

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?
 - [I would immediately give the patient a high-carb snack to bring his blood sugar within normal range that his PCP wants him at. So giving him some kind of juice or soda.](#)
- Why did the hypoglycemia occur at 4 PM?
 - [The reason why he is hypoglycemic is because he is is not maintaining a dietary plan the medication, he is on is good medication if he actually will eat.](#)
- What nursing diagnoses are appropriate?
 - [Not maintaining a better control of his BG like the physician recommended](#)
 - [48-year-old Hispanic male, no emotional support due to patient is unemployed, lives with his mother, unmarried and has no children.](#)
 - [Type 2 Diabetic](#)
 - [He also has kidney problems due to his BUN 32 and Creatine of 2.5, and prior to this he was told he may have to be on dialysis if he maintains better control of his diet](#)
- Why does the doctor recommend that GC maintain a higher than normal level?
 - [The reason could be that patient is usually really high on his BG, that you, have to be realistic with expectation with the patient. The PCP, may be trying to adjust medication and finding balance for the patient and try not to bottom him out or put](#)

too much on him at once. Plus, each patient's body is different so this may be what works for him.

- What could cause GC's blood sugar to elevate?
 - Poor diet and not taking the medication like he is suppose to.
- What barriers does GC have?
 - Being unemployed, is leading him to not have insurance as well not getting medication that could possibly be simpler or easier to use.He is also lacking the emotional support to stay motivated.
 - He has predisposing factors against him for being 48years old, and being Hispanic with a prevalence of 12.1%.
- What are important goals for GC regarding diabetes care?
 - Eating healthy, with trying to implement 6 small meals a day along with reaching to support groups. As well look into finding employment, or government assistance to help with medication
- What culture or language challenges might GC have?
 - Spanish as well as English, due to his mother only speaking Spanish. He only lives with his mother, which has to be very difficult for him. The Hispanic culture is big on the males being the sole provider so I'm sure that is also why he may be depress.