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After using this technique, it would be best for the nurse to:

- B allow the patient time to confirm or correct the inference.

I know it sounds awful, but I really dread going into labor. I have been through it, and although it is painful there are many good medications to decrease the pain. What should I do?

A nurse is taking complete health histories on all of the patients attending a wellness workshop.

C using biased or leading questions.

Which statement is true regarding this situation?

During an interview, a parent of a hospitalized child is sitting in an open position. This would suggest that the parent is:

- A mother brings her month-old daughter into the clinic for a well-child visit.

The nurse will be most successful in interacting with the toddler if which is done next?

- B Stoop down to her level and ask her about the toy she is holding.

During an examination of a 3-year-old child, the nurse will need to take her blood pressure.

- D Tell the child that by using the blood pressure cuff, we can see how strong her muscles are.

A year-old boy has just been admitted to the unit for overnight observation after being in an automobile accident.

- B Be totally honest with him, even if the information is unpleasant.

A year-old woman is at the office for a preoperative interview. The nurse is aware that the interview may take longer than interviews with younger persons. What is the reason for this?

- A An aged person has a longer story to tell.

The nurse is interviewing a patient who has a hearing impairment. What techniques would be most beneficial in communicating with this patient?

- A Determine the communication method he prefers.

During a prenatal check, a patient begins to cry as the nurse asks her about previous pregnancies. She states that she is remembering her last pregnancy, which ended in miscarriage. It is all right to cry.

A female nurse is interviewing a male who has recently immigrated. The nurse begins to feel uncomfortable with his proximity. Which statement most closely reflects what the nurse should do next?

- A Try to relax—these behaviors are culturally appropriate for this person.

An American Indian woman has come to the clinic for diabetic follow-up teaching. During the interview, the nurse notices that she never makes eye contact and speaks mostly to the floor.

- D She is showing that she is listening carefully to what the nurse is saying.

The nurse has just started an assessment of a newborn child of a Vietnamese mother. The nurse is performing a health interview on a patient who has a language barrier, and no interpreter is available. Which is the best example of an appropriate question for the nurse to ask in this situation?

- A A man arrives at the clinic for an annual wellness physical. He is experiencing no acute health problems. Which question or statement by the nurse is most appropriate when beginning the interview?

The nurse makes this comment to a patient: This type of comment promotes dependency and inferiority on the part of the patient and is best avoided in an interview situation.

A female patient does not speak English well, and the nurse needs to choose an interpreter. Which of the following would be the most appropriate choice?

- A A trained interpreter

During a follow-up visit, the nurse discovers that a patient has not been taking his insulin on a regular basis.

- A It may put the patient on the defensive.

The nurse is nearing the end of an interview. Which statement is appropriate at this time?

- D subjective

During an interview, the nurse would expect that most of the interview will take place at which distance?

A female nurse is interviewing a male patient who is near the same age as the nurse. During the interview, the patient makes an overtly sexual comment. Which of these statements is true regarding open-ended questions?

Chapter 2 : Treating Diabetes with Diet and Exercise - Diabetes Self-Management

Self-advocate. Self-advocacy is speaking up for yourself to be able to make decisions about your own life and obtain the information you need to achieve your goals.

