

Diabetes Nursing Interest Group Newsletter July 2006

DNIG Executive

Alwyn Moyer	alwyn.moyer@sympatico.ca	613-824-0555
Lillian Delmas	ldelmas@ottawahospital.on.ca	
Margaret Little	fax: 613-372-0800	
Denise Williams	dencon@sympatico.ca	
Hilda Swirsky	hswirs2198@rogers.com	
Julie Carthew	cjulie66@hotmail.com	
Janice Oberlin	Joberlin@rmh.org	
Nancy Benn	nanmaggie@yahoo.com	
Alexandra Jurczak (Student representative)	ajurczak@ryerson.ca	
Margaret Myers Past Chair	Immyers@wightman.net	

Message from the Chairs...

DNIG Conference: The Many Faces of Diabetes: Implementing Best Practices Across Populations and Settings

Our conference was held on June 2 at the Lord Elgin Hotel in Ottawa (there was a last minute change of venue because of industrial action at the Congress Centre) and was a great success! The conference evaluations were positive—most of the delegates rated the conference as excellent overall with 99% of the ratings at 4 out of 5 or better. We have already had a number of calls asking if we are going to hold another conference next year. We are thinking about rotating the venue around the province so that all members get a chance to participate. Let us know what you think.

DNIG Leadership: Elections/Appointments

Alwyn Moyer and Lillian Delmas are stepping down as Co-Chairs this year. After 6 years, it seems like time for a change—time for new ideas and new direction. The DNIG is growing steadily, we now have around 400 members and a solid bank balance. With over 8 million people with diabetes in the province of Ontario, nurses need a strong voice in diabetes prevention, care and treatment. The DNIG provides committed leadership to support nurses in addressing the challenges in this area.

We have one volunteer to lead the group, who would like to share the role with another person. Speaking from experience, co-chairing works well and helps to share the load.

We invite you to review the positions and descriptions. Since we are a small group, the executive tend to share the responsibilities but it helps to have a contact person for the various positions. If

you would like to join the executive, or you know someone who might, please get in touch with Alwyn or Lillian. The past co-chairs are committed to supporting the new executive.

Call for Candidates for DNIG positions – to be elected or appointed

Chair / Co-Chair Elect Have one volunteer/?

Provide leadership of the DNIG
Act as a link between the DNIG and RNAO
 Attend Assembly meetings
 Attend the Interest Group Chairs meeting
Facilitate formation of the DNIG Executive

Secretary (Usually the Chair/CoChair does this.)

Keep a record of all meetings of DNIG and the Executive Committee
Send a copy of the minutes to RNAO office
Ensure notice of meetings and agenda are sent to members for the Annual Meeting
Address correspondence

Policy and Political Action Officer Hilda Swirsky

Seek opportunities for DNIG to be politically active in issues relevant to the objectives of the organization
Address issues arising pertaining to policy and/or political action relevant to the DNIG

Communications and Public Relations Officer

Maintain communication with DNIG members:
 Ensure the DNIG newsletter is published three times per year.
 Ensure display materials are available for the purpose of promoting DNIG.
 Ensure DNIG website is kept up-to-date
Address issues pertaining to communications and public relations related to the DNIG.
Facilitate links with DES.

Membership and Education Officer

Maintain an up-to-date list of the DNIG membership
Lead DNIG recruitment and retention initiatives, including welcoming new members
Ensure DNIG brochures are displayed at relevant conferences
Provide information to members about educational opportunities, including the DNIG bursaries
Provide leadership for educational initiatives:
 Provincial diabetes nursing conference every 1- 2 years
 Advocate for diabetes certification and education
Address membership and education issues arising in DNIG

Finance Officer Margaret Little/Nancy Benn

Prepare the annual budget
Submit a financial statement for every general meeting, or at the request of the Chair
Maintain the DNIG accounts
 Issue and sign cheques for payment of authorized expenditures
 Keep a record of all moneys received and expended
 Send a financial statement to RNAO office at the end of the year

Submit bookkeeping records to RNAO office for audit when requested
Address issues arising that pertain to DNIG finances

Student Representative

Promote diabetes nursing among students

Ask Nancy: What advice would you give to a person with diabetes about air travel?

