to result in hyperglycemia. Carbohydrates, not protein, help to maintain normal blood glucose levels during exercise.

Question: 8

A newly diagnosed diabetic client has several questions about who will pay for her medical expenses. Which of the following statements is TRUE related to Medicare coverage?

- A. Blood glucose meters and test strips are never covered by Medicare Part A or Part B if the client is not using insulin
- B. Medicare Part B has no deductibles or coinsurance amounts
- C. Medicare Part A helps to pay for insulin pumps for people who meet certain criteria
- D. It is critical for people with diabetes to purchase Medicare Part B

Answer: D

Explanation:

Correct answer: It is critical for people with diabetes to purchase Medicare Part B

Medicare Part B helps to pay for health care provider services, ambulance services, diagnostic tests, outpatient hospital services, outpatient physical therapy, speech pathology services, home health services, and medical equipment and supplies. It is critical for people with diabetes to purchase Medicare Part B.

Medicare Part B, not Part A, helps to pay for insulin pumps for people who meet certain criteria. Both Medicare Part A and Part B have deductibles and coinsurance. Medicare Part B coverage includes blood glucose meters and supplies for the meter whether the diabetic client is on insulin or not.

Question: 9

Which of the following is TRUE when setting goals for an A1C of an older adult with cognitive disabilities?

- A. The target A1C should be less than 6.5%
- B. The target A1C should be between 7% and 8%
- C. The target A1C should be less than 7%
- D. An A1C of greater than 8% is acceptable

Answer: D

Explanation:

Correct answer: An A1C of greater than 8% is acceptable

When setting goals for A1C levels of older adults, there are multiple considerations that must be taken into account. One of these is that if an older adult has cognitive disabilities, then an A1C of greater than 8% is acceptable.

Question: 10

The nurse is instructing a patient in the use of an insulin pump. All of the following instructions are included EXCEPT:

- A. Insertion of a new infusion set should be done weekly or whenever persistently high blood glucose values indicate a potential site failure
- B. Bolus doses should be delivered 10-15 minutes before meals
- C. Basal insulin is delivered through a pre-programmed "basal pattern"
- D. The insulin is delivered into the subcutaneous tissue

Answer: A

Explanation:

Correct answer: Insertion of a new infusion set should be done weekly or whenever persistently high blood glucose values indicate a potential site failure

Insertion of a new infusion set should be done every 2 to 3 days, not weekly, or whenever persistently high blood glucose values indicate a potential site failure.

In conventional pumps, the reservoir attaches to a variable length of tubing, which in turn attaches to a small catheter or steel needle that is inserted into the subcutaneous tissue. Bolus doses should ideally be delivered 10 to 15 minutes prior to meals to minimize post-meal excursions. In young children and "picky eaters" or when eating at restaurants, a partial priming bolus of insulin can be given before the

meal, followed by additional bolus doses depending on how many carbohydrates actually are consumed during the meal. Basal insulin patterns can be made up of multiple different rates, which allow for a waxing and waning pattern of basal insulin delivery.

Question: 11

The nurse is assessing the medication regimen of a diabetic client who has painful distal symmetric polyneuropathy. Which of the following medications are approved by the Food and Drug Administration specifically for the treatment of pain in diabetic peripheral neuropathy?

- A. Pregabalin and duloxetine
- B. Pregabalin and venlafaxine
- C. Gabapentin and duloxetine
- D. Pregabalin and gabapentin

Answer: A

Explanation:

Correct answer: Pregabalin and duloxetine

Pregabalin is approved by the Food and Drug Administration (FDA) for treatment of diabetic peripheral neuropathy (DPN). Its mode of action that may modulate neuropathic pain is that it is a more potent regulator of calcium channels. Duloxetine is also FDA-approved for use in painful DPN. It is a selective dual serotonin and norepinephrine re-uptake inhibitor.

Gabapentin has been found to improve pain in people with DPN in several studies and, although not FDA approved for the treatment of pain associated with DPN, it is one of the most widely used agents in clinical practice. Venlafaxine is probably effective in lessening the pain of DPN and is recommended to be considered for treatment, but is not FDA approved for the treatment of pain associated with DPN.

Question: 12

A patient tells the diabetes educator, "I read a study about how drinking carrot juice mixed with tumeric and folic acid can cure type 1 diabetes." Which of the following responses by the diabetes educator is BEST?

