

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?
 - o Give the patient a snack with 15 g of simple carbohydrates, such as fruit juice or soda.
- Why did the hypoglycemia occur at 4 PM?
 - o GC did not eat much of his breakfast or lunch, so while he was still receiving insulin, his body was not getting as much glucose. Additionally, the NPH has its peak around 4 hours, causing the blood sugar to drop to a lower point at 4 pm.
- What nursing diagnoses are appropriate?
 - o Insufficient health education, imbalanced nutrition, impaired social interaction, impaired skin integrity.
- Why does the doctor recommend that GC maintain a higher than normal level?
 - o If GC has low blood sugar often, his body will stop exhibiting hypoglycemia symptoms and he will be unable to catch and treat hypoglycemia when it occurs. As a result, he may not show symptoms until his blood sugar is too dangerously low, affecting his safety.
- What could cause GC's blood sugar to elevate?
 - o It could spike because of his diet, or due to physical inactivity since his foot was injured and he most likely did not walk on it much while trying to get it to heal.
- What barriers does GC have?

- o He does not have a support system that is educated in diabetes maintenance. Mama does not speak English so it may be hard to educate her on how to help GC should the need arise. Also, he is unemployed, making it difficult for him to afford the insulin products that he needs to control his diabetes properly.
- What are important goals for GC regarding diabetes care?
 - o Important goals would be to take insulin regularly and on a schedule, eat healthy foods that are low in LDL and higher in HDL, and be aware of blood glucose levels throughout the day to know when to eat a snack. Also, creating a habit of checking skin integrity, especially of the feet, will help to prevent ulcers from occurring more in the future or at least catching them sooner.
- What culture or language challenges might GC have?
 - o A challenge is a Hispanic diet that GC may have. Rice and tortillas can increase blood glucose and are not healthy but are staples in the Hispanic diet. Encourage GC to choose one or the other at meals to decrease this and make a manageable diet plan without cutting out all of his favorite foods.
 - o A second challenge may be a language barrier. Since he is soft-spoken, it may be that he is not very comfortable with English and it will be important to give GC the opportunity to ask questions and demonstrate that he understands what he needs to do to manage his diabetes.