

“Managing Diabetes on the Move”: Article Summary

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Gwen Hall’s article “Managing Diabetes on the Move” (2006) addresses multiple factors that diabetics must take into account in order to successfully manage their diabetic condition while on vacation or traveling to foreign countries. People who are living with diabetes are traveling more often, in part due to the process of globalization. In this article, Hall states that there is a transformation going on; diabetic care is shifting from practitioners who specialize in the treatment of diabetes, to the arena of primary care physicians. For this reason, Hall suggests that nurses must be kept abreast of how to guide the diabetic client in planning vacation or travel.

One extremely important detail is to advise the client to be certain to disclose the condition to any company which offers traveler’s insurance. As Hall states, “The small print will ask for ‘material facts’ to be divulged and diabetes is a ‘material fact.’” If the client does not disclose his or her diabetic status, and an accident occurs, the insurer could charge that the event occurred due to a hypoglycemic aftereffect and would not be covered because the traveler did not disclose his or her diabetes.

Vaccinations are another major concern for the diabetic. When contemplating travel to countries that require vaccinations, Hall suggests beginning the process six weeks or more prior to embarking, to afford adequate time for any fluctuation in glycemic control. It is also put forward that if the blood glucose levels are not stabilized prior to a journey, the numbers are not apt to improve during that excursion.

Conveyance of medications will require some advanced planning, especially with regard to the more rigorous regulations set forth today by the airlines and customs officials. Clients should notify customs agents of the necessity for their diabetic accessories, and produce them upon request. Diabetic clients should obtain a letter from their primary care physician that authenticates the condition, itemizes the necessary accoutrements and hypoglycemic antagonist supplies, lists all current medications, and attests to the necessity for the client to have these items with them at all times to appropriately regulate their health condition.

Diet and nutrition are also taken into consideration. It is imperative, says Hall, that the diabetic client who is taking oral medications that increases insulin output, or has insulin dependent diabetes, maintain consumption of regular meals to avoid instigating a hypoglycemic attack. Hall recommends that, “People with diabetes should not resort to ‘diabetic’ special meals.” Such meals are usually low

in carbohydrates and are contraindicated in conjunction with the use of diabetic medications when trying to prevent hypoglycemia. A customary eating pattern with a well-balanced healthy diet should be maintained instead. Traveling with healthy snacks is highly recommended for those times when foods might not be readily available in order to avoid a hypoglycemic episode. Hall strongly advises that any diabetic who encounters food poisoning resulting in emesis, or loss of appetite, obtain medical intervention promptly.

With travel over long distances, time zones will change and therefore adjustments in medications may be necessary. These adjustments could be necessary due to the client being awake longer and partaking in more frequent meals or, because of the time differential, the client might miss a meal and retire to bed upon arrival. In either case, extra insulin should always be available for any fluctuating need, notes Hall.

The diabetic must also take into consideration the climate. Hall states that exposure to warmer climates will accelerate the assimilation of insulin and therefore the diabetic should engage in more frequent blood glucose monitoring. Because of diabetic-related neuropathies, clients traveling to hot climates should practice caution when walking on beaches, as they may not be aware of burns to the soles of their feet or sense sharp objects in the sand. Hall strongly suggests that diabetics avoid walking around shoeless. In addition, insulin, blood glucose monitoring equipment, and test strips that cannot tolerate extreme temperatures should be kept cool and dry at all times.

If the client is using the U-100 strength insulin, and is traveling to a country that utilizes either the U-40 or U-80 strength, Hall recommends that they learn to convert to these systems prior to traveling in the event that they are not able to obtain U-100 strength. Finally, it is suggested that clients never pack their insulin supplies in the luggage that they will check, as the airplane storage compartments get much too cold for the insulin. If traveling with someone, advise the client to divide the oral medications, insulin, and equipment between themselves and their traveling companion just in case either bag gets lost or stolen.

While scrutinizing all that Hall proffers as to the many concerns that the diabetic client may encounter while traveling, it has become evident to me that an entrepreneurial undertaking could arise from her scholarly recommendations. The development of a travel kit for the diabetic could easily aid in avoiding many of the aforementioned medical, bureaucratic, and environmental dilemmas that could potentially occur while one is traveling. The travel kit would include a moisture-proof insulated container capable of maintaining a temperature between 59° and 86° Fahrenheit, in order to protect the insulin from thermal extremes and safeguard the diabetic testing strips and blood glucose meters from water damage. It should contain a U-40 to U-80 to U-100 strength insulin conversion chart for those times when the client finds himself or herself in the circumstance of having to use alternative-strength insulin. The kit would have a needle storage compartment, a portable sharps container, sterile alcohol towelettes, a telescoping hand-held mirror so that obese clients could more readily inspect the status of their feet, and a compartment for all documentation verifying and confirming the necessity of all

related diabetic medications and accessories as well as insurance certificates. A diabetic travel kit would significantly enhance nurses' ability to better prepare clients for travel and help to impede unforeseen traveling predicaments. The development of a travel kit would simplify the preparation for traveling and thus improve the quality of life and contribute to adherence of diabetic treatment during vacations.

Reference

Hall, G. (2006). Managing diabetes on the move. *Practice Nurse* 32 (11) 29-32. Retrieved October 1, 2007, from Academic SearchPremier<http://web.ebscohost>

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