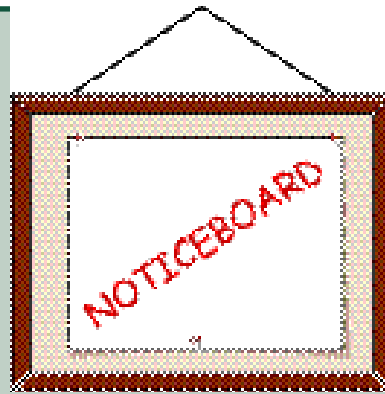




Maureen Wallymahmed,  
Nurse Consultant,  
Liverpool

**D**o you ever wonder if other people are doing the same as you and that you might just be re-inventing 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 know that this feature creates a welcome opportunity for 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.

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 minimum effort on the part of participants.

### Pinching

**Q** How many nurses teach people to pinch when injecting, or has the technique changed?

Carol Killgallon,  
Practice Nurse, Freezywater Medical Centre, Enfield

**A** I don't want to cross swords with my learned colleague Jill Hill but in our diabetes unit we do not teach our patients to use 'pinch-up'. Pinch up depends on the length of the needle and there is evidence that there is no need to do this with 5-mm or 6-mm needles. May I direct you to the article by Laila King (2003). We use 6-mm needles for all our patients (adults) unless they are particularly slim then we would use 5-mm needles. This is because skin thickness is about the same in all individuals regardless of whether they are obese or not. A recent article by Kreugel et al, 2007 recommends the use of 5-mm needles without pinch-up in patients with a BMI greater than 18 kg/m<sup>2</sup>.

Jo Butler  
Diabetes Nurse Consultant  
Queen Mary's Hospital, Roehampton

King L (2003) Subcutaneous insulin injection technique. *Nursing Standard* 17(34): 45–52  
Kreugel G, Beijer HJM, Kerstens MN et al (2007) Influence of needle size on metabolic control and patient acceptance. *European Diabetes Nursing* 4(2): 51–5

### Caribbean meal advice

**Q** I can find no information on the calories and diabetes advice for Caribbean meals. Can anyone help?

Name and address withheld

**A** Traditionally in the Caribbean there is a late breakfast, a small snack mid-day, the main meal around 4 pm and a light supper. Check on glycaemic control and negotiate more appropriate meal times to improve control (if necessary).

Starchy foods should form the main part of meals. However, with fritters and dumplings, do not deep fry: shallow fry and drain away excess oil. Use boiled brown or white rice without adding margarine or coconut cream; the rice will not stick if cooked over gentle heat. Starchy vegetables such as yam, sweet potato, potato, dasheen and cassava should be cooked with low-fat cooking methods, such as by adding to a soup, as should starchy fruits such as green banana, plantain and breadfruit.

Substitute meat with fish and include more peas and beans. With fish, do not fry. Instead, steam or bake. Soak saltfish in large volumes of water to remove some of the salt.

Be wary of sugary fruits such as mango, grapes and pawpaw: for these, advise small portions only.

Name and address withheld

### Weekend dose changes

**Q** Does anyone have any protocols or guidelines allowing experienced ward-based staff to alter insulin doses (increasing or decreasing) at weekends. House officers are often reluctant to make any changes and patients can end up running high blood sugars or having recurrent hypos at weekends.

Chris Morgan,  
Staff Nurse, Aintree Hospitals, Liverpool



### Any answers?

Please send any responses or further questions to:

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### Training for DSNs

**Q** I have recently become involved in developing an education programme for people with type 1 diabetes. One of the main issues seems to be there is no formal training for carbohydrate counting and insulin adjustment in the North West for either dietitians or DSNs (apart from DAFNE). Does anyone know of anything locally?

*Margaret Daley, DSN,  
Diabetes Centre, Walton Hospital, Liverpool.*