# NT Branch Meeting Minutes

**Date: Thursday 24th September 2015**
**Time: 1700hrs**
**Venue: HLNT Darwin + Remote on-line access**
**Previous Minutes:** **Accepted:** Leanne Kuchel **Seconded:** Deepa Ariarajah

| Minutes | | | | |
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| **Item #** | **Agenda Item** | **Outcomes** | **Actions** | **Timeframe** |
| 1.0 | Welcome, Attendees, Apologies, Previous Meetings accepted | As Above | | |
| 1.1 | **Attendees:** Gregory 'SoLi' Solomon; Glynis Dent; Jan Stevenson; Vivienne Prestidge; Leanne Kuchel, Kerri Rankin, Jenny Wiley, Gaynor Garstone, Holli Catton; Teresa Hyatt; Pat Woolven; Andrea James; Sarah Griffin; Deepa Ariarajah; Vongayi Majoni; Cherie Whitbread | • n/a | • n/a | n/a |
| 1.2 | **Apologies:** Alyce Rees; Michelle Walding; Sharon Johnson; Chrissie; Coralie Cross; Caroline Cook; Elizabeth Watkins | • n/a | • n/a | n/a |
| 1.3 | Minutes of Last meeting | • Nil amendments required | • Nil | n/a |
| 2.0 | BakerIDI symposium | • Members reminded of upcoming 2day BakerIDI Symposium *"Challenges in Managing Heart and Diabetes in Primary Health Care"* to be held in Alice Springs on October 29th and 30th. | • Nil | n/a |

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| 3.0 | ADEANT Conference Update | SoLi explained that after the Branch chair meeting at the ADS/ADEA conference the topic of Branch conferences were discussed and the options. He has since been in correspondence with ADEANO. He asked a few questions and the replies were:<br><br>• Is a Master Class a workshop? (This is how I interpreted it).<br>***[Vy]*** A masterclass is an educational session that offers participants the latest research findings/cutting edge technology/what no one has seen before. Masterclass is normally provided by the expert in the field and more formal. A workshop provides participants with hands on experience and practical discussion. You can run a masterclass to introduce a new concept/theory then facilitate a workshop after that to encourage people to apply the new theory/new way of thinking into their practice.<br><br>• What are the requirements for holding a Master Class; i.e. Do we still need to get sponsors?<br>***[Vy]*** Preferably yes so that we can cover the cost of running the event, i.e. speaker fee, venue, catering, etc. Daniel can help you with this budgeting. Scope can be smaller than a conference. You can engage with 1 exclusive sponsor and feature them at the event but entirely up to you. I can assist you with the sponsorship arrangement.<br><br>• How does a Master Class actually work; i.e. the conference has a handbook so is there anything to assist with organising a Master Class.<br>***[Vy]*** how the actual masterclass works should depend on the presenter you invite. On the administrative details, i.e. handbook, etc., this format doesn't have a limit. We can produce the normal promotional materials, i.e. flyer, webpage, online registration, online chatroom, live stream, handbook, etc. Entirely up to you. | • Active discussion on the pros and cons of a conference vs a Master Class.<br>  ○ Some members suggested that a Master Class might be difficult to open up to other health Professionals. It was agreed that this might not necessarily be the case as per the experience of some DEs present.<br><br>• Members present have voted on a Master Class Topic agreed on:<br><br>*"Type 1 diabetes and Insulin Pump Management"*<br><br>Committee Members:<br>• Gaynor Garstone<br>• Cheri Whitbread<br>• Sarah Griffin<br>• Teresa Hyatt<br>• Kerri Rankin<br>• Leanne Kuchel (Finance Officer)<br><br>• Organising committee to start with the planning | 3mths |

