

## 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? Give GC 4 oz of juice (or 15 grams of a simple carbohydrate) to resolve the hypoglycemia and check the blood glucose again in 15 minutes.
- Why did the hypoglycemia occur at 4 PM? GC most likely has hypoglycemic unawareness due to autonomic neuropathy or a lack of sufficient counter regulatory hormones. His blood glucose was fine at 1130,
- What nursing diagnoses are appropriate? Hypoglycemic unawareness and autonomic neuropathy
- Why does the doctor recommend that GC maintain a higher-than-normal level? Maintaining a higher-than-normal level can prevent the blood glucose from dropping too low when it does drop.
- What could cause GC's blood sugar to elevate? A poorly balanced diet with too many simple carbohydrates, antibiotics, and stress on the body from being sick.
- What barriers does GC have? He does not have a good support system and due to his depression and lack of family, he seems as though he has poor motivation to manage his diabetes.
- What are important goals for GC regarding diabetes care? Find him a support group, educate him again on how to manage his diabetes using diet and exercise, educate him on diabetic foot care to prevent future foot injuries, and help him to identify the symptoms of hyperglycemia and hypoglycemia.

- What culture or language challenges might GC have? After examining his case, it seems as though English might be his second language and it is clearly all that he speaks at home. Therefore, it is most likely overwhelming for him to learn the complexities of his diabetic care in his second language. In addition, his support system (his “Mama”) does not speak English, so she most likely doesn’t have a good understanding of how to care for GC’s diabetes. Finally, another challenge that GC might be facing is adjusting his diet since the Hispanic cuisine often consists of a lot of simple, unhealthy carbohydrates as opposed to complex ones that will provide him with better glucose control.