

## 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?  
***Since GC is awake, I will implement rule 15 ASAP. I will give Mr. GC 15 mL of orange juice or coke, whichever is accessible. Afterwards, I will recheck his blood glucose after 15 minutes. If his blood sugar stayed below 70, I would do continue giving him 15 mL of coke or juice. When his blood sugar becomes stable, we can give him give him complex carbs to consume.***
- Why did the hypoglycemia occur at 4 PM?  
***Hypoglycemia happened to Mr. GC because he ate poorly for breakfast and only a little for lunch. With not much glucose to work with, since he only ate few, the insulin given to him caused him to have hypoglycemia.***
- What nursing diagnoses are appropriate?
  - ***Imbalanced Nutrition: Less than Body Requirements***
  - ***Risk for Unstable Blood Glucose***
- Why does the doctor recommend that GC maintain a higher than normal level?  
***The doctor recommends GC to maintain a higher than normal blood glucose to prevent hypoglycemia from happening. Since Mr. GC has had an upper respiratory infection, that and his prednisone may also increase his blood glucose.***

- What could cause GC's blood sugar to elevate?  
**GC's blood sugar would elevate due to his infection, his steroid use (Prednisone), and his poor diet.**
- What barriers does GC have?  
**Some barriers that GC encounters includes unemployment, depression, and non-compliance to healthcare. Although it is not stated that he cannot speak english (only his mother), language should also be considered as a barrier.**
- What are important goals for GC regarding diabetes care?  
**An important goal for GC would be to keep his blood glucose on the recommended level that his PCP prescribes. That would mean eating nutritious food (plate percentages), the recommended amount of exercise, and taking his insulin at the right time.**
- What culture or language challenges might GC have?  
**GC is a Hispanic, which would make him part of the culture that is at risk for diabetes. Also if he has a hard time speaking English, communication with his doctor and the healthcare team would become a challenge.**