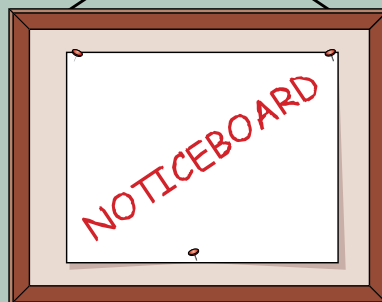




*Maureen Wallymahmed,
Nurse Consultant,
Liverpool*

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.

Ability to administer insulin

Q As a DSN working within an acute trust, I am frequently encountering the scenario whereby people with diabetes who require insulin lack the cognitive or physical ability to self-administer it and do not have a relative or carer to administer it for them. Community nurses seem reluctant to take on this role other than in the short-term. We are currently in discussions with district nursing leads to develop a training package for carers to give them the skills to administer insulin. We are also developing training for residential care home staff on diabetes, but this does not currently cover insulin administration.

Do any DSNs have a policy that allows carers to administer insulin, and what training was developed to enable the relevant skills to be taught and assessed? The issue of ongoing support for these staff and delivering training to district nurses on diabetes is also an area we are interested in. It would be helpful for us to know how other regions manage this.

*Maggie McDonald,
Diabetes Clinical Nurse Specialist, Hampshire*

A Giving insulin in the community setting is a difficult problem to solve. It is always worth meeting with the District Nursing Lead to determine the best way forward, particularly when appropriate care is moving into the community setting and when all people should have equity of access to the necessary medications, instead of it being decided on organisational needs. PCTs are often keen to address exactly these kinds of issues so that people can be discharged at the right time for them and not be delayed by simply being on insulin and needing support in its delivery.

Some district nursing teams have resolved this problem by training healthcare assistants working within their teams to deliver insulin. South Staffordshire PCT has developed a model of education and measurement of competencies for healthcare assistants to deliver insulin either in the community or in care homes – whether residential or nursing. For more information please contact the Journal (jdn@sbcommunicationsgroup.com).

*Fiona Kirkland,
Consultant Nurse for Diabetes, Staffordshire*

Insulin pump policies

Q I would like to hear from any DISNs who have developed policies for the management of people with diabetes admitted on insulin pump therapy. I would be interested to hear if anyone has encountered any problems, such as people fasting for procedures and needing a glucose-potassium-insulin infusion.

*Sinead Dawes,
Diabetes Specialist Nurse, Aintree*

A Providing that the person is able to manage their pump and that glycaemic targets are achieved, then the individual should continue to self-manage their pump. For X-rays, angiography, magnetic resonance and computed tomography scans, the pump and possibly the cannula should be removed immediately prior to the procedure.

Providing the basal rate is correct, the pump can be used during a general anaesthetic. For major surgery continuous subcutaneous insulin infusion (CSII) should be discontinued. When converting back onto CSII, the insulin infusion and the pump should run concurrently for approximately 1 hour. People with diabetes using a pump should be educated to manage their diabetes during a hospital admission.

*Gill Morrison,
Diabetes and CSII Specialist Nurse, Liverpool*

Any questions?

Please send 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