

Mary Lasap

Case Study 2: Patient G.C.

1. Since his BS is 69, I would give him simple CHO snacks or juice to raise his blood sugar level.
2. Hypoglycemia occurs at 4 pm because he ate very poorly for his breakfast and lunch. He's been receiving insulin before breakfast and lunch, but he is not eating a proper meal to maintain a normal glucose level, so it causes his blood sugar to drop.
3. Nursing diagnoses are changes in the level of consciousness, poor nutrition, dehydration.
4. Because he's been eating very poorly, to prevent hypoglycemic unawareness, the doctor recommends that he maintain a higher BS than normal level.
5. Not maintaining a good dietary plan and prednisone medication.
6. Lack of understanding on Type 2 diabetes, lack of knowing diabetic diet, and culture
7. Maintaining BS level at 100-150, eating a proper diabetic diet, checking his feet every day before going to bed, and good wound care (for left heel ulceration).
8. The patient is Hispanic, so he may have challenges when speaking or writing English.

Case Studies 3: Y.L.

1. Hgb A1C, fasting blood glucose, and random blood glucose
2. Lower blood sugar level, decrease movement of glucose into cell, inhibits the breakdown of stored glucose, protein, and fat
3. Glucagon, growth hormone, and cortisol
4. Not to mix glargine with any other insulins and to use glargine at the same time every day.
5. For Lispro insulin, she must eat within 15 minutes to prevent hypoglycemia. As for regular insulin, she can eat after 30 minutes of administration.
6. Insulin Lispro: Onset 15-30 minutes, Peaks 30 min- 90 min, Durations 3-5 hours.
7. The provider chose lispro and glargine insulin over NPH and regular insulin because Lispro and glargine insulin have low risk for high or low blood glucose level due to absent of peak in glargine. In contrast, NPH and regular insulin has high risk for high or low blood glucose level due to similar peak times between the insulins.