General Tips for Air Travel- for people with Diabetes *Contributed by Nancy Benn RN BN CDE*

Getting ready to go

- Obtain a letter from your doctor that states you are allowed to carry meter, needles, pump, insulin etc.
- Wear a Medic-Alert bracelet.
- Sign up for IAMAT (www.iamat.org), an organization that provides access to English speaking medical assistance in other countries.
- Know a few phrases in the language of the country you are going to: "I have diabetes that requires insulin injections...I need sugar....I need juice...I need medical attention/hospital/doctor...Blood sugar too high/too low").

Travelling

- Plan to carry an extra supply of everything you need on board the plane. This includes food, rapid glucose and 2 glucose meters. Have all meds and insulin in the original packaging with labels showing and place them in a separate bag for easy viewing. If you use an insulin pump, bring a second pump for back up—remember to pre-program all your basal rates into the backup pump. Also write your basal rates on paper and carry it in a safe place. In addition to carrying extra pump supplies, also take some needles and syringes in case the pump breaks down and you have to go back to injections.
- It is okay for insulin, glucose meters and pumps to go through the Xray at Customs.
- Insulin is good for one month out of the fridge but in a hot country it should be kept cool. If the insulin crystallizes in the bottle, throw it away.
- If you are in another country and have to switch to U40 insulin (we use U100 in Canada) you will need to get U40 syringes.
- Remember that glucose levels may be measured differently in other countries. E.g.: in the USA 1 mmol/L equals 18 mg/dl.....so a blood glucose of 10 is 180 in the US.

Managing Time Zone Changes

There are no time zone changes when traveling north or south.

If crossing less than 5 time zones, you do not need to alter insulin dosages

Pills:

Take your diabetes pills at the same time as you would do at home. It is easier to skip one dose to get back on schedule than to try and alter the times you take them. Safer to be a little high, rather than low.

Insulin Pumps:

When arriving at your destination set the pump clock to local time. If there is a wide variation in basal rates it is safer to adjust the clock by 1 to 1.5 hours each day. Keep doing this until you get to local time. Do lots of glucose testing and check during the night until your glucose levels are stable.

Insulin Injections:

Do not change the time on your watch during the flight. This will make it easier to see a big delay between meals.

Check blood glucose levels often through the flight—readings will tend to be a bit higher and that is fine.

Stay hydrated—drink lots of water.

Adjusting for Time Zone Changes

To adjust insulin dosages you need to know:

- Departure time
- Length of flight
- Local time of arrival at destination

Direction of Travel

- Traveling east decreases the length of the day, therefore less NPH/Lantus/Levemir insulin is required
- Traveling west increases the length of the day, therefore more NPH/Lantus/Levemir insulin is required

Your Guide to Diabetes Medications provides useful information on insulin types and can be downloaded: <http://www.diabetes.ca/files/diabetesmedssupplementmarch2006.pdf>

Insulin Adjustment—Intermediate and Extended Long Acting—Traveling Toward East across Multiple Time Zones

<i>Insulin Schedule</i> <i>NPH/Lantus/Levemir</i>	<i>Time</i>			
	Day of Departure	First morning at destination	10 hours after morning dose	Second day at destination
Single dose of insulin	Usual dose	2/3 of usual morning dose	Remaining 1/3 of morning dose if blood sugar over 13 mmol/L	Usual dose
Two doses of insulin	Usual morning and	2/3 of usual morning dose	Usual evening dose plus remaining 1/3 of	Usual two doses

	evening doses		morning dose if blood sugar over 13	
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Insulin Adjustment—Intermediate and Extended Long Acting—Traveling Toward West across Multiple Time Zones

<i>Insulin Schedule</i> NPH/Lantus/Levemir	<i>Time</i>		
	Day of Departure	18 hours after morning dose	First morning at destination
Single dose of insulin	Usual dose	1/3 usual dose followed by meal or snack if sugar over 13	Usual dose
Two doses of insulin	Usual morning and evening doses	1/3 usual dose followed by meal or snack if sugar over 13	Usual two doses

For people Injecting Rapid Acting Insulin (NovoRapid, Humalog) at Meals:

If flying west to east the day is shorter. You will likely have one less meal on your travel day so one less injection of rapid acting insulin. Take the longer acting insulin at the usual local times.

If flying east to west the day is longer. Take an extra dose of the rapid acting insulin 4 to 6 hours after the third main meal of the day. Eat after this injection—treat it like an extra main meal.

For People Using Pre-mixed Insulins:

A couple of possibilities exist here. The second dose of the day could be delayed or skipped. While this will mean some higher blood glucose readings, it is a little safer.