The fact that your A1C was 8. The A1C can now be used to diagnose diabetes; a level of 6. You can have an oral glucose tolerance test done, as well; this is another method of diagnosing diabetes. I did weight lifting and was on a good cardio program. However, my goal was to get bigger muscles so I ate good food but a lot of it. Hence, I was in the Pre-Diabetes stage. A year later I began taking care of my Dad who began early stages of Dementia. It seems to me that insulin is the most natural way to control diabetes since this is what the body produces. I had in my mind if I progress to where I require meds, I was going to go with insulin and administer it as my body would after I eat. This would also help me to eat better because the worse I ate the more insulin I would require. What do you think? However, there may come a day when you will need medicine. If you need to start on medicine, insulin could certainly be a great choice for you. So, see what happens, and thanks for your question! Stephanie Hi, I just learned I have diabetes early in March. I have really stepped up my exercise and am on a diabetes diet. My blood sugars have been much more normal the last 3 weeks. However, it seems they usually soar after dinner my largest meal. I can be or so before dinner, then go up to around sometimes, and this makes me very frustrated, as I feel like I have changed my lifestyle a lot. I will have my first 3 month visit with my doc June 15, and I am thinking when he sees these high evening numbers, he will want me to go on medication, and I will feel disappointed in myself if he does that. I have lost about 15 pounds since starting this, and am continuing to lose. I am hoping as I continue to stay fit I was not exercising much before, that my body will control my sugar level better. What is your opinion? When you see your doctor in June, first focus on your A1C level, as that is usually what determines your treatment plan, at least initially. But even before your visit, knowing that your post-supper readings are on the high side, think about what you might try to bring them down. For example, can you make lunch your larger meal and eat a smaller dinner? Do you think you might be overdoing the carbohydrate a little maybe aim to keep to 30-45 grams of carbohydrate? Can you do you exercise after dinner to help lower your glucose? It just means that your body needs a little more help. Let us know how you make out. If I do have to start taking medication for my diabetes, is there any chance of getting off it later or do I have to be on it from now on? I know many, many people take medication. However, as a former medical transcriptionist, I do know that people who lose large amounts of weight can rid themselves of diabetes like those who may have gastric bypass. Sometimes I just want to forget everything, but as far as I know, I will have diabetes the rest of my life. Healthy eating, reaching and staying at a healthy weight, and regular exercise are ways to improve insulin sensitivity, apart from medicine. Try not to get discouraged if and when the time comes that you need medicine. I have written to you before. I was just wondering if there is a way to know if my hemoglobin A1C has gone down without having something to check it. I know when I see my doctor in June, he will do this and it will help him decide how to treat me. I have had a previous A1C of 7. I plan to ask my doctor that if he wants to put me on medication, if he will consider taking me off it if I continue to lose weight and be active. You need to do a fingerstick and you get your results in just a few minutes. If these readings are within target, chances are your A1C has gone down. I had my first 3-month followup with my doc today. My hemoglobin A1C went down from 7. I am thrilled, as that is what I wanted to hear from him. He also changed my antihypertensive from lisinopril HTZ to plain lisinopril, as he said my blood pressure was better. I think I am very fortunate to have a doc who is willing to work without medication or cut it back when he can. I noted later that bl tests just before surgery showed a ser glu of It was fasting as I had fasted for the surgery. Though maybe I was on glucose for the operation? Before the operation, I noted a fasting gl of Another time pre registering at hospital [also pretty stressful] it was ! Overall it is only going lower. But it seems it is going down very slowly. We ate and lived quite differently. So is it now a fact I am managing pre or diabetes? Or is htis an incident in time, a very stressful year [2 hospital events] that I can recovering from? Prediabetes is defined as a fasting blood glucose done at the lab, not on your meter between and on two separate occasions.

Diabetes is diagnosed if the fasting blood glucose is or higher on two separate occasions. A hemoglobin A1C can also be used to diagnose both prediabetes and diabetes, too. In the meantime, keep up with the healthy lifestyle changes! However, your two A1C levels are a little on the high side, which could indicate that you have prediabetes or are at risk for diabetes. Have lost weight and did exercise not as much now but am active. Watch my diet and morning fasting is usually 86 to Has only spiked on fasting if ate carbs too late at night. My last two A1C was 5. I monitor my glucose after each meal and really watch my diet. My doctor doesnt seem to be worried and said im doing well. If i continue to keep this remedy up could i one day become diabetic. I am going to lose more weight and i think this will help more. I really like your comments and think more doctors should send people to diabetic classes with a nutritionist when they are prediabetic so they can really understand how to learn to eat and how to keep blood sugar down. Have a blessed day! Much of that will depend on how well you continue to eat healthfully, stay active, and regulate your weight. Other factors play a role, too, in terms of risk for diabetes, such as having a family history of diabetes, ethnicity, having a history of gestational diabetes, or giving birth to a large baby. And I appreciate you supporting the role of nutritionists for prediabetes management. I have been very lean my whole life and am a fitness instructor and avid bodybuilder prefer not to compete publicly. I exercies 5- 6 days a week above the normal person my age as I lift very heavy and do 2 intense aerobic workouts per week and 4 very moderate. My HBA1C hovers at 5. Doctors ignore this even though organ damage is occurring at 4. Diabetes is in my family but so is heart disease and heart issues have a strong relationship with HBA1C over 4. I eat an impeccable diet.. This change occurred over 3 months time. My blood sugar even goes up at exercise many times and it is rarely lower after exercise. It just stays around all day. This is extremely discouraging. How is it if I am in fact type 2 that exercise and diet are not controlling for insulin resistance? Actually I question as to whether I am actually resistant or whether I have lost beta cell function which would be more type At 62 after stroke, I had to go back in and re-tackle the whole mess and get back under management with controlled diet, exercise and carfeully checking everything. I am very angry about the lack of clear data out there about dawn effect, the sygmoli effect â€” emergency sugar add. WHEN I started, I was on actos, metformin, starlix and my body a mess. Today, I have my monster dawn effect stripped back and controlling the emetrgency sugar add by watching the blood sugar during day and adding snacks to prevent this. After cutting back all food, I was still getting sugar readings every night â€” at 1: Reliably each and every day the numbers fell out like that. A year ago, I grabbed my BS metter and went walking. AftEr 2 miles of effort, I finally got BS down to or less. I was having to do that each and every day or my sugar got trapped at plus. ACTos was added supposedly to help push this down. Humolog was added because my body takes 3 hours to get pills from hand to blood stream.

