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Reply to Discussion Responses

Student Name:

The program, Institution:

Course Title:

Instructor's Name:

Month, Date, Year:

Reply to Discussion Responses**Response 1**

Hello, I agree with you that four different tests are used in diagnosing diabetes mellitus. Multiple laboratory tests, including fasting lipid panel, serum creatinine, eGFR, LFTs, spot urinary UACR, and C-peptide measure are initially used in testing diabetes mellitus (Dunphy et al., 2019). However, lifestyle modifications, including a healthy diet, nutrition therapy, exercise, weight management, stress management, and getting adequate sleep should be considered in treating DM2 to enhance glycemic control in patients with both DM1 and DM2. Insulin therapy is effective in controlling glycemic levels if its combined with lifestyle modification. I concur with you that that treatment focuses on achieving glucose level of 80-130 mg/dL before meals, lower than 180 mg/dL after starting meal, and an A1C less than 7% among patients with DM1. More so, I support your claim that hospitalization is required among patients with an initial onset of DM1. These patients require close monitoring and management of blood glucose level until it stabilizes; thereby minimizing the risk of developing of various conditions, including neuropathy, nephropathy, and retinopathy. These conditions are common among DM1 patients who are not treated aggressively.

References

Dunphy, L.M., Winland-Brown, J.E., Porter, B.O., & Thomas, D.J. (2019). *Primary care: The art and science of advanced practice nursing- An interprofessional approach* (5th ed.). F.A. Davis.

Response 2

Hello, I concur with you that various tests are conducted among Diabetes Mellitus (DM) patients to test for glycosylated hemoglobin (A1C), random plasma glucose level of 200 mg/dL,

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fasting plasma glucose level of 126 mg/dL or higher on two occasions, and a 2-hour postload plasma glucose level of 200 mg/dL or higher. Nonetheless, a C-peptide measurement test is required to rule out if a patient has type 1 or type 2 diabetes through the reflection of endogenous insulin production in the blood. The patients with type 2 DM have an elevated C-peptide level while the level is lower in patients with type 2 DM (Dunphy, 2019). Additionally, I concur with you that diabetes self-management support and self-management education play a significant role in newly diagnosed patients with diabetes (Dunphy, 2019). The self-management support enables patients to control their blood glucose levels. On the other hand, education creates awareness about lifestyle changes required among individuals diagnosed with both T2D and T1D. These measures prevent further complications that are likely to arise among patients with type 1 and type 2 diabetes.

References

Dunphy, L. (2019). Primary care: The art and science of advanced practice nursing (5th ed.). F.A. Davis.