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August 20, 2021

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?
 - Give G.C. some crackers or OJ, all equal to 15g of carbs and recheck BG in 15 mins.
- Why did the hypoglycemia occur at 4 PM?
 - (the hypoglycemia didn't occur at 4 PM, it occurred when I walked in at 1430) The hypoglycemia occurred because G.C. ate a small amount for breakfast and lunch, which only added a little amount of glucose to him. And also, if he had insulin before lunch (not in the story above) then that may explain the hypoglycemia.
- What nursing diagnoses are appropriate?
 - Patient is showing ineffective health maintenance, can be seen by uncontrolled diabetes and foot ulceration. Also lacking education about diabetes as evidence by his labs and condition.
- Why does the doctor recommend that GC maintain a higher-than-normal level?
 - Higher than normal blood glucose is better so that G.C. can avoid a sudden drop of BG that can result in hypoglycemia effects. A sudden drop of BG of 250 to 100 can be felt like having hypoglycemia reactions (even if hypoglycemia doesn't occur at 75), compared to a BG of 250 to 180, to 150 and to 160, has no reactions to the body. Plus, the body would have to adjust to the change of BG levels.

- What could cause GC's blood sugar to elevate?
 - G.C.'s blood sugar can elevate because of his heel ulceration, which can make him bed rested. His medication of Prednisone, which is a corticosteroid, can increase BG levels. And being depressed is one way that can increase his blood sugars
- What barriers does GC have?
 - Obesity. Having a foot ulceration, which can impede his ability to start exercising. Being T2DM
- What are important goals for GC regarding diabetes care?
 - To start a change, a change in his diet, something that is low in fat, carbs, protein, and no alcohol. Have him more involved in his health, trying to motivate him. Exercise in bed. Proper hygiene especially with his foot ulcer. Tight BG and BP control.
- What culture or language challenges might GC have?
 - Being Hispanic puts him in higher risks of developing DM. His mother doesn't speak English, maybe get a translator to explain things to her, and have the mother talk to GC about his health and what they think about it.