

**Diabetes Nursing Interest Group Newsletter
November 2005**

Message from the Chairs...

We are in the final stages of planning the program for the Diabetes Nursing Interest Group Conference to be held at the Ottawa Congress Centre on June 2, 2006. The theme of the conference is “The Many Faces of Diabetes: Implementing Best Practices Across Populations and Settings”. As the title suggests, we want to cross boundaries and bring together nurses from different areas of practice, research, education and administration and other health care professionals. In addition to some great speakers, we will have exhibitors, poster presentations, and there will be time for networking. Plan to come and invite your colleagues to join you in this exciting educational opportunity!

This will be an excellent opportunity to showcase your work. Look for the call for abstracts on our website in the next two weeks at www.dnig.org

Diabetes Nursing Interest Group Logo

Tell us how we can combine the RNAO and DNIG logos on letterhead and web banner!

The two best suggestions will receive complimentary tickets to the DNIG conference on June 2, 2006 in Ottawa!

Background: RNAO updated its logo this spring and is encouraging all its interest groups to use the logo with an interest group tagline. This is what ours looks like:



Some interest groups do not have a logo and plan to just use the RNAO logo with interest group tagline. Since we have a logo, we would like to combine it with the RNAO logo and tagline.

The challenge is how best to do this.



The origins of the DNIG logo are lost in history. The first logo, shown on the left, featured a map of Ontario overlaid with a diamond shape containing the initials and the name in full. This logo does not reproduce well: the map is not clear and the lines need adjusting.

The banner below appears on our web site www.dnig.org/ Our webmaster Aaron Gould put it together, trying to replicate the original as much as possible and adding the sky, clouds and flags for interest. (We could not come up with other images of diabetes nursing!). The banner was further refined to make it more reproducible, when we developed the Education package for the BPG on Foot risk assessment for people with diabetes. So we do have a good image to reproduce.



It seems like a good time to update the logo to fit with the new RNAO logo and tagline and to get agreement on what would best reflect the group.

Please send in your suggestions about how the two logos can be combined, explaining your rationale. (1-2 pages at most.) Tell us: How much of the original should we keep, and why? What typeface should we use? Given the RNAO colours, how might we adjust our colours for a better fit? What images, if any, should we include?

Please send your input to alwyn.moyer@sympatico.ca by 15th February 2006.

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Ask Nancy: What is a Glucagon Emergency Kit?

Contributed by Nancy Benn RN BN CDE

The Glucagon Emergency kit is a life saving device that people with Type 1 diabetes should always have on hand. The kit contains Glucagon, which is injected either subcutaneously or intramuscularly during an episode of severe hypoglycemia (a blood glucose reading under 4 mmol/L).

When should you use Glucagon?

First, remember that Hypoglycemia presents through 3 stages.

<p><u>Stage one (Mild to Moderate)</u></p> <p>The person with diabetes becomes aware of hypoglycemic symptoms such as shaking and sweating, or has a low glucose meter reading. They are able to treat this 'low' with the appropriate amount (15 g) of rapid acting carbohydrate, to raise their blood glucose level back up over 4 mmol/L.</p>	<p><i>Treat with 15 g carbohydrate</i></p> <p><i>3 glucose tablets or</i></p> <p><i>3 teaspoons sugar or</i></p> <p><i>6 Life Savers (1tab=2.5 g carbohydrate) or</i></p> <p><i>15 mL (1 tablespoon) honey</i></p> <p><i>Repeat if BG level remains <4mmol/L after 15 mins.</i></p>
<p><u>Stage two (Severe In Conscious Individual)</u></p> <p>The person is conscious but dazed, glassy eyed or confused and is unaware that sugar is required. He/she has missed, misunderstood, or not received the warning signs and someone else must intervene.</p> <p>When family, friends, or a bystander observe this condition, they should be aware that the person with diabetes requires a rapid acting carbohydrate immediately and ensure that oral glucose is taken to raise the blood glucose level back above 4 mmol/L</p>	<p><i>Treat with 20 g carbohydrate</i></p> <p><i>4 glucose tablets or</i></p> <p><i>4 teaspoons sugar or</i></p> <p><i>8 Life Savers) or</i></p> <p><i>20 ml (1 ^{1/4}tablespoon honey)</i></p> <p><i>Give another 15g if BG level remains <4mmol/L after 15 mins.</i></p>

<p><u>Stage three (Severe in Unconscious Individual)</u></p> <p>If both stage 1 and 2 are missed, a person with type 1 diabetes can present with seizures, become unconscious, or be unable to safely swallow. This is when someone needs to administer Glucagon.</p>	<p>Administer Glucagon</p>
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The Glucagon Emergency Kit contains a single dose syringe of diluent and a single dose vial of powder. The diluent and powder must be mixed together and injected either subcutaneously (SC) or intramuscularly (IM), preferably in the thigh or buttock. Give the entire amount (1ml or 100units) to adults and children over 5 years of age. For a child under the age of 5, inject half the amount (0.5 ml. or 50 units). Once mixed the injection must be used at once. **Call 911 either before administering Glucagon or immediately afterwards.**

What can you expect to happen?

