

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?
My immediate plan for G.C. would be to give him 15g of a simple carb such as fruit juice, regular soft drink, 4-6 oz. After 15 minutes, I would recheck his blood glucose. If blood glucose was still <70, I would give him another 15 grams of a simple carb.
- Why did the hypoglycemia occur at 4 PM?
G.C. became hypoglycemic at 4 pm due to the peak of the NPH insulin and him not eating to balance out the effects.
- What nursing diagnoses are appropriate?
Improper nutrition, deficient knowledge, and impaired verbal communication
- Why does the doctor recommend that GC maintain a higher than normal level?
Since G.C. is obese, he has a higher BMI which has an impact on the body effectively reducing sugar levels. Insulin can be less effective, so it is hard to get blood sugar to a normal level.
- What could cause GC's blood sugar to elevate?
G.C. taking the Prednisone could have caused the blood sugar elevation because steroids can increase blood sugar.
- What barriers does GC have?
GC appears depressed and doesn't speak English well. These both can be barriers that affect effective communication.
- What are important goals for GC regarding diabetes care?

GC's most important goal regarding diabetes care should be foot care. He should also try to exercise and eat a well balanced diet.

- What culture or language challenges might GC have?

G.C. might have deficient understanding of diabetes management and care due to the language barrier. Also, G.C. being asked to change his dietary practice which involves changes in the method of preparation, frequency and timing, and foods could be a challenge because cultures use foods in different ways.