Table 1: Guidelines for Recreational Diving with Diabetes - Summary Form

**Selection and Surveillance**
- Age ≥18 years (≥16 years if in special training program)
- Delay diving after start/change in medication
  - 3 months with oral hypoglycemic agents (OHA)
  - 1 year after initiation of insulin therapy
- No episodes of hypoglycemia or hyperglycemia requiring intervention from a third party for at least one year
- No history of hypoglycemia unawareness
- HbA1c ≤9% no more than one month prior to initial assessment and at each annual review
  - values >9% indicate the need for further evaluation and possible modification of therapy
- No significant secondary complications from diabetes
- Physician/Diabetologist should carry out annual review and determine that diver has good understanding of disease and effect of exercise
  - in consultation with an expert in diving medicine, as required
- Evaluation for silent ischemia for candidates ≥40 years of age
  - after initial evaluation, periodic surveillance for silent ischemia can be in accordance with accepted local/national guidelines for the evaluation of diabetics
- Candidate documents intent to follow protocol for divers with diabetes and to cease diving and seek medical review for any adverse events during diving possibly related to diabetes

**Scope of Diving**
- Diving should be planned to avoid
  - depths >100 fsw (30 msw)
  - durations >60 minutes
  - compulsory decompression stops
  - overhead environments (e.g., cave, wreck penetration)
  - situations that may exacerbate hypoglycemia (e.g., prolonged cold and arduous dives)
- Dive buddy/leader informed of diver’s condition and steps to follow in case of problem
- Dive buddy should not have diabetes

**Glucose Management on the Day of Diving**
- General self-assessment of fitness to dive
- Blood glucose (BG) ≥150 mg·dL⁻¹ (8.3 mmol·L⁻¹), stable or rising, before entering the water
  - complete a minimum of three pre-dive BG tests to evaluate trends
    - 60 minutes, 30 minutes and immediately prior to diving
  - alterations in dosage of OHA or insulin on evening prior or day of diving may help
- Delay dive if BG
  - <150 mg·dL⁻¹ (8.3 mmol·L⁻¹)
  - >300 mg·dL⁻¹ (16.7 mmol·L⁻¹)
- Rescue medications
  - carry readily accessible oral glucose during all dives
  - have parenteral glucagon available at the surface
- If hypoglycemia noticed underwater, the diver should surface (with buddy), establish positive buoyancy, ingest glucose and leave the water
- Check blood sugar frequently for 12-15 hours after diving
- Ensure adequate hydration on days of diving
- Log all dives (include BG test results and all information pertinent to diabetes management)