

Diabetes Requiring Insulin

Physician's report:

- A. The airman must be evaluated by the treating physician at 3 month intervals.
- B. For the **initial evaluation** the airman has to have been on insulin for **at least 6 months and all medical records pertinent to diabetes from the previous 3-5 years.**
- C. The evaluation must include a general physical examination, review of medical history and the results of glycosylated hemoglobin concentrations, at least two readings, at least 90 days apart.
- D. The physician must review the records of the airman's daily blood glucose measurements and comment on the results, as well as a comment on the airman's ability and dexterity to determine blood glucose levels using the glucometer. (See #1 below).
- E. No Loss of consciousness, seizure, impaired cognitive function in the past year.
- F. No recurrent (2 or more) episodes of hypoglycemia in the past 5 years.
- G. Insulin dosage and diabetic diet.
- H. Comment on any cerebrovascular, Cardiovascular, Peripheral vascular, Neuropathy or Eye significant eye disease.

The results of these quarterly evaluations are to be summarized for the initial certification, and then submitted annually, unless there is a change in control of the disease or medication program then it must be submitted immediately.

1. For documentation of diabetes management, the applicant will be required to carry and use a whole blood glucose measuring device with memory and must report to the FAA immediately any hypoglycemic incidents, any involvement in accidents (whether or not related to hypoglycemia), and any evidence of loss of control of diabetes, change in treatment regimen, or significant diabetic complications. With any of these occurrences, the individual must cease flying until cleared by the F.A.A.
2. On an annual basis, the reports from the examining physician shall include confirmation by an eye specialist of the absence of significant eye disease.
3. At the first examination after age 40 and at 5 year intervals, the report, with the EKG tracings, of a maximal graded exercise stress test must be included in consideration of continued medical certification.

Monitoring and Actions Required During Flight

To Ensure safe flight, the insulin using diabetic airman must carry during flight a recording glucometer, adequate supplies to obtain blood samples, and an amount of rapidly absorbable glucose, in 10 gm portions, appropriate to the planned duration of the flight. The following actions shall be taken in connection with the flight operations:

1. One-half hour prior to flight he/she must measure the blood glucose concentration. If it is less than 100 mg/dl the individual must ingest an appropriate (not less than 10 gm) glucose snack and measure the glucose concentration one-half hour later. If the concentration is

- within 100-300 mg/dl, flight operations may be undertaken. If less than 100, the process must be repeated; if over 300, the flight must be cancelled.
2. One hour into the flight, at each successive hour of flight, and within one-half hour prior to landing, the airman shall measure his/her blood glucose concentration. If the concentration is less than 100 gm/dl, a 20 gm glucose snack shall be ingested. If the concentrations 100-300 gm/dl, no action is required. If the concentration is greater than 300 mg/dl, the airman must land at the nearest suitable airport and may not resume flight until the glucose concentration can be maintained in the 100-300mg/dl range. In respect to determining blood glucose concentrations during flight, the airman must use judgment in deciding whether measuring concentrations or operational demands of the environment (e.g. adverse weather, etc.) should take priority. In cases where it is decided that operation demands take priority, the airman must ingest a 10 gm glucose snack and land at the nearest suitable airport so that a determination of the blood glucose concentration may be made.

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