

Diabetes

An illustration of a medical syringe and an insulin bottle. The syringe is positioned horizontally, with its needle pointing to the left. The insulin bottle is on the right, with a label that reads "insulin 100 units/ml". The word "Diabetes" is written in a large, dark blue font, with the syringe and bottle appearing to be part of the lettering.

History

Introduction

Name (+ medical student)

Permission

Privacy

Personal data: Name, age, occupation, nationality, marital status

Route of admission

Time of admission

History of Presenting Illness (HPI)

Chief Complaints:

Polyuria, polydipsia, weight loss.

(Ask about: Onset, duration, and frequency.)

1. Polyuria:

→ Frequency

"Are you urinating more frequently than usual during the day? How frequent?"

→ Nocturia

"Do you wake up from sleep to urinate?"

"How many times compared to the past?"

→ Review lower urinary tract symptoms

2. Polydipsia:

→ Frequency

"Do you feel thirsty more frequently than usual during the day? How many cups of water do you drink?"

3. Weight loss:

→ How many kilograms?

→ Intentional or not?

→ Over what time span?

More than 10% loss in 6 months is significant.

4. Complications:

→ Neuropathy (leg numbness, burning sensation).

→ Retinopathy (blurry vision).

→ Nephropathy (frothy urine).

→ Vascular disease. (chest pain, claudication, shortness of breath)

Past medical history

1. Have you been diagnosed with diabetes before?
 - How? (what investigations)
 - Type?
 - Compliant to meds or not?
2. Pancreatic disease.
3. Hyperthyroidism, cushing's, acromegaly.
4. HTN, high cholesterol.

Past surgical history

Previous laser procedure.

Blood transfusion

Medication history and Allergies

Corticosteroids, diuretics. (*e.g. thiazides*)

Family history

Obesity, DM, autoimmune diseases (e.g. Grave's disease).

Social history

Smoking, alcohol, exercise, diet.

Menstrual history

Systematic review

Never forget constitutional symptoms! – Fever, fatigue, decreased appetite, weight loss, and night sweats.



Physical Examination

- **Exposure:** Peripheries/trunk.
- **Position:** Either on the bed at 45° or seated.

General (ABCDE)

Appearance – young/old, ill or well.

Body built – normal, thin, or overweight.

Connections – Oxygen mask, I.V. line or cannula, dialysis lines.

Color – jaundiced, pale, or cyanosed.

Distress – respiratory or neurological distress.

Else – consciousness, alertness, and orientation.

Vital Signs

Pulse rate, temperature, RR, and BP. – *Hypertension, postural drop (autonomic neuropathy)*

1. Inspection

1. Eyes:

- Visual acuity – maculopathy .
- Eye movements – ophthalmoplegia (*e.g. mononeuritis multiplex*).
- Fundoscopy – retinopathy, cataracts (*e.g. loss of red reflex*).

2. Mouth – Dry mouth, ketotic fetor.

3. Armpits – Acanthosis nigricans.

4. Abdomen – Tenckhoff catheter (*peritoneal dialysis*), renal transplant, urinary catheter (*atonic bladder*)

4. Feet – Charcot deformity (*clawing of toes, prominent metatarsal heads*), ulcers, muscle wasting, loss of plantar arches, signs of autonomic neuropathy (*distended veins, absent sweating*), necrobiosis lipodica, diabetic dermopathy.

2. Palpation

Feet

Temperature – cool (*e.g. PVD*) / hot (*e.g. cellulitis*)

Capillary refill – normal = < 2 seconds (*prolongation suggests PVD*)

Pulses – reduced or absent peripheral pulses.

Ankle reflexes – might be lost in diabetic foot.

3. Sensory testing – Light touch, pinprick, monofilament, and temperature.



Completion:

1. Full neurovascular assessment of the limbs – *if indicated*.
2. Bedside capillary blood glucose.
3. Labs: HbA1c, serum glucose, BUN/Cr, urinalysis, (microalbumin).

Discussion points:

- **What are your differentials?**
 - Hypoglycemia.
 - B12 deficiency.
 - Hyperlipidemia.
 - Vascular disease.
 - Peripheral neuropathy.
- **How to prevent complications of diabetes mellitus?**
 - Monitoring HBA1C – *should be less than 7.5%*.
 - Diabetic foot clinics.
 - Eye screening.
 - Urine Dipstick.

References:

- OSCEs at A Glance textbook
- 429 History and Physical Examination Notes.
- <http://geekymedics.com>
- Khalid Bedaiwi's file on diabetes.

GOOD LUCK,
SHAIKHA ALDOSSARI

