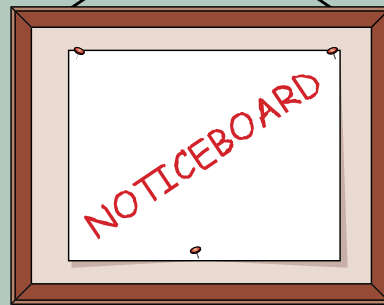




*Maureen Wallymahmed,
Nurse Consultant,
Liverpool*

Do 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.

Weekend dose changes

Q Does anyone have any protocols or guidelines allowing experienced ward-based staff to alter insulin doses 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*

A I don't know of any protocols or guidelines supporting insulin dose adjustment by junior doctors. I would have thought that as qualified doctors, they should have knowledge and experience of insulin treatment and glycaemic control prior to prescribing; certainly Nurse Independent Prescribers are only enabled to prescribe if the medication used is within their own scope of practise.

In practice, I believe that junior doctors are ill-equipped in respect of insulin adjustment as little training in this area appears to be included in their medical training. Each junior doctor should receive training and supervision while on ward placements but I suspect that frequent shift changes introduced by the European Working Time Directive has adversely impacted on this.

A protocol or guideline would only be able to give limited advice regarding percentages of dose adjustments and this would be inaccurate as each prescribing intervention needs to be considered on an individual basis.

*June James
DSN
Vice Chair, Professional Advisory Council Executive,
Diabetes UK*

Education materials

Q I am looking for patient-friendly literature to give to people who are newly diagnosed with type 2 diabetes. Ideally, I would like to give the information in stages, starting with diet and exercise and building up the individual's confidence over time according to their request or response to the strategy. If possible, I would like the information to be interesting and well presented. Some of the current patient information leaflets are rather uninspiring! Has anyone got any suggestions?

Name and address withheld

Pregnancy and diabetes

Q In women with diabetes, how do people approach preconception care? Additionally, what strategies have other clinics developed for ensuring women who are pregnant and frequently do not attend appointments receive suitable care?

*Tina Ali
DSN
Aintree University Hospitals NHS Foundation Trust*

Any answers?

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

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