

## **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 rule of 15. Give GC 15g of carbs and check his blood glucose after 15 minutes. If his blood sugar is still low, redo the process
- Why did the hypoglycemia occur at 4 PM?
  - Because GC did not eat much breakfast or lunch so he didn't get enough nutrients to convert into sugar
- What nursing diagnoses are appropriate?
  - Education!! Teach GC that people with diabetes have a higher risk of infection and injury (in his case he was also more at risk of infection because of his previous resp infection), find GC some therapeutic relief for his depression (this could help him become more motivated to get his DM under control, I also think dialysis should be started regardless because of his kidney impairment
- Why does the doctor recommend that GC maintain a higher than normal level?
  - Because GC was most likely unaware of how low his sugar had gotten so it would be better to keep his levels higher so we can catch the hypoglycemia before it gets too low.
- What could cause GC's blood sugar to elevate?
  - His diet. He is a cook so he could be cooking himself unhealthy and large proportion meals. His BUN and creatinine are also high so this implicates that his kidneys may not be functioning properly, meaning he is not absorbing and digesting the nutrients like normal.

- What barriers does GC have?
  - His depression (could make him unmotivated to change), the fact he is not married, has no children, and his mom only speaks Spanish (doesn't have the appropriate support system), came in with a foot ulcer (making it difficult to start his lifestyle changes such as exercising)
- What are important goals for GC regarding diabetes care?
  - To maintain healthy weight (lifestyle changes: exercise and meal changes), foot care!! Especially since he already has a foot ulcer, receiving good support to help get his diabetes under control and because he appears depressed, he may feel like he's doing this alone.
- What culture or language challenges might GC have?
  - Since his mom only speaks Spanish, it may be difficult for his mom to completely understand how this could affect his life and she may not be giving the appropriate support to help him change.