Diabetes doesn’t have to hold you back

If you like to travel, diabetes doesn’t have to stop you. Yes, you’ll have to take diabetes with you wherever you go. But with planning and knowledge, you can go pretty much wherever you wish.

Plan ahead

- Make an appointment to see your diabetes care team a few weeks before you go. Make sure your ABCs—A1C, blood pressure, and cholesterol—are in a healthy range. Check to see that your immunizations are up to date. Get extra prescriptions for your diabetes medicines. And ask for a note explaining that you have diabetes.

- Wear an identification band that says that you have diabetes. The information should be written in the language of every country you’ll be visiting.

- Plan for changes in time zones, schedules, and meals. Talk with your team about what those changes will mean to your diabetes care.

- Make sure to let your diabetes care team know about any episodes of low blood sugar you have been experiencing.

What to pack

No matter how you’ll be traveling . . .

- Bring along more diabetes medicines and supplies than you would normally need.

- Don’t forget your blood and urine testing supplies (Include extra batteries for your blood sugar meter).

- Follow the instructions for use on your medicine. If you are taking extra medicines with you, pack them in a thermos bag with cold packs. With all your diabetes medicines, check and follow the instructions for storage.

- Make sure you have your medical insurance cards. Take along the phone numbers for your diabetes care team as well.

If you’re traveling by airplane . . .

- Carry all of your diabetes supplies in your carry-on luggage. That way you’ll have them with you in case your checked bags get lost.

- Bring your medicine in the original, labeled containers given to you by your pharmacy.

- Be aware that airport security will allow you to take all diabetes-related medicine and supplies with you, such as:
  - Insulin pumps and supplies
  - Other injectable diabetes medicines
  - Emergency kit to be used for severe low blood sugar
  - A hard-surface container for used syringes
  - Liquids (including water or juice)
Avoiding changes in blood sugar

Travel may bring about changes in your blood sugar, even if it’s usually within your target range. So check your blood sugar more often than you do at home. Talk with your diabetes care team about what you can do to decrease your risk of high blood sugar.

To reduce your risk of low blood sugar:

- Always bring emergency snacks with you. Include both rapid-acting and slow-acting carbs. Good choices include a snack pack of crackers and cheese, crackers and peanut butter, or a piece of fruit. In case your blood sugar drops, be sure to pack glucose tablets or hard candies that you can chew quickly.

- If you’re flying, keep your emergency snacks with you at your seat. Don’t store them in the overhead bin. That way you can get to them easily.

- Call ahead to find out if you will get a meal on your flight. You can request a diabetic meal. If you use mealtime insulin, wait until you see that your meal is about to be served before you take it. If meals are not available, you may want to pack one for the trip.

For more information, visit Cornerstones4Care.com
Support and diabetes management tools built around you.
Enroll today to get FREE, personalized diabetes support with Cornerstones4Care®.

Enrolling is easy. Just complete this form.
All fields with asterisks (*) are REQUIRED.

* I have diabetes or I care for someone who has diabetes
* First name ___________ * Last name ___________ * MI ______
* Address 1 ___________________________________________________________
* Address 2 ___________________________________________________________
* Phone number: (___) _______ – ________
* Cell phone number: (____) _______ – ________
* City _____________________ * State _____________________
* ZIP ___________ * Email ____________________
* Birth date mm/dd/yyyy ______ / ______ / ______

* What type of diabetes do you or the person you care for have? (Check one)
  ❑ Type 2  ❑ Type 1  ❑ Don’t know

* What type of diabetes medicine has been prescribed? (Check all that apply)
  ❑ Insulin  ❑ GLP-1 medicine  ❑ None  ❑ Other
  ❑ Diabetes pills (also called oral antidiabetic drugs, or OADs)

* If you checked “Insulin,” “GLP-1 medicine,” or “Other,” please fill in the following for each:

Product 1: __________________________________________
How long has this product been taken?
  ❑ Prescribed but not taken  ❑ 7-12 months
  ❑ 0-3 months  ❑ 1-3 years
  ❑ 4-6 months  ❑ 3 or more years

Product 2: __________________________________________
How long has this product been taken?
  ❑ Prescribed but not taken  ❑ 7-12 months
  ❑ 0-3 months  ❑ 1-3 years
  ❑ 4-6 months  ❑ 3 or more years

3 easy ways to enroll:
1. Fax the completed form to 1-866-549-2016
2. Email the completed form to C4Csignup@hartehanks.com
3. Call 1-888-825-1518 and follow the voice prompts

Review and complete below.

* Phone number: (___) _______ – ________
* Cell phone number: (____) _______ – ________

Novo Nordisk Inc. (“Novo Nordisk”) understands protecting your personal and health information is very important. We do not share any personally identifiable information you give us with third parties for their own marketing use.

I understand from time to time, Novo Nordisk’s Privacy Policy may change, and for the most recent version of the Privacy Policy, please visit www.C4CPrivacy.com.

By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordisk may also combine the information I provide with information about me from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.

Yes, I’d like to be contacted by Novo Nordisk via phone calls and text messages at the phone numbers I have provided.

By checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

* Signature (required) ________________________________
* Date (required) ____________________ mm/dd/yyyy

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