

ARIAN TAGLE

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?

The first thing I would do is give the pt. a sugar bomb snack like candy or a drink like 4-6oz of juice.

- Why did the hypoglycemia occur at 4 PM?

The pt. did not eat a proper meal during lunch time and this caused his blood sugar to drop. Diabetic pt. must eat at least 6 times a day to maintain a constant level of blood glucose.

- What nursing diagnoses are appropriate?

Risk for unstable blood glucose level, risk for infection, deficient knowledge, and impaired skin integrity.

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

I believe the doctor is trying to bargain with the pt. since given his history and information, he does not want the pt. to change to much too soon and cause further stress, depression or unrealistic attainable goals.

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

The medication, specifically the steroids and possibly his mental state.

- What barriers does GC have?

A language barrier from his mom who cooks and cares for him.

- What are important goals for GC regarding diabetes care?

Get his mom a medical interpreter, so that she can be involved in the care planning since she is the one providing his meals and get her informed on healthy meals for him to eat. Since he is a type 2 diabetic, it is ideal to stress the importance of exercise too. In addition, if he undergoes a healthy change in his lifestyle actions, this can possibly help him with his depression.

- What culture or language challenges might GC have?

As if being diagnosed later in life isn't hard enough, GC must face the tough challenges of having a Hispanic ethnic background. As a Hispanic woman who was a pre-diabetic in my younger years, I can confirm how hard this can be. Hispanic culture is the worst when it comes to nutrition and exercise, because we are raised in believing that being on the thinner side is unhealthier than being overweight. I was raised with eating anywhere between 6-10 meals a day (snacks included) and we had to clean our plate, or it would be a sign of disrespect. We had to eat what was prepared for us and eat every time it was prepared. The only exercise we did was play outside in the back yard, because we could not afford to be involved in sports that we had to pay for. In continuing, my family was bilingual, so they were able to understand a little bit more when I needed to make a lifestyle change. However, this is not the case for GC and this language barrier plus his culture can cause a huge damper on his health.