The glucagon injection should take effect quickly. It is advisable to roll the person over onto their side as they may be nauseated and could vomit. They should be alert within 5 to 10 minutes—possibly with a severe headache—but with no memory of becoming hypoglycemic.

Follow up

Once the person is alert, give a rapid acting carbohydrate immediately, repeating if necessary, and follow this up with a carbohydrate and protein snack of crackers and cheese, or a sandwich. The person will feel sleepy afterwards but it is important that they replenish their glycogen stores as soon as possible.

Less insulin will probably be required over the next 48 hours so the person should contact their diabetes health care professional for advice on insulin dosage adjustment.

How does Glucagon work?

Glucagon works by stimulating the liver to release stored glucose which floods the body immediately, bringing blood glucose levels up. The liver then demands the stores be replenished. No one can overdose on Glucagon. There is only so much stored glycogen available for release. Persons with alcoholic hepatic disease, chronic hypoglycemia or in a state of starvation or excessive recent alcohol intake, will not benefit from Glucagon.

Is Glucagon readily available?

Glucagon is available by prescription and costs around \$100.00. It has an expiry date, which must be monitored and the Glucagon kit replaced before it is no longer usable. The kit can be kept in the refrigerator or at room temperature but should always be kept in the same spot so that all family members know where to find it.

Some people question the need for this expensive substance, which often expires time and

time again without ever being required. *I explain the need for Glucagon like this:* Every 6 months we replace the batteries in a smoke detector. We hope the smoke detector never goes off, but if it does, we are so glad that we took the time to replace the batteries. It is the same thing with Glucagon, it may never be required, but if it is you will be so thankful that you took the time to have it on hand and up to date and know how to use it. Also, the expired kit can be used to practice the technique.

For additional information check the Canadian Clinical Practice Guidelines on hypoglycemia at:
<http://www.diabetes.ca/cpg2003/chapters.aspx>

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

Ontario Government Funding for Insulin Pumps and Supplies

Bill 55, which addressed funding for Insulin Pump Therapy was not passed before the end of the last Parliamentary Session so will have to be reintroduced in the new Session.

The following groups are conducting political action campaigns on this issue:

- Jennifer Kish, mother of a child with type 1 diabetes has collected approximately 4000 hand written signatures in support of Bill 55 and is still collecting. Jennifer has written over 3000 emails to health professionals asking for their support and plans to pass on the emails to her MPP separately. You can reach Jennifer at: ejandjkish@rogers.com
- The Ontario Diabetes Action Partnership (ODAP) is a coalition of diabetics, physicians, diabetes nurse educators, hospitals and non-profit organizations that believe in equal quality of life for all Ontario residents who are affected by diabetes. The partners share a common goal of securing access to and government funding for insulin pumps and supplies. ODAP is working closely with CDA. You can reach ODAP at <http://homepage.mac.com/dp66/ODAP/>
- Students at Trent University are working on a political action campaign for reintroduction of Bill 55. Spring Numan and Lai Jeet Yeo are student members of DNIG and you can get in touch at: Ylaijeet@aol.com

Disability Tax Credit Benefits Canadians with Diabetes

Contributed by Julie Carthew, RN MN ACNP CDE

Some Canadians who use insulin to manage their diabetes may be eligible for a federal tax credit worth up to \$1,055 when they file their 2005 tax returns next year.

- Since May 2004, Canadians using an insulin pump have been eligible for a tax credit. Announced as part of the recent federal budget, the criteria for the Disability Tax Credit *will be expanded for 2005 to include Canadians with diabetes, who inject their insulin*, in addition to those who use an insulin pump.
- Persons who spend at least 14 hours per week testing their blood glucose levels, preparing and taking multiple daily insulin injections. or programming an insulin pump are likely to be eligible for the disability tax credit. Children are most likely to qualify since the time spent by their parents administering the child's insulin and testing blood glucose levels will be counted towards the 14 hour requirement.
- In addition to the federal tax credit of up to \$1,055, Canadians with diabetes could see a tax relief at the provincial level.
- Parents of children who are eligible for the disability tax credit may also claim the

disability tax credit supplement for their child. This supplement provides additional tax relief of up to \$616. Parents may also receive assistance from the Child Disability Benefit, which is paid as a supplement of the Canada Child Tax Benefit to low and modest income families caring for a child with a disability. Recent federal budget increased the maximum Child Disability Benefit to \$2,000 beginning in July 2005.

- Canadians with type 1 or type 2 diabetes may also be eligible for tax relief for their above-average medical costs by claiming the federal government's medical expense tax credit. This credit recognizes the cost of insulin, needles or syringes, insulin pumps, and blood glucose testing devices.
- The Canadian Diabetes Association has offered to work with the Canada Revenue Agency to develop guidelines to assist individuals with diabetes and their doctors to determine whether they would be eligible for the disability tax credit under the proposed changes. The CDA also will continue to encourage greater federal and provincial government assistance to help ease the financial burden of Canadians living with type 1 or type 2 diabetes.

