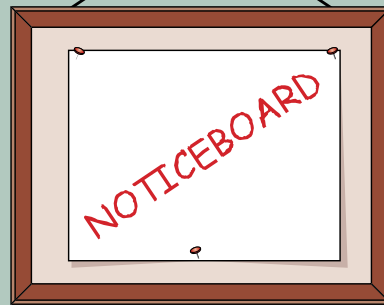




*Maureen Wallymahmed,
Nurse Consultant,
Liverpool*

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.

Bridging the gap

Q The subject of my dissertation is the interface between primary and secondary care diabetes teams. What, if anything, is being done in your area to bridge the gap between primary and secondary care diabetes teams with the aim of achieving a seamless service for the person with diabetes? Some examples are listed below, but there may be other initiatives in your area that have not been included.

I would like to know if any of those listed are being used and, if so, how effective they are. It would also be very helpful to me to know if there are any other practices that are not reported in the literature. I would also be grateful to know if none of these practices are being followed in your area:

- Shared records.
- Patient-held records.
- Shared education programmes for professionals.
- Mentoring arrangements between services.
- Specialist support arrangements.
- Patient pathways.
- Standardised written information for patients.
- Structured education for people with diabetes delivered by members of primary and secondary care teams.

*Kath Troop,
DSN, Nottingham*

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 experiences please.

*Liz Floyd,
Inpatient DSN, Liverpool*

A We have recently set up hypoboxes on the wards in our Trust in conjunction with BBI Healthcare Ltd. They are bright orange, and contain glucose tablets, glucojuice, glucogel and glucagon, along with the treatment pathway on a laminated sheet, a treatment record book and stock order form.

Prior to the boxes being issued (following training) a small audit of hypo treatment for inpatients showed that 24% received no treatment and 20% received inappropriate treatment. We will re-audit later in the year to determine whether the boxes and training have improved the treatment of hypoglycaemia for inpatients in our Trust.

*Karen Jones, Locality Lead DSN;
Rebecca Cook, Inpatient Lead DSN,
Northumbria*

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*

Any answers?

Please send any responses to the above or any questions you may have to:
Maureen Wallymahmed, NOTICEBOARD,
SB Communications Group, 3.05 Enterprise House,
1–2 Hatfields, London, SE1 9PG
Tel: 020 7627 1510
Fax: 020 7627 1570
Email: noticeboard@sbcommunicationsgroup.com