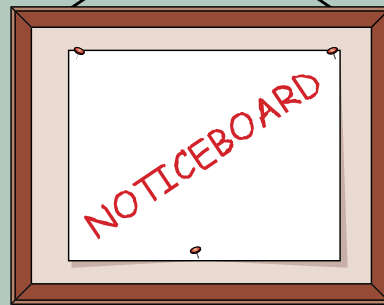




*Maureen Wallymahmed,
Nurse Consultant,
Liverpool*

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.

Development of a care plan/ assessment tool

Q *We are trying to develop a care plan/assessment tool for ward staff to use when people with diabetes are admitted to hospital to link in with our launch of "ThinkGlucose". Does anyone have something which is being successfully used?*

Linda Clapham, DSN, Wharfedale General Hospital, Otley

Any answers OR questions?

Please send any questions you may have 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

Localised insulin reactions

Q *I have recently encountered a person who has developed a localised reaction to insulin therapy. We initially changed needles, thinking that this may have been the issue, but to no effect. Having changed insulin on several occasions we are still unable to resolve this problem. The person has type 2 diabetes, and because of other medical problems would not be a candidate for oral antidiabetes therapies. As you can imagine, this is not pleasant for the individual, and I wondered if any other DSNs had encountered this type of problem? I would welcome any suggestions that you can make.*

*Mary Trimble, Diabetes Nurse Educator,
Aintree University Hospitals, Liverpool*

A We have had several patients with this problem. Apparently the most common cause is a reaction to either the insulin protein itself or the preservative used, and since most insulins use the same preservative, changing the insulin usually does not help. We initially try antihistamines; if this is ineffective we have previously used a hydrocortisone injection at the same time as the insulin, and in one individual where neither of these treatments were effective, insulin pump therapy was initiated. These reactions can delay absorption of the insulin leading to increased risk of hypoglycaemia at unusual times.

Pat Miles, DSN, Diabetes Centre, Poole Hospital