For additional information on the news release see the CDA website:

http://www.diabetes.ca/Section_Main/NewsReleases.asp?ID=117 or, contact

Alexis Mantell, Senior Manager, Strategic Communications and Media Relations at (416) 408-7026 or alexis.mantell@diabetes.ca

The 70 percent solution

In 2004, the Ontario government rolled out a multi-faceted program to meet its campaign promises to raise nursing employment by 8,000 and to increase the percentage of registered nurses working full time in Ontario to 70%.

RNAO has released the report of an employer survey to provide a snapshot of how well and whether the program is working.

Three measures of progress were used: new full-time positions; consolidations of part-time or casual positions into full-time ones, and increases in full-time equivalent positions (FTE's).

The survey results show the government has made progress in moving toward its goal with all sectors showing progress with respect to each of the three measures. The survey compares the gains and goals across sectors and discusses the difference in results across sectors.

You can download a copy of the survey report from the RNAO Knowledge Depot at: http://www.rnaoknowledgedepot.ca/strengthening_nursing/hr_70_solution.asp

Let us know how well the 70% solution is working in your area.

Student update....

Basic Nursing Students pay \$20/year to join RNAO and receive:

This year RNAO is supporting student involvement by contributing \$10 towards the first 764 lucky students' fees. DNIG is supporting the offer as are some of the other interest groups. DNIG has pledged \$200.

- Clinical Nursing Best Practice Guideline CD-ROM Vol. 2, containing current editions of all 28 published guidelines <http://www.rnao.org/bestpractices/index.asp>
- Subscription to the Registered Nurse Journal
- Monthly "In the Loop" e-newsletters
- 10% discount on nursing books from Elsevier Science (see the members only section at <http://www.rnao.org/members>)
- Permanent Education Fund Loans after one year of membership <http://www.rnao.org/membership/benefits/loans.asp>
- RNAO's annual education guide to scholarships, bursaries and grants (free upon request to members, \$21.05 for non-members)
- Access to the latest research and advocacy on issues facing the profession today
- Up to 40% off registration fees for RNAO workshops and conferences http://www.rnao.org/centre/workshops_conferences.asp

What's making the news in your area?

Nurses stem the tide

The Toronto Star, Sat 24 Sep 2005, Page: H7, Section: National Report

New diabetes 'epidemic'
Sept. 21.

Your recent coverage of the Diabetes in Canada Evaluation study should raise major alarm bells for all Canadians about the huge health and social consequences of an unchecked type 2 diabetes "epidemic." It's a scary reality that 80 per cent of those who suffer from this kind of diabetes die of cardiovascular disease or other complications.

The good news is that Ontario nurses are already working to stem the tide on this issue. The Registered Nurses' Association of Ontario recently released a major province-wide clinical and education tool for nurses working in all health-care settings to help patients facing this increasingly

widespread illness. The Best Practice Guideline for the Administration of Insulin in Adults with Type 2 Diabetes provides specific strategies to help nurses provide the constant personalized assessment, teaching and monitoring that is currently missing, urgently needed and best provided by nurses.

The guideline helps nurses assess whether someone is ready and able to handle some of the daily ongoing self-care required, including insulin injections, blood glucose self-monitoring and dietary changes. Each person needs a tailor-made plan that nurses help develop. They also teach patients key practical skills, including insulin storage, self-injection, when to get follow-up medical care and how to prevent and treat hypoglycemia.

Given the many and varying interactions nurses have with families across the province, this proactive initiative is a key step in helping to prevent complications, such as heart attacks, strokes, kidney disease and blindness.

And, as with many other emerging health-care challenges, we won't meet them without more nurses to provide health promotion and prevention, care, knowledge and expertise.

Doris Grinspun, RN, Executive Director, Registered Nurses' Association of Ontario, Toronto

Conference Corner

Leadership Sinai Centre for Diabetes: Advancing Practice: GO for IT!

Date: November 24 and 25, 2005

Location: Mount Sinai Hospital, Ben Sadowski Auditorium, 18th Floor

Overview: A two-day workshop for health care providers to increase their expertise in assisting clients with intensive diabetes self-management.

For further information, please go to:

<http://www.mtsinai.on.ca/LSCD/Seminars.htm>

The 7th Annual Options for Diabetes Conference: Building Your Diabetes Knowledge

Date: Friday, April 7th, & Saturday, April 8th 2006

Location: Holiday Inn, Kingston

Overview: The target audience is health care professionals who want to increase their knowledge about diabetes, nurses looking for a career change, as well as those who interact with and/or teach people who live with diabetes.

Dr. Anne Sclater will speak about diabetes and the older adult; Dr. Michael Vallis will speak about diabetes and depression. Other topics will include: obesity, Aboriginal & pediatric issues, new nutrition guidelines, pump therapy, gastroparesis, wound care and others not yet finalised.

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 like free tickets for the Rolling Stones concert in Toronto come up at the last minute. With help from RNAO Membership Services, we update lists at the end of October and before each newsletter. Even so, several 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