Chapter 3 : Can Type 2 Diabetes Be Reversed? - Diabetes Self-Management

5 Tips for Practicing Self-promotion Without Being Totally Annoying There is a time and a place for self-promotion. The key is knowing when and how to deploy it.

You understand that the blog posts and comments to such blog posts whether posted by us, our agents or bloggers, or by users do not constitute medical advice or recommendation of any kind, and you should not rely on any information contained in such posts or comments to replace consultations with your qualified health care professionals to meet your individual needs. The opinions and other information contained in the blog posts and comments do not reflect the opinions or positions of the Site Proprietor. The reason for the change is really understandable. Reduce the glucose generation from input by large amount and exercise " this gets the skeletal muscles off loaded from excess glucose so they have room to absorb more and now regulate BG. No room, no regulation. Once saturation removed, diet can be improved back up to calories to energy balance. I have written to Dr. The steep reduction in diet glucose generation needed to get saturation of skeletal muscles pulled back. Once done, then up diet to keep energy balance in check. Medical science is peddling a infinite energy glucose absorption machine -just shove in more glucose or ram in with actos when in fact glucose storage sites of the skeletal muscles are finite. In addition I was stringing more low doses " mg of metformin over more of the clock. Today I use 1. Medical science is peddling a infinite energy glucose absorption machine -just shove in more insulin or ram in with actos when in fact glucose storage sites of the skeletal muscles are finite. MRI studies have been done on this as well. I guess you can get enough calories from beans. Not sure about essential fatty acids and a complete set of proteins. I lost 85 lb down to skinny high school weight but it did not help the diabetes once I had to stop losing weight I had to go on insulin. I was eating boiled rye mostly and lean ham for a bit more protein. I always wonder if a low carb or very low carb diet would have been much better. But that is NOT the dogma that was preached then or now. Insulin started a 10 year period of near constant weight gain. Presently trying victoza in addition to insulin. It has cut the insulin dose from to less than 50 per day a near miracle. This makes weight loss possible. The present approach to treatment with more carbs and more insulin and drugs is faulty. Helen Having decided to take my diabetes to war last year, with no medical advice. I followed a daily calorie intake, protein, mass amounts of veg. Cooked with additional gravy for flavour. No conscious carbs except for things like gravy powder etc. I now manage on metformin and Januvia alone. Coupled with daily bike ride, 20 miles on Mondays. I lost 20 pounds. No big pat on the back. Anyone can do it if they focus. The point is maintaining this especially through winter. Most people find the warm cosy Gym an odd silicone existence. I confess that maintaining the strict calorie intake has now fallen by the way side, although just cutting bread out alone, leaves my blood sugar on the manageable side. Just not the amazing results I was getting last year. Most of us just find it pretty hard. Unbelievably, ADA in their latest April statement; they recognize that the blood glucose level is a result of Liver glucose release and ingested carbs. Well, here you are with data baking this up. Metformin, carbs control and hearty exercise. I do the same on calorie diet. Most of the clucking chickens totally miss the point and get lost arguing that one cannot stay on calorie diet. The fact is the tight diet, metformin and exercise get the glucose saturation stopped so that skeletal muscles get the glucose overload removed and have room to go back regulating. Then one can adjust diet back up and exercise down a bit to the energy balance for one's body. The key is to keep the skeletal muscles from being overfilled up again. That something is broken and defective is inane stupidity. Mishelle Whitmire Hey Jim, you sound like you have great advice. I am a new diabetic and my mom is now on her death bed because of diabetes. I have been pre-diabetic for a number of years and it finally hit me. I see what has happened and what can happen. Nothing can help her. She just had a heart attack and is not a candidate for a kidney transplant. Can't have dialysis because of the weak heart. My doctor has said that she and I have very similar blood chemistry. Now I am on a quest to really get it together and not be stupid or ignorant about it all like my mom was. I have been on the internet looking up all I can about this disease. The doc gave no real diet just metformin and cut out all white food products. Bread, potatoes, etc. I'm looking up beans and fiber and if that is good. If you're trying to cut the carbs, you would