- A. "That sounds like junk science to me. I would ignore that study if I were you."
- B. "There are no known cures for type 1 diabetes known to the medical community. Where did you read this study?"
- C. "Are you interested in trying this new therapy and weening off your insulin to see how you respond?"
- D. "This research is very preliminary and still has more validation to undergo before it will be available as a potential treatment."

Answer: B

Explanation:

Correct answer: "There are no known cures for type 1 diabetes known to the medical community. Where did you read this study?"

The diabetic educator will immediately recognize that the study the patient is referring to is very unlikely to be based on medically sound research. The correct response is to provide correct medical information, then to explore the patient's interest in what they have read. This is best initially done by determining the source of their information.

Telling the patient that this information sounds like junk science and that it should be ignored is technically correct, but will come across as dismissive and fail to address the substance of the reason for the patient's interest in what they have read. Telling the patient that this research is preliminary gives the impression that this is likely legitimate medical research, which is not the case. Offering to allow the patient to substitute this method of treating their diabetes for the recommended treatments is not advisable.

Question: 13

A diabetic patient with severe rheumatoid arthritis is being treated with intra-articular glucocorticoid injections. The nurse assessing this client's blood glucose level is aware that elevations in blood glucose levels can be expected to occur:

- A. For up to 48 hours following administration
- B. For up to 24 hours following administration
- C. For up to 12 hours following administration
- D. For up to 1 week following administration

Answer: A

Explanation:

Correct answer: For up to 48 hours following administration

Systemic glucocorticoids are used to treat acute exacerbations of chronic obstructive pulmonary disease, as part of chemotherapeutic or anti-rejection protocols; to prevent postoperative nausea; and in patients with relative adrenal insufficiency of acute illness. Intra-articular glucocorticoids are also associated with elevations in glucose levels for up to 48 hours following administration. These agents are used frequently in the inpatient setting and represent a major contributor to the frequency and severity of hyperglycemia in patients with and without a prior history of diabetes.

Question: 14

Which of the following statements related to distal symmetric polyneuropathy is TRUE?

- A. Height has been shown to be a risk factor for the development of the condition
- B. Cigarette smoking has been shown to be the primary risk factor for the development of the condition
- C. Associations of distal symmetric polyneuropathy with other risk factors do not vary with age
- D. Alcohol consumption has been shown to be a risk factor for the development of the condition

Answer: A

Explanation:

Correct answer: Height has been shown to be a risk factor for development of the condition. Constitutional factors can influence the risk of distal symmetric polyneuropathy (DSP). Height has been shown to be a risk factor, with an increasing effect for more distal assessments. The basis for this is not known, but height is a surrogate for nerve length; hence, longer nerves could be more susceptible to metabolic factors.

Age always should be considered, as neurologic function is known to decline with age in populations both with and without diabetes. Moreover, associations of DSP with other risk factors can vary with age. Findings involving associations of DSP with alcohol consumption and with cigarette smoking, however, have been inconsistent.

Question: 15

Although a maximal suggested daily dose of Glucovance is 10 mg/2,000 mg, a dose of 20 mg/2,000 mg is permitted _____.

- A. When used as a second-line therapy for type 2 diabetes
- B. When starting A1C is > 9%
- C. When used as part of a "triple therapy" program
- D. To treat gestational diabetes mellitus

Answer: A

Explanation:

Correct answer: Although a maximal suggested daily dose of Glucovance is 10 mg/2,000 mg, a dose of 20 mg/2,000 mg is permitted when used as a second-line therapy for type 2 diabetes.

So-called triple therapy refers to the addition of a thiazolidinedione for patients who are inadequately controlled on Glucovance therapy. Glucovance is not recommended during pregnancy. Exceeding the recommended dose is not based on A1C level; 20 mg/2,000 mg is only permitted when Glucovance is used as second-line therapy.

Question: 16

Warning signs of disordered eating in youth with diabetes include all the following EXCEPT:

- A. Refusal to give insulin under supervision or let parent see glucometer or pump log
- B. Amenorrhea
- C. Avoidance of exercise
- D. Unexplained chronic hyperglycemia

Answer: C

Explanation:

Correct answer: Avoidance of exercise

Avoidance of exercise may be a negative health behavior, but is not a sign of disordered eating.

