



In the consultation room

Travel

Gwen Hall and Karen Panchaud

Citation: Hall G, Panchaud K (2015) In the consultation room: Travel. *Diabetes & Primary Care* 17: 150–1

About this series

The aim of the “In the consultation room” series is to provide readers with brief, practical reviews of key aspects of diabetes care that should be covered in the clinic setting. A short set of questions at the end allows readers to test their knowledge.

Authors' introduction

Diabetes should not be a barrier to travel. All vaccines recommended for travel can be given to people with diabetes, but it is wise to have protocols in place to seek relevant information prior to travel and to plan well in advance. Close to home, it is advisable to achieve good glycaemic control before departure as most trips represent a change of routine. It is not possible within the scope of this short article to outline fully the advice that should be shared with travellers with diabetes, but those providing that advice will find a non-exhaustive list of credible information in the Resources section. Complicated trips, especially those involving the crossing of time zones, may require referral to specialist services, and additional time may be required to arrange that appointment.

If an individual's travel involves driving, whether it is for business or recreation, then Driver and Vehicle Licensing Agency (DVLA, 2014) advice on blood glucose monitoring timing should be adhered to if there is any risk of hypoglycaemia. An additional supply of blood glucose monitoring equipment may be required. If sharps disposal is an issue, a BD Safe-Clip™ (BD, Oxford), which is available on prescription, may be useful.

More generally, before travel, people with diabetes should be advised to:

- Seek health advice in good time, preferably at least 2 months before, especially if crossing time-zones or requiring vaccinations.
 - Travelling *west* means that the day will be *longer* and that *more* insulin may be required.
 - Travelling *east* means that the day will be *shorter* and that *less* insulin may be required.
- Ensure that they travel with all relevant identification documents. If treated with insulin, they should have an insulin passport.
 - Manufacturing companies can provide insulin cards to match their insulin and devices.
- Organise twice as much medication as required, as well as blood glucose monitoring materials.
- If travelling by air, request a letter for the airline, as appropriate, detailing medication and any devices and meters. An example is

available from VoyageMD (see Resources section).

- Obtain a European Health Insurance Card (EHIC) for reciprocal health (covering most of Europe).
- Check their travel insurance and read the small print. Diagnosed diabetes is a material fact and should be disclosed to the insurance company.

If a complicated journey is planned, and if you do not give this kind of advice regularly, referral to the specialist team may be beneficial.

Many practices have a consent form to be completed prior to the first practice nurse appointment. Examples are freely available online or, if registered, from TRAVAX (see Resources).

In addition, make sure that you have the correct Patient Group Direction or protocol in place for all vaccinations.

On the trip

The following are useful considerations for people with diabetes who are travelling, particularly aimed at those who are flying.

- Remember that delays do happen. It is advisable to carry snacks that can be taken through security, in case of emergency. No fluids over 100 mL in volume are currently allowed through airport security.
- Unless travelling alone, diabetes supplies should be divided between the traveller and a companion in case of loss of luggage.

Authors

Gwen Hall is an Independent Diabetes Specialist Nurse and Associate Clinical Teacher, Surrey. Karen Panchaud is a Practice Nurse, Haslemere Health Centre, Surrey.

Box 1. Some safety advice for illness during travel in people with diabetes (Civil Aviation Authority, 2015).

- Always continue taking your insulin, even if you're not eating
- Test for ketones if your blood glucose levels are above 14 mmol/L
- Positive ketone tests always require treatment with extra insulin
- If you are unable to eat because you are ill, you can obtain carbohydrate from sources such as high-energy drinks (e.g. Lucozade®), fizzy soft drinks, squashes and milky drinks

- Insulin should be kept with the hand luggage as it may be affected by freezing temperatures if placed in the hold.
- Insulin and blood glucose monitoring strips can be affected by extremes of temperature.
- Alcohol can make hypos more likely to happen and more difficult to treat.
- Those carrying insulin to warm climates should discuss methods of keeping their insulin cool (e.g. FRIO® insulated wallets [ReadyCare LLC, Walnut Creek, CA, USA]).
- All travellers with diabetes, not just those on insulin, should understand what action to take on managing illness (see *Box 1* and the TREND-UK resources below).

Resources

The following list of resources will be useful to consider in providing print-outs or a list of links:

- Diabetes UK travel leaflets, available in several languages: www.diabetes.org.uk.

- Civil Aviation Authority for information on flying: <http://bit.ly/1aNlpEH>.
- TREND-UK patient leaflets on diabetes and travel, managing illness, and hypoglycaemia: www.trend-uk.org/resources.php.
- The DVLA's "At a glance guide" to medical fitness to drive: <http://bit.ly/1IE14hC>.
- TRAVAX travel advice for health professionals: www.travax.nhs.uk (small charge for practice to register).
- The fitfortravel website, which is for public use: www.fitfortravel.nhs.uk.
- Information for healthcare professionals and the public from the National Travel Health Network and Centre: www.nathnac.org.
- Country-specific information from the UK government: www.gov.uk/foreign-travel-advice.
- VoyageMD's insulin advice specific to flying for people crossing time-zones and more: www.voyagemd.com. ■

Authors' conclusion

Travelling, whether for business or pleasure, can be a stressful time. With judicious planning and easy-to-understand information, in the form best suited to the individual, travel should hold no barriers for people with diabetes. Medication warrants particularly careful management, as does the temporary change of lifestyle that frequently accompanies travel. Health professionals need to familiarise themselves with up-to-date information and be ready to share it with prospective travellers. Bon voyage!

Civil Aviation Authority (2015) *Diabetes. Advice for people with diabetes who wish to travel by air*. CAA, London. Available at: <http://bit.ly/1aNlpEH> (accessed 03.06.15)

Driver and Vehicle Licensing Agency (2014) *At a glance guide to the current medical standards of fitness to drive*. DVLA, Swansea. Available at: <http://bit.ly/1IE14hC> (accessed 03.06.15)

Questions to test your knowledge

1. Insulin should be carefully packed in the hold suitcase. True or false?
2. When travelling to the US from the UK, the day is longer. True or false?
3. Some vaccines for travel are not suitable for people with diabetes. True or false?
4. The European Health Insurance Card provides reciprocal healthcare in which one of the following?
 - [a] Most of Europe
 - [b] Europe and the US
 - [c] France, Spain and Germany only
5. Sick day rules (management of illness) should be discussed with which one of the following?
 - [a] People with diabetes treated with oral medication
 - [b] People with diabetes treated with insulin
 - [c] All people with diabetes

General areas to ask questions on during an initial pre-travel consultation (www.travax.nhs.uk).

Traveller details

Age | Medical history
 Medication | Previous vaccinations
 Allergies | Previous travel
 Pregnancy (actual or planned)
 Special needs or disabilities

Journey details

Destinations | Date of departure
 Duration of stay | Accommodation type
 Purpose of trip | Mode of transport
 Urban or rural area | Travel budget
 Availability of medical facilities

Answers: 1 – false; 2 – true; 3 – false; 4 – [a]; 5 – [c].