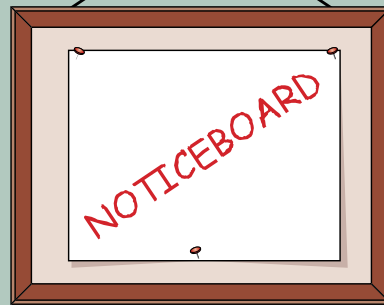




Maureen Wallymahmed,
Nurse Consultant,
Liverpool

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.

Freemixing insulin

Q We have recently had several patients who have requested to go back to “freemixing” soluble and isophane insulin in a syringe. Does anyone have any patient information leaflets with diagrams explaining how to “freemix”?.

Angela Mills,
DSN, Liverpool

Insulin pump policies

Q I am working as a diabetes inpatient specialist nurse, and would like to hear from any other DSNs who have developed policies for individuals admitted on insulin pump therapy. Mainly looking at management of these patients and if anyone has encountered any problems, such as patients fasting for procedures and needing a glucose-potassium-insulin infusion.

Sinead Dawes,
DSN, Aintree

Any answers?

Please send any responses or further questions to:
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SB Communications Group,
3.05 Enterprise House,
1–2 Hatfields,
London SE1 9PG
Tel: 020 7627 1510. Fax: 020 7627 1570.
Email: jdn@sbcommunicationsgroup.com

Hypo boxes

Q I am considering auditing the use of “hypoboxes” on the wards, has anyone had experience of using these? Are they worthwhile in the treatment of hypoglycaemic episodes? Are they used correctly? Positive and negative issues please.

Liz Floyd,
Inpatient DSN, Liverpool

Response to the Editor

I read with great interest “The diabetes nurse: What’s in a name?” in the last issue of the journal, and have to say that Debbie Hicks has raised a very important issue, and one that I am sure many of us are having to deal with on an almost day-to-day basis as we try to develop strategic plans, for type 2 diabetes in particular.

I am being asked by key decision makers “what qualification do you have to have obtained to say you are a DSN?”, and they are quick to point out that a practice nurse often “does insulin starts” and has a Certificate in Diabetes Care. “Help us understand” they say, but don’t actually have time to listen to my explanations. I completely agree that there should be a diabetes specialist nursing qualification, which can be updated. This would be very good for the profession, and, indeed, for patients.

I am glad to hear that the Integrated Career and Competency Framework for Diabetes Nursing is being updated. I have found this document extremely helpful for staff training and development, as well as informing these key decision makers. It is being used to define the skills and competencies needed for all unregistered (HCAs and linkworkers) and registered staff as we undergo diabetes tariff and care package work.

Mary Hayes, Acting Lead Nurse, Mile End Hospital, London