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| | | | and a chair person yet to be decided.<br>• Branch Executive to be kept up-to-date with planning.<br>• Committee member to Liaise with Katy Robinson at NO: admin@adea.com.au<br>• Vivienne Prestidge from BakerIDI also voiced that the Dietitian's and Diabetes Educators at BakerIDI Melbourne are experts in Pump management also and could be considered. | |
| 4.0 | Report on NO / Branch Executive Meeting in Adelaide | • Discussions revolved around branch conferences and what the options were.<br>• In email correspondence from Katy Robinson at NO she also noted that ADEANO could assist in setting it up and to promote it as well as organising registrations. All the NT organising committee would need to do is to organise speakers and the program.<br>• She also suggested that it could also be opened up to a whole range of professional groups and not just NT members.<br>• Importance of increasing ADEA memberships through student reduced membership cost. | • Nil | n/a |

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| 5.0 | CPD as an essential component of the Branch meetings | • SoLi explained that if there is not CPD with each Branch Meeting then Members attending cannot claim points for attending the meeting.<br><br>• Agreed by all members present that CPD can also be brought up as business without notice at each meeting. | • Nil | n/a |
| 5.1 | CPD Presentation<br>Jan Stevenson | • *"Review of Revised Guidelines for s/c Injection for Insulin and Glucagon-Like Peptides"*<br>• An update on *"Toujeo – The new Glargine"* | • Next presenter not yet confirmed. | • TBA before next meeting |
| 6.0 | NT CDE of the Year Award | • Branch member's congratulation of Gregory 'SoLi' Solomon. | • Nil | n/a |
| 7.0 | Business without Notice | • Jan Stevenson advised: 1st October Byetta will be able to be given with insulin under PBS. | • Nil | n/a |

**Meeting closed:** 1745hrs

**Next Meeting:** Monday 30th November

**REVIEW OF REVISED GUIDELINES FOR S/C INJECTION TECHNIQUE FOR INSULIN & GLUCAGON LIKE PEPTIDES.**

There is value in regular review of injection technique and sites, thus important that there is structured assessment and documentation at least annually, of our patients on insulin or GLP1.

Use 4 – 5 - 6mm needles without skin fold, unless a child <6yrs or adult of very lean build; any **longer** needle **must** use skin fold.

Ideally, always inject at 90 degree angle; this gives a much more reproducible dose.

Avoid injecting into scarring or moles.

Stop 'PINCHING' patients – use 'skin fold'. Instruct patient to gently, with 2 digits, to lift skin away from muscle.

Use abdo or buttocks to prevent IM injection.

- **SITES.**

**ABDO:**

Preferred site, due to rapid, reproducible uptake of dose.

>5cm from umbilicus.

**THIGH:**

Must use skin fold - thinnest skin thickness.

Slower uptake.

Risk IM injection therefore greater risk of increased absorption with exercise.

**BUTTOCK:**

Need to be flexible.

No skin fold needed.

**ARM:**

Not advised. Must use skin fold due to reduced depth of sub cutis.

Difficulty with consistently locating injection into the sub cutis space.

- **Injecting through clothes not advisable**.

Difficult to inspect site injection; may not be deep enough to deliver S/C injection.

- **Intradermal injection**:

The evidence remains mostly anecdotal but any local site reaction, pain, small lumps that disappear quickly, insulin leakage may indicate intradermal injection.
(**Micro needles** may be used in the future to deliver Ultra Rapid Acting insulins).

- **Volume of Injection**:
  Still no complete consensus – remains at <60units but use clinical judgement.

Beware when using concentrated insulins eg Humulin R U500 & Toujeo U300. These insulins give improved absorption and reduce hypo risk.

Annual review of patient's injection technique and site is recommended, more often in children and those with previous history lipohypertrophy.

- **Lipohypertrophy signs** – variable control and unexplained hypos. Sites need to be rested and take at least 2/52 to heal, often much longer.

Skin Preparation: Soap and water only; no alcohol.

VARIABLE BGL's WITHOUT EXPLANATION SHOULD BE THE CATALYST TO REVIEW INJECTION TECHNIQUE AND SITE.

Jan Stevenson September 2015