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Nursing CBDCE-CDCES

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Question: 1

Which of the following is NOT an example of developing an individualized education plan when providing diabetic education?

- A. Addressing the impact of changing role responsibilities for an adult patient whose parents require increased attention
- B. Providing materials written in braille for someone who is legally blind
- C. Providing information to a 14-year-old about when to involve parents in their diabetic care
- D. Teaching a newly diagnosed type 1 diabetic how to check her blood sugar and administer insulin

Answer: D

Explanation:

An individualized education plan takes into consideration a patient's unique needs based on their specific situations. Teaching a patient with T1D how to monitor blood sugar levels and administer insulin is generic teaching that all patients who are newly diagnosed with T1D would be provided.

Teaching an adolescent when to involve parental supervision in their care, teaching a patient how to adjust to changing roles in their life, and providing braille materials for a patient who is blind are all examples of individualized education plans.

Question: 2

All the following statements related to distal symmetric polyneuropathy are true, EXCEPT:

- A. Prominent metatarsal heads are signs of impaired peripheral nerve function
- B. The sensation of the foot feeling "asleep or numb" is usually a reflection of large nerve fiber involvement
- C. Small muscle wasting is a sign of a neuropathic foot
- D. Equipment requiring an electrical power source is needed to make an assessment of peripheral nerve function

Answer: D

Explanation:

Distal symmetric polyneuropathy (DSP) is a clinical diagnosis, and equipment requiring an electrical power source is not needed to make an assessment of peripheral nerve function. Simple observation of the feet and legs with shoes and socks removed can identify signs of a neuropathic foot.

Signs and symptoms of a neuropathic foot or peripheral nerve damage include small muscle wasting, clawing of toes, prominent metatarsal heads, dry skin, and calluses. The stocking distribution sensory sensation ("asleep or numb") reflects large nerve fiber involvement.

Question: 3

Which of the following is diagnostic of peripheral arterial disease?

- A. A toe-to-brachial index > 0.75
- B. An ankle-brachial index of < 0.90
- C. An ankle-brachial index of < 2.0
- D. An ankle-brachial index of > 1.4

Answer: B

Explanation:

Although cut-off levels are somewhat arbitrary, an ankle-brachial index (ABI) of < 0.90 is diagnostic of peripheral artery disease (PAD), with an ABI of < 0.6 usually indicating inadequate perfusion to heal a foot ulcer and an ABI < 0.4 likely associated with rest pain, gangrene, or ischemic ulcers.

An ABI < 0.90 , not < 2.0 or < 1.4 , is diagnostic for PAD. An ABI > 1.3 or 1.4 is indicative of poorly compressible arteries and should lead to alternative measurements of lower extremity perfusion, as the ABI may not be accurate. A toe-to-brachial index of > 0.75 is usually considered normal.

Question: 4

A nurse is teaching a class for diabetic women who are pregnant. Which of the following statements related to diabetes and pregnancy is NOT correct?

- A. Insulin taken by the mother does appear in breast milk
- B. If a client requires insulin during pregnancy, her requirements may be as much as 25% lower after delivery if breastfeeding
- C. Breastfeeding after a Cesarean birth is not recommended
- D. Insulin is the drug of choice for both type 1 and type 2 clients during pregnancy

Answer: C

Explanation:

Breastfeeding after delivery is generally recommended, even after a Cesarean birth, because it helps to stabilize blood sugars.

If a client is administering insulin, her requirements may be as much as 25% lower after delivery if breastfeeding. Insulin does not cross the placenta and is the drug of choice for both type 1 and type 2 clients during pregnancy. Insulin does appear in breast milk, but the infant's gastric juices destroy it, so the baby does not absorb any of it.

Question: 5

The nurse is assessing a diabetic patient for changes in the skin and joints. The nurse notes failure of the palmar surfaces of the interphalangeal joints to approximate. This is typical in a patient with which of the following conditions?

- A. Necrobiosis lipoidica
- B. Scleredema
- C. Diabetic dermopathy
- D. Diabetic cheiroarthropathy

Answer: D

Explanation:

Painless limited mobility of the small and large joints, which can be demonstrated by the failure of the palmar surfaces of the interphalangeal joints to approximate, known as the "prayer sign," is present in diabetic cheiroarthropathy. Thickened skin is also observed in this condition, primarily in individuals with moderate to severe joint disease.

