

Keeping patients safe when they are at risk of hypoglycemia

For patients using insulin or insulin secretagogues, e.g. glyburide, gliclazide, repaglinide:

Recognize

- ASK at each visit
- ASSESS impact, including fear/intentional avoidance of lows
- SCREEN for hypoglycemia unawareness

Act/Treat

- EDUCATE on appropriate treatment and the need to have fast-acting sugar treatment available at all times

Prevent

- CONSIDER medications with lower risk of hypoglycemia
- DISCUSS POSSIBLE CAUSES and how to avoid future hypoglycemia

Reduce Driving Risk

- EDUCATE patients to drive safely with diabetes
 - Prepare** Keep fast-acting sugar within reach and other snacks nearby
 - Be Aware** of blood glucose (BG) before driving and every 4 hours during long drives. If BG is below 4 mmol/L, treat
 - Stop** driving and treat if any symptoms appear
 - After** treating a low, **wait** until BG is above 5 mmol/L to start driving again. Note: Brain function may not be fully restored until 40 minutes after hypoglycemia is resolved

If a patient is unaware of symptoms of hypoglycemia, he/she must check their BG before driving and every 2 hours while driving, or wear a real-time continuous glucose monitor