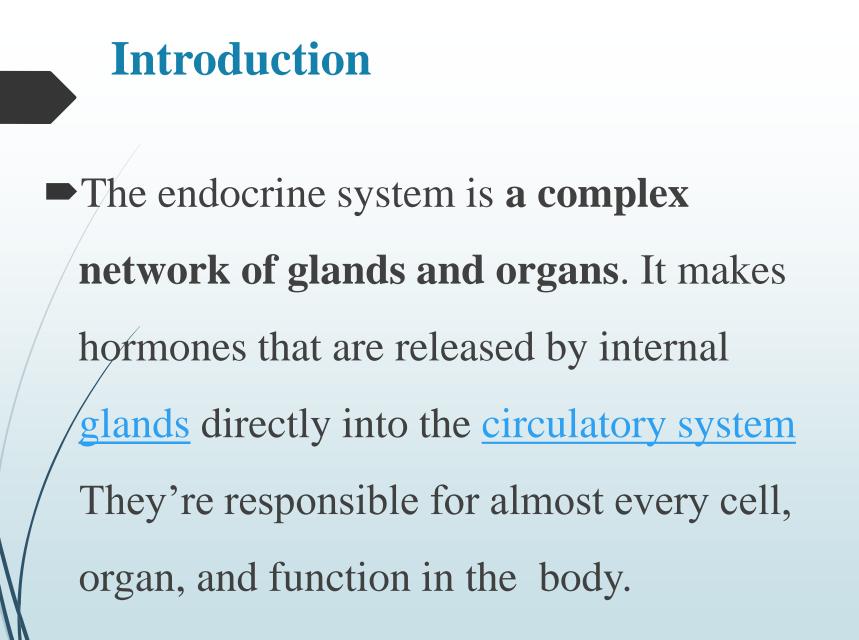
Endocrine Dysfunctions

Dr. Reda Elfeshawy Assistant Professor of Pediatric Nursing



Functions of Endocrine System

Controls basic body functions

Metabolism

Growth

Sexual development

fluid and electrolyte balance

Response to stress.

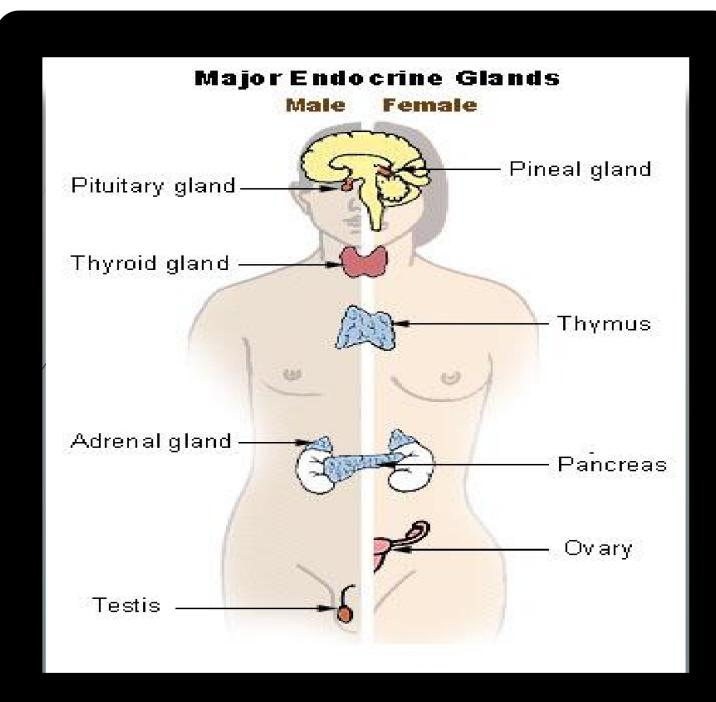
Endocrine Glands

- Pituitary gland A pea-sized gland that lies within a deep bony depression at the base of the cranium
- Thyroid gland—Two large lateral lobes and a connecting portion, the isthmus, situated on the anterior aspect of the peck just below the larynx
 - Parathyroid glands—Four or five small round bodies attached to the posterior surfaces of the lateral lobes of the thyroid gland
- Adrenal glands—Pyramid-shaped glands situated atop the kidneys, fitting like caps over these organs
- Ovaries—Glands located in the female pelvis on each side of the uterus at the fimbriated end of the fallopian tubes

Testes—Oval-shaped glands situated within the male

scrotum

- Islets of Langerhans—Small clusters of endocrine cells within the pancreas
 - **Thymus**—A gland situated behind the sternum and below the thyroid gland; plays an important role in immunity but only during fetal life and early childhood Gastrointestinal glands—Mucosal lining of the gastrointestinal tract containing cells that produce hormones that play important roles in controlling and coordinating secretory and motor activities of digestion



DIABETES MELLITUS

DIABETES MELLITUS (DM)

DM is a chronic disorder of metabolism

characterized by hyperglycemia and insulin

resistance. It is the most common metabolic

disease, resulting in metabolic adjustment or

physiologic change in almost all areas of the

body

DM is a condition in which sufficient amounts of

insulin are either not produced or the body is unable

to use the insulin that is produced

□ If uncontrolled DM can be life threatening and cause

serious complications affect all body system

TYPES OF DM

Type 1 diabetes

Is characterized by destruction of the pancreatic beta cells, which produce insulin; this usually leads to absolute insulin deficiency .
 Is more recognizable in children

Body's immune system destroys cells in the pancreas that produce insulin

Insulin-dependent diabetes mellitus (IDDM)

Type 2 diabetes

 usually arises because of insulin resistance in which the body fails to use insulin properly combined with relative insulin deficiency.

and sedentary.