Scleredema is a thickening of the skin due to the deposition of glycosaminoglycans, especially hyaluronic acid, within the dermis. Diabetic dermopathy is characterized by multiple hyperpigmented macules on the extensor surface of the distal lower extremities. Necrobiosis lipoidica is characterized by red-brown to violet plaques that enlarge and frequently become yellow and may ulcerate.

Question: 6

Which of the following is NOT an empirically supported intervention for non-adherence in a patient with type 1 diabetes?

- A. Teaching health-related financial skills
- B. Teaching behavior modification
- C. Teaching coping skills
- D. Teaching problem solving

Answer: A

Explanation:

While it may be an appropriate intervention, teaching health-related financial skills is not an empirically supported intervention for non-adherence. Teaching behavior modification, problem-solving, and coping skills are all empirically supported interventions for improving outcomes impacted by non-adherence.

Question: 7

A patient with type 1 diabetes tells their diabetes educator that they are about to take an eight-hour drive to visit family. Which of the following instructions is NOT necessary?

- A. "Check your blood sugar before you start driving."
- B. "Don't drive alone."

- C. "Make sure you bring your insulin with you."
- D. "Be sure to have snacks accessible."

Answer: B

Explanation:

A patient with diabetes does not need someone to be with them while they are driving; however, they may require additional precautions while driving for prolonged periods. They should check their blood glucose prior to driving and should ensure they have carbohydrates accessible during the drive. If they will be gone for any significant length of time, they should also have their insulin with them.

Question: 8

Which of the following statements is TRUE regarding the psychosocial difficulties some children experience related to diabetes type 1?

- A. Problems with adherence to the diabetic regimen often do not appear until at least five years after diagnosis
- B. Depression occurs equally as often in boys with type 1 diabetes as it does in girls
- C. Depression and anxiety often do not arise until 1-2 years after diagnosis
- D. Problems with adherence to the diabetic regimen often appear within the three months after diagnosis

Answer: C

Explanation:

Early identification of high-risk patients is critical to efforts at health promotion, and it is equally important to screen annually for psychosocial difficulties during regular clinic visits to catch later emerging problems. For example, depression and anxiety often do not arise until 1 to 2 years after diagnosis.

Depression is among the most common mental health concerns for youth with diabetes, with prevalence nearly double that of youth in general and much higher rates in girls than boys. Problems with adherence often first appear 3 to 4 years after diagnosis, not within the first three months or after five years.

Question: 9

Which of the following benefits is NOT associated with using an insulin pen?

- A. Able to administer 60-80 units in one dose
- B. Easier to use compared to other methods
- C. More cost-effective than using multiple disposable syringes
- D. More likely to be accepted by the patient as an insulin administration method

Answer: C

Explanation:

Insulin pens are less cost-effective than other methods of insulin administration, not more cost-effective.

Insulin pens are able to administer doses of 60 to 80 units at a time and are easier to use than other methods. For these reasons, patients are more likely to accept them as an insulin administration method.

Question: 10

Which of the following statements made by a patient indicates that they are CORRECTLY self-managing their diabetes?

- A. "I know my body well enough that I can tell when I need insulin."
- B. "My brother has been doing a good job of making sure that I check my blood sugar when I am supposed to."
- C. "I only had three days in the last two months when I forgot to give myself insulin all day."
- D. "I had a blood glucose reading of 55 and immediately had some Lifesavers, then rechecked my sugar after 15 minutes."

Answer: D

Explanation:

Correctly treating an episode of hypoglycemia indicates that the patient is correctly self-managing their diabetes.

Having three days in a two-month period where no insulin was given all day is concerning and indicates that the patient is not correctly self-managing their diabetes. If the patient is depending on their brother to help manage their diabetes, then they are not adequately self-managing it. If the patient is depending on physical cues rather than blood glucose reading for administering insulin, then more teaching is needed.

Question: 11

What is the MOST appropriate use of technological tools for helping a patient manage their diabetes?

