

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 give him some juice to raise his blood sugar. Recheck in 15 minutes, and then give him a good snack if it is normal.
- Why did the hypoglycemia occur at 4 PM? He did not eat a meal/snack with his NPH insulin which has a peak time of 4-6 hours, if he got the insulin at 1130 the blood sugar would be low at that 4 hour mark without a meal/snack.
- What nursing diagnoses are appropriate? - Risk for unstable blood glucose level, deficient knowledge, and risk for disturbed sensory perception.
- Why does the doctor recommend that GC maintain a higher than normal level? Since his labs indicate kidney disease, that could cause a high glucose level in itself, so normal for this patient could be 100-150.
- What could cause GC's blood sugar to elevate? The prednisone, diet, kidney deficiency, and being in the hospital depressed.
- What barriers does GC have? Fears, anxiety, language, and not adhering to medical advice.
- What are important goals for GC regarding diabetes care? - Maintain a normal blood glucose level, adhering to his diet, taking regular snacks/meals with insulin, getting his wound healed.
- What culture or language challenges might GC have? - The family does not speak English which is key because they could tell you important information or if the patient is comatose they can tell you what direction to go to for medical procedures/treatments. He himself might not know fluent English and only enough to get by and understand so he might not understand some of the treatments he needs to be adhering to.