think beans and things like oatmeal would be way out of line. I need some real help not just a fly by diet book of the month. Can you help or give some advise? Krishna I am from India, a Type-2 case. Being from other end of the globe, perhaps I can share some information which might be useful to some of you.. U shud take the water as well as chew the seeds in the morning empty stomach. Look for Indian stores for these items else ping me if i can be of any help.. There is one Jamun tree whose seeds and fruits are said to be good. Bitter guard is said to be helpful.. Above all Yoga, Kapal-Bhati is specially good and certain other asanas are good.. Above all good diet and exercise along with less stress will make things good.. This is based on widespread recommendations in Ayurveda ancient medical system of india based on herbs etc.. I will look up these items to get more info on them. I have read about Ayurvedic medicine many years ago and found it very interesting. Not during my blood sugar event but will heed your advice. Hope ur doing well on the other side of the planet!! David Spero RN Mishelle, try checking through this web site for other articles about keeping glucose down. As Jim said, that will clear out the glucose-soaked, insulin-resistant muscle cells so they can go back to using glucose normally. But many other things, including the ones Krishna recommended, and vinegar, and other herbs can also help. Usally weight loss is under balance " burn exceeds glucose generation. Weight gain and T2 is excess glucose not burnt being stored in the glucose sites of the skeletal muscles. As long as room in skeletal muscle glucose stirage sites, body can regulate blood stream by storing the excess. This is why hearty regular exercise is needed to keep the skeletal muscle sites off loaded. In a distrubted system of muscles and storage sites, a system is needed to prevent cells being overloaded when full. Some cells not doing much and loaded up while others doing hearty exercise will need more glucose. This will be on selective basis. I have seen articles and research about the skeletal muscle cells have capability to downgrade the insulin sensors to reduce response to Blood stream insulin to prevent overloading and damaging those muscle cells already topped off due to too much glucose. I believe that insulin resistance is a natural body muscle cell response to control glucose absorption in a distributed system SOme believe that if too much glucose in body, it is merely absorbed as fat. I feel that is too simple a response as I believe both fat and muscle cells all have glucose storage sites that when loaded turn off insulin response. As more and more of body gets loaded with glucose, the insulin resistance climbs over all. For me, I am on metformin doses to claw back the liver and a diet of calories and 1. Marianna Dear David, As a healthcare provider you should be very careful with speculations without scientific measurement. It has been proven that diabetes is a disease of the pancreas Beta cell distruction. Once your Beta cell is distroyed there is no regeneration. How then can we explain this scientific notation? We also know with lifestyle changes, meal planning, and exercise we can reduce the effect of diabetes. However, I do believe if we practice lifestyle modification before the activation of the Gene that causes diabetes we can prevent the unset of diabetes. I am 15 years old in 11th grade my mom is a diabetes educator. I help her with her work.

Chapter 4 : With Or Without lyrics - U2 original song - full version on Lyrics Freak

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