

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 use the rule of 15 in 15. Meaning, I would bring the patient 15 g of a simple fast acting carb such as fruit juice or a regular soft drink. After ingestion, I'd wait 15 minutes and recheck the patient's blood sugar.

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

The patient received their AM dose of insulin but ate poorly at breakfast and very little a lunch. This left his body with too much insulin and not enough glucose in the blood to counteract it. So, instead of the blood sugar evening out, it just continued to drop due to having nothing to stop it.

- **What nursing diagnoses are appropriate?**

Imbalanced nutrition: less than body requirements, risk for infection, risk for ineffective therapeutic regimen management, risk for impaired skin integrity, deficient knowledge, ineffective health management,

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

GC's body has become use to operating on a high blood glucose level. Therefore, you can't suddenly expect a level much lower than what their body is used to because that type of level will likely take some time to achieve. The body needs time to adjust to the new treatment plan it's receiving.

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

Obesity, stress, inactivity, metabolic syndrome, low HDLs, high LDLs

- **What barriers does GC have?**

GC more obviously has a language barrier. This makes it more difficult to properly ensure that he's understanding the information that's being directed at him. On top of this, he is unemployed, living with his mother. He's unmarried with no children and seems to be depressed. Due to being unemployed, he may have a more difficult time when it comes to being able to afford the necessary supplies to maintain his health as a diabetic. Moreover, as an unmarried man, living at home with his mother and no children, he may feel alone and or isolated. This can have an effect on how he cares for himself. Struggling with depression on top of having to manage type 2 diabetes can become an almost impossible task to juggle without the necessary support and resources to keep you moving forward.

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

GC needs to get his blood sugar under control. In order to effectively do this, he needs to be monitoring his blood sugar regularly and taking his insulin at the same time every day. Focus on his diet and exercise. Maintain a good quality of life. Manage cholesterol and have regular health checks performed on the eyes and teeth to ensure continued overall health.

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

With his culture, he may have challenges when it comes to eating a meals low in fat and calories and high in nutrients. With his language barrier, he may have a harder time fully understanding the material given to him. As well as have difficulty expressing questions and concerns to certain health care providers who are unable to speak his language.