

## **Case Study 2: Patient G.C.**

You admit G.C., 48 yr. old obese Hispanic male with Type 2 Diabetes on your medical floor with left heel ulceration. He completed antibiotics and Prednisone for a severe respiratory infection 1 week ago. He is a soft-spoken unemployed cook. He conveys that he lives with Mama (she is present speaks no English). He is unmarried and has no children. He appears depressed. You scan his Labs:

Blood glucose 275  
BUN 32 – Creatinine 2.5  
Triglycerides, Total Cholesterol 270

He states he was started on 25 units of NPH Insulin when he developed the foot ulcer several weeks ago. He states his PCP said if he does not “straighten out he may end up on dialysis.” You ask him if he maintains a dietary plan and he says; “sometimes.” GC states his doctor told him to try to maintain a blood glucose level of 100-150.

The next day GC received his AM dose of insulin at 0645. Blood glucose check at 11:30 is 138. You note GC ate poorly at breakfast and very little at lunch because he wanted to rest. At 1430 you want to check on GC and are prepared to change the dressing on his foot. When you enter the room, he says he has a headache. You immediately check his blood sugar which is 69.

- What is your immediate plan of direction? Provide sugar source such as juice or candy and recheck BG in 15 min
- Why did the hypoglycemia occur at 4 PM? Because the insulins crossed paths (peaked) at that time causing hypoglycemia
- What nursing diagnoses are appropriate? Fatigue related to increased energy demands: hypermetabolic state/infection
- Why does the doctor recommend that GC maintain a higher than normal level? So GC can reverse his hypoglycemic unawareness
- What could cause GC's blood sugar to elevate? Too much sugar, stressors
- What barriers does GC have? Lack of family support, cost of care, cultural factors, degree of life changes
- What are important goals for GC regarding diabetes care? Be aware of nutritional & cultural needs, maintain BG levels, maintain the pleasure of eating
- What culture or language challenges might GC have? His mother who he lives with doesn't speak English so she might not receive the translation from him with full understanding about his disease therefore can make food that raises his BG levels.