Non-insulin-dependent diabetes mellitus (NIDDM),

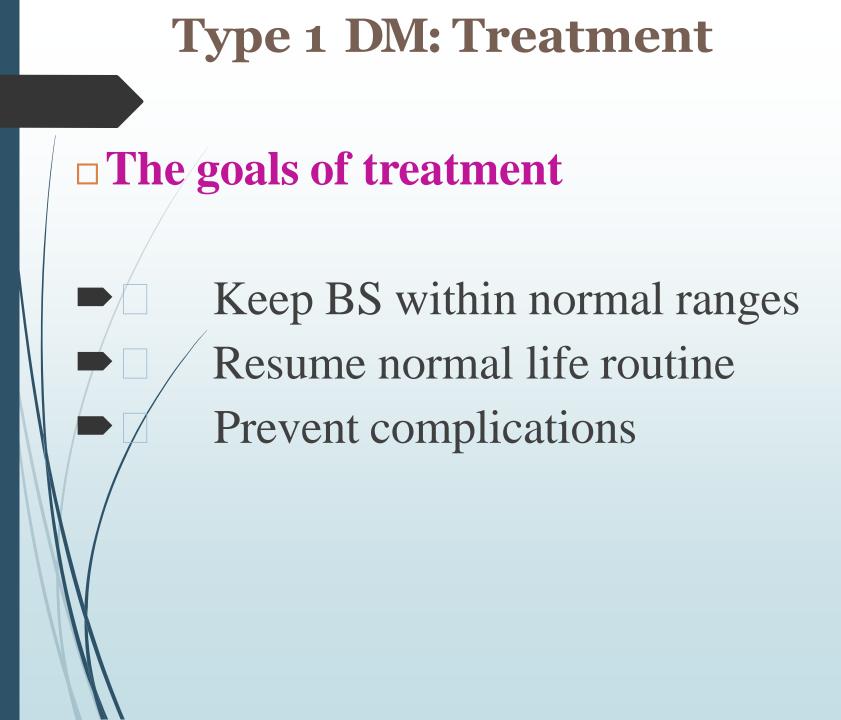
Pathophysiology of Diabetes

- □ Insulin helps transfer glucose into cells so body can use it
- \square As destruction cont's, insulin secretion \downarrow
- As insulin↓ blood glucose level↑ and glucose in cells↓
 As serum glucose reaches 180 mg/dL, renal tubules cannot reabsorb all glucose, so spilled in urine
- □ Electrolytes (Na, K, Ca, Ph, & Mg) excreted too (polyuria
 - & dehydration)
- Polydipsia- attempt to relieve dehydration

Clinical Manifestations

- Polyphagia
- Polyuria
- Polydipsia
- Weight loss
- Enuresis or nocturia
- Shortened attention span
- Blurred vision

- Poor wound healing
- ► Fatigue
- Flushed skin
- Elevated blood glucose levels
- Glucosuria
- Dehydration in some cases
- Dehydration
- Electrolyte imbalance



Treatment is based on:

 Daily insulin injections (mix of rapid-acting-regularand

 intermediate acting- lente- insulin) It may be two or three injections/day which is 30 minutes before meal
 Balanced diet that contains, fat, protein, CHO and vitamins

- Concentrated sweets are discouraged
- Exercise, regular blood & urine testing

Sites of insulin injection



Complications of diabetes mellitus:

Hypoglycemia. -Diabetic ketoacidosis.

□ -Diabetic retinopathy.

□ - Diabetic nephropathy.

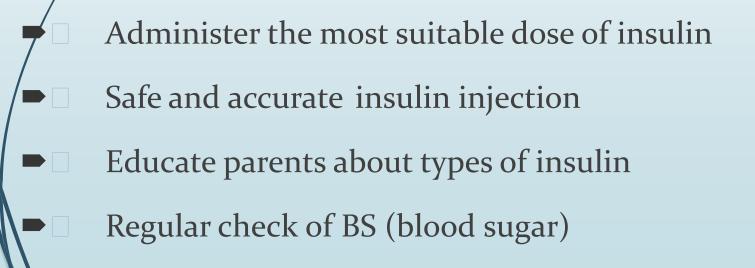
右 - Dental decay

Insulin resistance, allergic reactions and

□ local skin irritations, abscesses

Nursing Care

Nursing diagnosis: risk for injury R/T insulin deficiency



Nursing diagnosis: risk for injury R/T
 hypoglycemia

Recognize of S& S of hypoglycemia

Administer glucagon to unconscious child

Regular check of BS (blood sugar)

Nursing diagnosis: knowledge deficit R/T care of a child with newly diagnosed DM

- Very little food restrictions, though balanced diet
- Teach proper ways of storing mixing and administering insulin
- Dental care and regular ophthalmic examination
 Teach parents about S&S and management of hypo/hyperglycemia
- Regular check of BS (blood sugar)
- Keeping records of blood/urine tests, insulin, food

Diabetes Mellitus Type 2

Nursing care

- Provide nutrition teaching (decreasing calories)
 - Encourage behavioral changes: increasing activity
 - Lifestyle modification to the entire family to ensure compliance
 - Teach family about oral hypoglycemic agent
 - Monitor for complications

