
Lifestyles: Case Study

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73 y/o Caucasian female

PMH: Type 2 DM, HTN, knee surgery 8 months ago

- A1C: 9.4

- Meds: Metoprolol 50 mg po daily
 70/30 insulin 45 units sq bid
 Tramadol prescription is expired

Arrives, accompanied by husband. Reports taking all medications as ordered.

Day	AM	MD	PM	HS
1	201		322	
2	196		335	
3	213			249
4	187		303	
5	183		294	
6	226			265

What would you like to know?

Routine

- Gets up about 0700
- 0730-0800 Eats brkfst
- 0900 Checks blood sugar and gives insulin
- 1200-1400 Eats lunch
- Various activities
- 1800-2000 Eats dinner
- 2100 Checks blood sugar and gives insulin

Reports

- Low blood sugars almost daily around lunch time—does not check BG
- Eats lunch—eats until feels better
- Works in yard, around house in afternoon
- Low blood sugars some days
- Eats supper
- 2100 checks blood and takes insulin
- Often wakes up during night, feels low, eats

Routine

- Gets up about 0700 — **does not check BG**
- 0730-0800 Eats brkfst
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- Works in yard, around house in afternoon
- **Low blood sugars some days**
- Eats supper
- 2100 checks blood and **takes insulin**
- **Often wakes up during night, feels low, eats**

EDUCATION:

- Timing of blood glucose checks
 - Pre-meal vs post-meal
 - What wants to know
- Insulin:
 - Timing of insulin with meals
 - Onset/Peak/Duration of 70/30
- Hypoglycemia:
 - Cause and treatment of hypoglycemia
 - “Rule of 15” (need for SMBGs)
 - Glucagon, teaching husband how to administer

Summary of possible actions:

- EDUCATION
 - Blood glucose testing
 - Medication-Insulin
 - Hypoglycemia
- Consider referral to nutrition to assess dietary patterns
- Consider insulin type/dosing
 - Reason for 70/30 vs a basal/bolus regimen
 - Consider reduction in dose when timed properly to avoid hypoglycemia
 - Frequent f/u with CDE/nurse, Pharm-D, or provider to adjust insulin based on SMBG