

**National Pediatric Nighttime Curriculum
Questions for Abnormal Glucose Module**

1. A serum glucose of 400 mg/dL is considered to be
 - a. moderate hyperglycemia
 - b. normoglycemia
 - c. severe hyperglycemia
 - d. mild hyperglycemia

2. An appropriate initial glucose bolus for hypoglycemia in a 10 kg child would be
 - a. 20 ml D5W
 - b. 40 ml D10 0.5NS
 - c. 2 ml D5W
 - d. 20 ml D10W

3. Which of the following is not *typically* seen with mild/moderate hyperglycemia?
 - a. thirst
 - b. polyuria
 - c. kussmaul breathing
 - d. tachycardia

4. Which of the following is not considered a *critical sample* obtained during an acute episode of hypoglycemia?
 - a. acylcarnitine
 - b. urine organic acids
 - c. growth hormone
 - d. free fatty acids

5. A child in DKA is at risk for all of the following except:
 - a. renal failure
 - b. hypokalemia
 - c. hyperphosphatemia
 - d. cerebral edema
 - e. none of the above

6. A hypoglycemic child who does *not* respond to glucagon likely has
 - a. exogenously administered insulin
 - b. a fatty acid oxidation defect
 - c. an insulinoma
 - d. Type 1 DM
 - e. all of the above

Answers

1. Answer = A. Moderate hyperglycemia is a fasting glucose between 200mg/dL and 410 mg/dL.
2. Answer = D. An initial glucose bolus should be 2-4 mls/kg of D10W.
3. Answer = C. Kussmaul respirations are typically seen only in severe hyperglycemia.
4. Answer = B. The critical samples during hypoglycemia refer to blood tests, not urine, although urine organic acids are also important to send in a metabolic workup.
5. Answer = C. Depletion of intracellular phosphate occurs in DKA and phosphate is lost as a result of osmotic diuresis.
6. Answer = B. A fatty acid oxidation defect will NOT respond to a dose of glucagon.