

## **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 the patient 4-6 oz of orange juice and check the blood sugar again in 15 minutes and if the blood sugar is still low I would do it again 2 more times and I would report to the doctor if it is not getting better.

- Why did the hypoglycemia occur at 4 PM?

I think because the patient receive insulin but did not eat much for break fast and lunch so insulin lower the blood sugar.

- What nursing diagnoses are appropriate?

Unstable blood glucose level

- Why does the doctor recommend that GC maintain a higher than normal level?

So the patient will not be at risk for hypoglycemia is what I think.

- What could cause GC's blood sugar to elevate?

Obesity, poor diet control.

- What barriers does GC have?

I think the barriers GC have is depression, because he might not want to eat, GC might not want to learn how to take care of his DM.

- What are important goals for GC regarding diabetes care?

To maintain a healthy diet, try to exercise little bit a day and increase over time, teach the patient how to have good foot care.

- What culture or language challenges might GC have?

That Hispanic culture have a very different diet, food, so we have to help the patient to find out which food he can eat, how to maintain diet.