

JESUS CARRASCO
CASE STUDY #1

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?
 - Immediate plan of direction is to inform G.C. on the importance of self-care and improving the ways of his DM management or he could potentially get worse. Plan of action would be to increase the patients blood sugar by following the 15 in 15 Rule since all he states is having a headache and if he can swallow. I would give him 15g of carbs and recheck glucose levels within 15 minutes. Once above 70, I would give him some sort of protein to make sure his glucose levels remain at a safe level.
- Why did the hypoglycemia occur at 4 PM?
 - Eating very little all day is like skipping meals for a diabetic patient. Even though the patient was resting, his body is still working to maintain a homeostatic level using up energy. Low amount of food (glucose) equals low amount of energy to be made. If energy is low than there is not enough energy to be stored. The patient's body had used up all the energy source it had, and low amount of glucose was able to be pulled into cells.
- What nursing diagnoses are appropriate?
 - Impaired Mobility (due to obesity and foot ulcer) and Altered Mental Stability (due to depression and need to take charge in patient own healthcare)

- Why does the doctor recommend that GC maintain a higher-than-normal level?
 - The Doctor may have wanted to compensate for the patient's noncompliance. It is also used to control blood sugar while fasting and between meals. Patient's glucose labs show 275, so he is not managing his DM as well as he could be. This would help bring his levels to a healthier level. This would allow the patient time to make healthier lifestyle changes and, in the meantime, the higher dose of insulin would have more effect on the patient's current lifestyle. Since his medication is an intermediate-acting insulin it takes 90 minutes to act and lasts up to 24 hours and peaks at 6-8hours.
- What could cause GC's blood sugar to elevate?
 - Carbohydrates can cause his sugars to elevate. His depression could also play a part in elevating his sugars. Increased stress levels like cortisol can have an affect on insulin resistance and/or blood sugar metabolism.
- What barriers does GC have?
 - Degree of life and complexity of management plan, Cultural Factors, Lack of Knowledge, and mostly lack of Family Support.
- What are important goals for GC regarding diabetes care?
 - Weight loss is most important, Diet management such as low protein and meal planning. Regular DM wound care visits/compliance.
- What culture or language challenges might GC have?
 - This case does not specify is the patient has a language barrier but there are other challenges he has. The high fat and carbohydrates found in all Hispanic/Latino food can be a challenge especially if his mother does most of the cooking. It would be easier to change his lifestyle vs. changing hers. Hispanics males are also less likely to attend Dr visits or get exams, so regular visits or glucose monitoring may be difficult. It is also believed in Hispanic cultures that increased stress or negative emotions lead to illnesses such as DM.