

Debbie Hicks, Nurse Consultant in Diabetes, Enfield

o you ever w o n d e r if other people are doing the same as you and that you might just be reinventing the wheel?

Now is your chance

to find out by using the Noticeboard section in the *Journal of Diabetes Nursing*. As a member of the journal's editorial board, I have for some time

now wanted to create an opportunity for myself and other nurses involved in diabetes care to pose a quick question or share a fleeting thought with other healthcare professionals without having to write a whole article or phone round an array of colleagues.

## **Nurse-led clinics**

Q I would like to see DSNs and PNs with a special interest in diabetes running locality-wide insulin clinics, keeping the person with diabetes' own GP in the loop to manage the medical side. I put forward the idea of nurseled insulin clinics in my two localities. However, they are proposing a locality wide GPSI-led diabetes clinics.

What would appeal to me is a training pathway for primary care nurses with a special interest in diabetes to run nurse-led insulin clinics with secondary care based DSNs.

Do any other areas have nurse-led insulin clinics and could they get in contact?

Dorothy Cook, Diabetes Specialist Nurse

#### **Diabetes Helplines**

Q Does anyone have any examples or information of helplines for adults with diabetes that they would share? Janet Wilson, Diabetes Network Manager, Wakefield District and North Kirkless Diabetes Network.

A The Royal College of Nursing have just produced the following publication which may be of some use: *Telephone advice lines for people with long term conditions: guidance for nursing practitioners.* You can download it from the National Diabetes Support Team website: http://www.diabetes.nhs.uk/downloads/telephone\_advice\_lines\_for\_people\_with\_long\_term\_conditions.pdf/ (accessed 23.04.2007)

Joanne Boshell,

National Diabetes Support Team, Leicester



The idea of Noticeboard is much the same as an internet message board where people can place requests, thoughts, ideas – in fact anything they want to share – as a brief message on this page. We at the journal will then encourage other readers to comment in the next issue,

thereby enhancing ongoing debate and discussion but with a minimum of effort on the part of participants.

# Easy and efficient way to share ideas

The great advantage of the journal's monthly frequency is that we can be reactive to the needs of our readers. We hope that Noticeboard represents an easy and efficient way to share ideas and to receive responses to questions you want answered.

## Presentations for community nurses

Q We are currently looking at our ward documentation in relation to recording capillary glucose levels and the charting of insulin for inpatients with diabetes admitted with diabetic ketoacidosis (DKA). We are considering combining the charts of insulin and blood sugars into one chart. We would be grateful of any examples of similar documentation to this.

Ann Wall, CNS Diabetes, Cork University Hospital, Ireland

**A** When I was a DSN at Scunthorpe we developed a blood glucose monitoring chart to be used across the Trust. The idea was for patients to self-monitor and input information. It has, for example, elements for insulin dose and ketone testing. Maybe there is something which could be transferred for DKA.

Tracey Clay, Diabetes Clinical Support Nurse, Crawley

### Any answers?

Please send any responses to the above or further questions to:

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