

## **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?
  - o Since the pt is PO, administering juice would be most beneficial; simple carbs then complex.
- Why did the hypoglycemia occur at 4 PM?
  - o Due to the long acting insulin kicking in and him not eating enough to cover the amount of insulin given
- What nursing diagnoses are appropriate?
  - o Maintain pt on a diabetic diet while admitted. Adequate fluid intake. Scheduled glucose checks.
- Why does the doctor recommend that GC maintain a higher than normal level?
  - o Due to a lower blood glucose causing seizures or coma.
- What could cause GC's blood sugar to elevate?
  - o Stress due to being hospitalized. Infection due to his foot ulcer.
- What barriers does GC have?
  - o He is obese, depressed, unmotivated, possible non-supportive family, severely wounded foot impeding him from walking well or much less being able to workout.
- What are important goals for GC regarding diabetes care?
  - o Consistency is key; taking insulin at consistent times, eating healthy and beneficial meals, maintaining a workout routine that is suitable for him. Checking his feet daily and being cautious of hot water and the shoes he wears. Going for his annual eye check ups and doctor appointments.

- What culture or language challenges might GC have?
  - His culture could be comprised of unhealthy diet options. Unsupportive family due to not wanting to change how they have cooked for the past years.