

Advice for drivers with insulin treated diabetes, some diabetes tablets. (Does not apply if you are diet controlled or only taking metformin)

You need to carry rapid-acting carbohydrates (lucozade, dextrose tablets etc) in the car at all times. Take your glucose meter and blood glucose strips with you.

You must always test your blood glucose level before driving, even if it is a short trip.

It is recommended that you do not commence driving unless your blood glucose is over 4 mmol/l. If your blood glucose less than 5 mmol/l take a snack. On long drives stop and test your blood glucose every 2 hours or sooner if you are prone to hypos. Being hypoglycaemic at the wheel of a car is classed as driving under the influence of drugs. You must never drive whilst having a hypo as your concentration and reaction time will not be as good as usual. Be aware that your brain function does not return to normal as quickly as your blood glucose, therefore, you should not drive for at least 45 minutes after a normal blood glucose has been recorded.

If you feel hypo:

- Pull over and stop the car.
- Take the keys out of the ignition.
- Move out of the drivers seat.
- Treat the hypo.

Do not continue to drive until symptoms have completely resolved.

Re-check your blood glucose to ensure it is above

5 mmol/l. Make sure you are able to do simple mental tests before you start driving again, e.g recall your telephone number.

We value your comments

If you have any suggestions or concerns you can speak to any member of staff or practice manager, alternatively you can speak or write to:

**Head of Patient Support Services,
NHS Rotherham, Oak House, Moorhead Way,
Bramley, Rotherham S66 1YY**

For general information on Rotherham's health services, please contact the Patient Advice & Liaison Service (PALS) at the Health Advice Centre on 01709 423030.

For more information about how we use and protect your information see "The Protection and Use of Patient Information" leaflet available from NHS Rotherham sites and GP surgeries.

This leaflet can also be supplied in braille, audio format, PDF, large print and other languages on request.

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这份资料亦可提供盲文、录音带、磁碟、大字印刷和其它语文译本。

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**BLOOD GLUCOSE
TESTING AT HOME...**

Do I really need to?

Does all that finger pricking
make a difference to your
diabetes treatment...

If not why do we do it?



For patients not using insulin

Should I test my blood at home?

Generally, people whose diabetes is controlled by diet or by tablets do not need to test their blood glucose at home. Some studies have shown that people who regularly test their blood glucose may have greater stress and worry than people who do not. Studies have shown that the control of your diabetes is no better with regular blood testing.

There are times when your diabetes control (blood glucose) **may** be altered and then it is advisable for you to be aware of your sugars (your doctor or nurse will advise you on what to do in these situations).

If you are newly diagnosed with diabetes your doctor/nurse/pharmacist may recommend you test your blood glucose in the initial period so you can get used to how your body feels. This may help you to identify the symptoms of hypos. Otherwise you will only need to test:

- *When you are ill.*
- *If there have been changes made to your medication.*
- *If you are particularly prone to having 'hypos'.*
- *During pregnancy.*
- *If you have been given a course of oral steroids by your doctor.*

Some medications can leave you more prone to hypos, i.e Sulphonylureas (Gliclazide is the most common of these medications). Not everyone on these medications will experience hypos and if you are stable on the medication you should not need to routinely test.

In these situations when should I test?

We would recommend that you test roughly 4 times per week. As your natural blood glucose level will vary throughout the day we suggest you pick 4 different times throughout the week. e.g. Monday morning, Wednesday lunch time, Friday tea time, Saturday night. You may need to test more frequently if you are experiencing symptoms of hypos.

If you are prescribed oral steroids we would suggest you test your blood glucose at midday, before your evening meal and 2 hours after your evening meal.

What does it show me?

The finger prick test, which you do at home, gives you an indication of the level of glucose in your blood at that time. Depending on when you do this the results can vary. This variation is perfectly natural.

If you notice that your blood glucose levels are low you may wish to consume an extra snack. If you are feeling a bit off then a blood test may show that your blood glucose levels are a little low and you may again wish to consume an extra snack.

What do I do about the results?

Most people do nothing about the results they get which is why it is generally worthless doing the test. If you do the test it is important to know what to do with the results. If you are testing in any of the circumstances outlined above it may be helpful to keep a log of your results. You will then be able to discuss these with your doctor/nurse/pharmacist on your next visit.

What about the blood test I have at the surgery?

This test is more helpful. You may have heard it referred to as your HbA1c test. You will have this approximately every 6 months and the result shows your average blood glucose from the past 3 months. This longer term picture gives a better reflection of your diabetes control. It is the results of this test that will lead to changes in your medication.

What are Hypos?

Hypo is the common phrase used for hypoglycaemia. It refers to the symptoms caused by a low blood sugar (glucose). Your symptoms can vary but often include shakiness, tremor, sweating, a feeling of warmth or coldness, clamminess, numbness "pins and needles", headache, nausea.

What is a low blood glucose?

There is no precise definition but a blood glucose below 4 mmol/l could be considered to be low.

Will it hurt just to carry on testing anyway?

Only your fingers.

