

# DIABETES MELLITUS TYPE I OR TYPE II INSULIN TREATED INITIAL COMPREHENSIVE REPORT

(Updated 09/30/2020)

The **INITIAL COMPREHENSIVE REPORT** **performed within the past 90 days** from the treating board-certified endocrinologist must detail and comment on **ALL** of the following<sup>\*1</sup>:

## A. DIABETES HISTORY:

1. Characteristics at onset (age, symptoms, etc.):
  - a) Review previous treatment and response
  - b) Frequency/cause/severity of past hospitalizations
  - c) Complications and common comorbidities:
    - Any end organ damage (macrovascular or microvascular);
    - Presence of hemoglobinopathies or anemias;
    - High blood pressure or abnormal lipids and treatment; and
    - Visits to specialist - type and why
  - d) Lifestyle and behavior patterns:
    - Eating patterns and weight history;
    - Sleep behavior and physical activity;
    - Familiarity with carbohydrate counting, if applicable;
    - Tobacco, alcohol, and substance use; and
    - Any motor vehicle accidents or incidents pertinent to their history of diabetes
2. Medication and Reporting:
  - a) Medication compliance;
  - b) Medication intolerance or side effects;
  - c) Complementary or alternative medicine use;
  - d) Glucose monitoring (meter/CGM): results and data use; and
  - e) Review insulin pump settings
3. Screening for Psychosocial conditions:
  - a) Screen for depression, anxiety, disordered eating (ex: Patient Health Questionnaire 9 or 2 [PHQ-9 or PHQ-2] or similar);
  - b) Cognitive impairment assessment (and formal testing, if clinically indicated); and
  - c) Diabetes self-management education and support:
    - History of dietician/diabetes educator visits; and
    - Screen for barriers to diabetes self-management
4. Glucose control:
  - a) **Hypoglycemia**:
    - Any symptomatic episodes in the **past 12 months** requiring treatment or assistance by another individual, with comment on timing, awareness, frequency, causes, and treatment.
    - Sustained episodes, e.g. CGM/FSBG values below 70 mg/dL for over 30 minutes or below 54 mg/dL for over 15 minutes, with comment on symptoms and treatment.
  - b) **Hyperglycemia**:
    - Any symptomatic episodes in the **past 12 months** with comment on timing, awareness, frequency, causes, and treatment.
    - Sustained episodes, e.g. CGM/FSBG values above 250 mg/dL for over 60 minutes or above 300 mg/dL for over 30 minutes, with comment on symptoms and treatment.

## B. PHYSICAL EXAM (Must narrate what is examined and any findings):

1. Height, Weight, Body Mass Index (BMI);
2. Pulse and blood pressure including orthostatic blood pressure, when indicated;

3. Thyroid palpation and skin exam (acanthosis nigricans, insulin injection or insertion sites, lipodystrophy); and
4. Comprehensive foot exam:
  - a) Visual inspection; screen for PAD (check pedal pulses; refer for ABI if diminished); and
  - b) Determination of temperature, vibration or pinprick sensation, and 10-g monofilament exam

**C. ASSESSMENT AND PLAN:**

1. Current status of diabetes including an assessment of the airman's **compliance**, glucose **control**, and **stability** as well as their ability to monitor and respond accordingly to HYPO and HYPER glycemic events and administer insulin doses;
2. Prognosis for progression over the next 12 months; and
3. Recommendations for treatment changes

**D. DATE OF NEXT CLINICAL FOLLOW-UP** (Required every 3 months for FAA.)

\*1 Modified from American Diabetes Association (ADA) Standards of Medical Care 2020