

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?
My immediate plan of direction would be to give the patient orange juice (4oz). Then recheck his BG 15 minutes later and see if the levels elevated.
- Why did the hypoglycemia occur at 4 PM?
The patient did not receive his insulin to keep him at a certain level until dinner time that he would have taken during lunch time. Therefore, his blood sugar dropped.
- What nursing diagnoses are appropriate?
Uncontrolled diabetes
- Why does the doctor recommend that GC maintain a higher than normal level?
The doctor would recommend that GC maintain a higher than normal level because it seems to be that the patients' blood sugar drops if he does not eat a meal to help maintain his blood sugar levels.
- What could cause GC's blood sugar to elevate?
The patients blood sugar was possibly elevated due to the steroids that he was on for his respiratory infection.
- What barriers does GC have?

One of the barriers that GC has is a low immune system. The patient seems to be prone to infections.

- What are important goals for GC regarding diabetes care?

Important goals for the patient is to make sure that the wounds on the patient do not get infected and to keep them as clean as he can keep them. The patient needs to keep his blood sugar under control and to try to keep his diet as close to the diet plan as possible.

- What culture or language challenges might GC have?

The patient has a language barrier. The patient would have food challenges too because in the Hispanic culture, Hispanics eat a lot of breads, tortillas, and fried foods. Hispanics also use a lot of salt in their foods which is not good for diabetics since diabetics have kidney problems in serious cases.