Another option is to take along some short acting insulin (Regular) and use this at the second injection time of the day, making sure that you eat shortly afterwards. The dose of Regular insulin would be the same as the component of your pre-mixed insulin.

Before your trip, contact your Diabetes Educator for assistance.

***If you have a diabetes question for Nancy, please send an email to: nanmaggie@yahoo.com
Your query may be featured in an upcoming newsletter !!!***

Media releases from ICES

1. Updating the Ontario Diabetes Database and describing trends in the prevalence of diabetes in Ontario children

This project will use the validated definition of diabetes (from a chart review) to update the Ontario Diabetes Database (ODD), as well as describe trends in the incidence and prevalence of diabetes in children over time and by Local Health Integration Network (LHIN).

For more information contact Astrid Guttman, Scientist at 416-480-4055 Ext. 3783.

2. Toronto, June 29, 2006 Having diabetes increases risk of cardiovascular disease to that of someone 15 years older. To read this article, go to the ICES web site below and follow the link under 'ICES in the news'

http://www.ices.on.ca/webpage.cfm?site_id=1_id=2_id=0_id=0_id=3709

MARGARET MYERS DIABETES CLINICAL PRACTICE AWARD - 2006 (\$1000) AWARDED TO RUTH LOWNDES

Ruth is a student in the PhD Nursing program at the University of Toronto. Her area of clinical interest is diabetes education. Ruth is striving to improve outcomes for those with mental illness who have or are at risk of developing diabetes. Her research focus is the diabetes management of women who have mental illness and who are residents in group homes. Ruth plans to pursue a research career and focus on further developing knowledge to inform diabetes education in Canada.

All DNIG bursaries are managed by the Registered Nurses Foundation of Ontario

RNAO Consultation with the Canadian Nurses Association

From Hilda Swirsky

Adhering to the status quo is very comfortable but not always acceptable. This is especially true in a democracy where inclusiveness is so highly valued. In keeping with the RNAO's Mission statement, the RNAO is currently going through a transparent consultative process with all members focusing on RNAO's relationship with the Canadian Nurses Association.

Over the next few months there will be many opportunities for each of us to have our say.

- Participate in this discussion through the online forum by going to Members Only section of the RNAO website at www.rnao.org.
- Complete the member survey in late August, by email or regular mail.
- Find out when your chapters will conduct a local consultation meetings during the summer and/or fall.
- Watch for local focus groups and consultation meetings (e.g.: DNIG will be holding an online consultation in the fall)

The consultation will culminate in January at a special general meeting where each voting delegate will vote on recommendations from the RNAO Board of Directors.

If you live or work in the Toronto area, I invite you to a consultation meeting, which I am hosting.

Where: Mount Sinai Hospital, Toronto,
60 Murray Street, 3rd Floor, Conference Rooms #1-2
When: Tuesday September 5th from 10:00 A. M. to 12 noon.
Please RSVP to hswirs2198@rogers.com.

Student Sponsorship

For the past 3 or 4 years DNIG has contributed \$200 toward sponsoring RNAO memberships for basic nursing students. Most other interest groups and chapters do this too. RNAO distributes the contributions equably across the province as \$10 gift certificates. (This equates to half the cost of a student membership.) The students receiving the certificate get information about the groups which have contributed to the sponsorship but there is no attempt to link individual students with a particular interest group.

In response to a request from RNAO, the DNIG executive decided to continue to fund 20, \$10 sponsorships and to add \$40 for orientation activities—for sponsorships of speakers and exhibitors at Orientation Events—because that is the best time for student recruitment.

This increases our student sponsorship to \$240 each year.

Conference Corner

10th Annual CDA/CSEM Professional Conference and Annual Meetings

Dates: October 18-21, 2006
Location: Metro Toronto Convention Centre, North Building, Toronto, ON
http://www.diabetes.ca/section_professionals/profconference.asp

8th Annual Options for Diabetes Conference

Dates: Friday, April 13th, & Saturday, April 14th 2007
Location: Holiday Inn, Kingston

Remember to send us your email address!

Communicating by email allows us to keep down the mailing costs and lets us get in touch quickly when opportunities. We try to keep the lists up-to-date, with help from RNAO Membership Services, but sometimes emails are undeliverable. If you are receiving this newsletter by snail mail it means we do not have your email address or the one you provided does not work. Please take a minute to update your contact information. You can do this by sending an email to alwyn.moyer@sympatico.ca