# CASE#1

A 55-year-old female presented with serum glucose reading of 250 mg/dl 1 hour after she ate Mansaf and then donuts. Her husband has diabetes. She reports no symptoms. How would you advise this lady?

A. She has diabetes
B. She has Impaired Glucose Tolerance (IGT)
C. She needs more testing before making a diagnosis.
D. She needs a serum am cortisol test
E. Her reading is normal after big meal.

A. She has diabetes
B. She has Impaired Glucose Tolerance (IGT)
C. **She needs more testing before making a diagnosis.**
D. She needs  a serum am cortisol test
E. Her reading is normal after big meal.

# Case#2

A 55 year-old female had a serum fasting glucose done and was 136 mg/dl. She reports recent weight loss, otherwise no other complaints. How would you manage her?

A. Need to clarify more about other diabetes symptoms.
B. She has diabetes
C. She has Impaired fasting glucose (IFG)
D. Her fasting glucose level is normal

A. **Need to clarify more about other diabetes symptoms.**
B. She has diabetes
C. She has Impaired fasting glucose (IFG)
D. Her fasting glucose level is normal

# Case#3

- A 35-year-old male previously healthy presented with new onset unintentional weight loss, polyuria and increased urinary frequency. He had random serum glucose of 320 mg/dl. On PE: He has stable vital signs, BMI is 22, slightly anxious looking, otherwise unremarkable physical examination. What is the best next step in management?

A. Advise he has type 2 diabetes and start on metformin and sulfonylurea
B. Admit patient and start on insulin drip
C. Check serum C-peptide, GAD antibodies and glucose.
D. CT pancreas
E. Screen for Cushing's syndrome

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C. **Check serum C-peptide, GAD antibodies and glucose.**
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# Case#4

- A 25 y/o female with known history of cystic fibrosis, she was referred to you by her pulmonologist for further evaluation of HgA1C of 7.8%, fasting glucose 126 mg/dl. She has no symptoms. How would you advise her?

A. She has type 1 diabetes and needs insulin
B. She has cystic fibrosis related diabetes and needs insulin
C. She has type 2 DM
D. Her reading are normal since she has cystic fibrosis

A. She has type 1 diabetes and needs insulin
B. **She has cystic fibrosis related diabetes and needs insulin**
C. She has type 2 DM
D. Her reading are normal since she has cystic fibrosis

# Case#5

An 18 year-old-female with history of T1DM since age 6 presented to the emergency room with nausea, vomiting and glucometer reading giving "Hi". What is the best next step in management?

A. Start IV NS 0.9% and insulin drip and draw labs for KFT, serum ketones, ABGs, UA and CXR.
B. Start IV NS 0.9% and draw labs for KFT, serum ketones, ABGs, UA and CXR.
C. Draw labs for KFT, serum ketones, UA and CXR before starting IV fluids and insulin.
D. Give 10 units of rapid insulin and 2 L NS 0.9% and then discharge home to follow with clinic

A. Start IV NS 0.9% and insulin drip and draw labs for KFT, serum ketones, ABG's, UA and CXR.

B. **Start IV NS 0.9% and draw labs for KFT, serum ketones, ABG's, UA and CXR.**

C. Draw labs for KFT, serum ketones, UA and CXR before starting IV fluids and insulin.

D. Give 10 units of rapid insulin and 2 L NS 0.9% and then discharge home to follow with clinic

# Case#6

A 78 year old female with history of type 2 DM for 15 years, complicated by CKD, CAD s/p PCI and retinopathy. She is on lantus 40 units once daily and novorapid 10/10/10 with meals. Her last HgA1C was 6.1% and she reports no hypoglycemia. She does not check her BG at home frequently but reports most FBG in between 180's-250's, and random readings in between 110's-120's. What is the best next step in management?

A. Continue current regimen
B. Decrease lantus dose and continue same novorapid
C. Increase novorapid dose and continue same lantus
D. Hold insulin and start on oral medications.
E. Advise she needs insulin pump

A. Continue current regimen
B. **Decrease lantus dose and continue same novorapid**
C. Increase novorapid dose and continue same lantus
D. Hold insulin and start on oral medications.
E. Advise she needs insulin pump