

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?**

Admin 15 g of a simple carbohydrate to patient, recheck glucose level in 15 min, repeat if still less than 70 gm/dL. If unable to swallow admin IV dextrose 25-50mL of D50 or IM glucagon 1mg

- **Why did the hypoglycemia occur at 4 PM?**

NPH Insulin admin in morning, coupled with pt eating poorly during breakfast and lunch caused blood glucose to drop in afternoon. NPH peak would hit during the afternoon if admin in morning.

- **What nursing diagnoses are appropriate?**

Risk for unstable blood glucose, risk for infection, risk for disturbed sensory perception, imbalanced nutrition: less than body requirements, risk for impaired skin integrity

- **Why does the doctor recommend that GC maintain a higher than normal level?**

To avoid risk of hypoglycemic unawareness where the body can lose early warning signals.

Glycemic targets should be increased to avoid more episodes for several weeks to partially reverse the unawareness.

- **What could cause GC's blood sugar to elevate?**

Illness/ infection can cause blood sugar to elevate. GC's foot ulcer is an example of such and is at increased risk for infection.

- **What barriers does GC have?**

Socioeconomic status may affect health care choices: cost of care. Cultural factors: Hispanic. Lack of family support: mother's language barrier may inhibit her learning care plans when being taught.

Other stressors: depression. Lack of knowledge/ fear: stated if he didn't straighten up he might end up

on dialysis. Doesn't state why it is so that he might end up on dialysis, only that it is a looming fear from the vague phrase "not straightening up."

- **What are important goals for GC regarding diabetes care?**

Maintain BG levels, lipid profiles, prevent/ slow rate of chronic complications, maintain pleasure of eating while also meeting nutritional needs and personal, cultural, and economic needs. Begin/ maintain exercise regimen to decrease insulin resistance and BG and weight. Also help by lowering BP and increasing circulation. Take charge of own health.

- **What culture or language challenges might GC have?**

Culturally, being of Hispanic origin, it may be a challenge to adhere to a new medically recommended diet as many Hispanic meals rely heavily on carbohydrate rich foods such as tortillas. His mother also has a language barrier being unable to communicate in English, it could be a challenge to teach the mother how to be an effective supportive role for her son in the management of his diabetes due to the language barrier.