- A. Encouraging the patient to explore technological tools themselves and use the ones that they feel best fits their needs
- B. Using only tools that have at least a five-year track record of being effective in supporting patients with diabetes
- C. Using primarily evidence-based digital tools to support patient self-management
- D. Using any tools that a patient prefers as long as it will augment their adherence to treatments

Answer: C

Explanation:

When encouraging the use of technology, the educator should primarily encourage the use of evidence-based digital tools. Tools that are not evidence-based carry a higher risk of causing harm to the patient or failing to provide value in supporting the management of their condition. Using any tools that the patient prefers is not advisable, even if it seems that it will augment their adherence to treatments, as these tools may be inaccurate or not fully meet the patient's needs. Limiting technological tools to those that have existed for at least five years prevents access to newer innovations that may be beneficial. Professional guidance should be provided to patients while they are determining which technologies are most appropriate; they should not be left to figure it out for themselves.

Question: 12

Which of the following statements is NOT true related to sulfonylureas?

- A. They are contraindicated in type 1 diabetes
- B. They were the first available oral agent to treat type 2 diabetes
- C. They should be administered as an alternative to dietary and exercise management of type 2 diabetes
- D. They are a mainstay of treatment for type 2 diabetes, either as monotherapy, or as an add-on to other diabetic medications

Answer: C

Explanation:

Sulfonylureas, like all diabetes pharmacotherapies, should be administered in conjunction with, not as an alternative to, dietary and exercise management of type 2 diabetes.

As the first available oral agent to treat type 2 diabetes, sulfonylureas have been a mainstay of treatment, either as monotherapy or, more recently, as an add-on to other diabetes medications. They are contraindicated in type 1 diabetes.

Question: 13

Which of the following is LIKELY to be the most significant challenge to learning when teaching Diabetes Self-Management Education (DSME) to a diverse group of patients?

- A. Limited access to technology
- B. Time constraints during appointments
- C. Unwillingness to change habits
- D. Language and cultural barriers

Answer: D

Explanation:

While limited access to technology, time constraints during appointments, and unwillingness to change habits can all potentially impact the effectiveness of DSME, language and cultural barriers are likely to be the most significant challenges when teaching a diverse group of patients. Language barriers can prevent patients from fully understanding the educational materials and hinder their ability to ask questions or express concerns. Cultural barriers can lead to misunderstandings or resistance to adopting

new behaviors, as they may conflict with traditional beliefs or practices. The more diverse the group of patients is, the more likely language and culture are to be a potential barrier to education.

Question: 14

A patient with type 2 diabetes who is hospitalized with gout tells their nurse that they do not take their metformin anymore because it has not been helping them to feel better. Which of the following responses by the nurse is BEST?

- A. "I will have the diabetes educator come and talk to you about your metformin."
- B. "You should be taking your metformin. I will get you some materials that explain why it is important to take this medication."
- C. "That is okay. We will be using insulin to manage your diabetes while you are here in the hospital anyway."
- D. "I don't really deal with managing your diabetes medications, you should talk to your doctor about that."

Answer: A

Explanation:

The nurse should recognize that the patient should be adhering to their medication regimen and should make a referral to a diabetes educator.

While the patient will likely be managed with insulin in the hospital, the nurse should not tell them that it is okay not to take their metformin. The nurse should not tell the patient to follow up with their doctor or only provide written materials; a diabetic consultation will be the better option for this patient.

Question: 15

Which of the following disabilities requires a specialized blood glucose monitor?

- A. Mild intellectual disability
- B. Quadriplegia
- C. Blindness
- D. Deafness

Answer: C

Explanation:

Blindness creates an inability to read the results displayed on the screen of a blood glucose monitor. A specialized monitor that audibly reads the result can compensate for this inability and allow the routine use of a monitor despite the disability. Deafness and mild intellectual disability do not require the use of a specialized blood glucose monitor. Someone with quadriplegia will be unable to use a blood glucose monitor themselves; however, there are not specialized blood glucose monitors that will enable them to monitor their own blood glucose. They will require someone else using a standard blood glucose monitor to check their blood glucose levels.

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