In the United States, there is tremendous pressure on youth, especially girls, to stay thin. For the child with diabetes, weight concerns pose an additional hazard, as many will begin to secretly reduce their insulin as a way to purge calories and lose weight. Warning signs of disordered eating in youth with diabetes (a form of bulimia nervosa) include:

- Repeated diabetic ketoacidosis or unexplained chronic hyperglycemia
- Unrealistic concerns about weight and body image
- Excessive dieting or excessive exercise
- Amenorrhea
- Refusal to give insulin under supervision or let parent see glucometer or pump log

Question: 17

Bill, an 18-year-old type 1 diabetic, just got his driver's license. The nurse instructs Bill:

- A. To always keep extra diabetic supplies and insulin in the glove compartment of his car
- B. Peripheral vision may be improved by photocoagulation treatments to prevent vitreal hemorrhage
- C. If signs of hypoglycemia occur while he is driving, immediately pull off the road and check his blood sugar
- D. If he develops necrobiosis lipoidica, it may be difficult for him to grip the steering wheel

Answer: C

Explanation:

Correct answer: If signs of hypoglycemia occur while he is driving, immediately pull off the road and check his blood sugar

It is not safe to drive any distance in the presence of hypoglycemia. If signs of hypoglycemia occur, the driver should pull off the road and check his blood sugar. If it is low, a fast-acting carbohydrate should be eaten, and the driver should wait 15 minutes and re-check blood sugar to make sure it is within target range before resuming the drive.

Extra diabetic supplies, such as a glucometer and snacks, should be carried with the driver, but insulin cannot be exposed to the extreme temperatures that occur in a closed vehicle. Necrobiosis lipoidica is a skin condition that occurs in the feet, not the hands, and will not affect a driver's ability to grip the steering wheel. Peripheral vision may be diminished, not improved, by photocoagulation treatments to prevent vitreal hemorrhage.

Question: 18

The inability to walk a given distance without the development of reproducible pain, cramps, or aches in the calves, thighs, or buttocks, which is relieved rapidly by rest, is the definition of:

- A. Nerve root compression
- B. Intermittent claudication
- C. Critical limb ischemia
- D. Peripheral arterial disease

Answer: B

Explanation:

Correct answer: Intermittent claudication

Intermittent claudication is the inability to walk a given distance without the development of reproducible pain, cramps, or aches in the calves, thighs, or buttocks (depending on the anatomical location of the stenosed vessel), which is relieved rapidly by rest.

Peripheral arterial disease (PAD) is a manifestation of atherosclerosis in the arterial tree of the lower extremities. Intermittent claudication is the most common symptom of PAD. In cases of spinal stenosis and nerve root compression, the walking distance before the development of pain can vary from day to day, and the pain is not quickly relieved by rest (can take > 15 to 30 minutes). Critical limb ischemia is a more severe presentation of PAD than intermittent claudication and can lead to limb loss.

Question: 19

Risk factors for hypoglycemia in hospitalized diabetic patients include all the following EXCEPT:

- A. Increasing of steroid doses without appropriate increase in insulin
- B. Abrupt changes in renal status
- C. Poor coordination of insulin administration and food delivery
- D. Use of sulfonylureas in combination with basal insulin

Answer: A

Explanation:

Correct answer: Increasing of steroid doses without appropriate increase in insulin

Increasing of steroid doses without appropriate increase in insulin is likely to lead to hyperglycemia, not hypoglycemia. Tapering steroid doses without appropriate reductions in insulin is a risk for hypoglycemia in hospitalized patients.

Identified risk factors for hypoglycemia in hospitalized patients include:

- Poor coordination of insulin administration and food delivery
- Abrupt changes in nutritional intake or renal status
- Tapering steroid doses without appropriate reductions in insulin
- Inappropriate insulin dosing
- Low estimated glomerular filtration rates
- Age > 65 years
- Use of sulfonylureas in combination with basal insulin

Question: 20

Which of the following goals set by a patient with type 1 diabetes is BEST?

- A. "I will reduce my need for insulin by 20% over the next two months."
- B. "My A1C will be 0.2% lower three months from now."
- C. "I will not have a blood sugar reading above 150 mg/dL."
- D. "I will lose 18% of my current body weight in the next two months."

Answer: B

Explanation:

Correct answer: "My A1C will be 0.2% lower three months from now."

Reducing one's A1C by 0.2% over three months is reasonable and achievable.

Losing 18% of one's current body weight in two months is not a healthy goal. A goal of not having a blood sugar reading above 150 mg/dL is not realistic for most type 1 diabetes patients and does not have a specific timeframe. Reducing the need for insulin is not an ideal goal.



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