

TRAVEL TROUBLE TICKET



WHAT I ACTUALLY PACK

Pump user · travel day



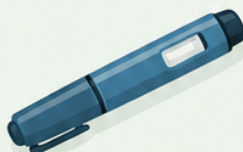
Fig bars

fast carbs I actually eat



Quick orange juice

glucose I can drink fast



Extra insulin pen

backup if the pump fails



Needles

for pump-failure injections



My list, not a prescription.



@thediabeticdose · education only · not medical advice

T1D Overnight + Travel Checklists

Grab-and-go logistics from a physician living with type 1 diabetes (~30 years).
Educational framing only, not dosing advice, not a care plan, not a doctor–patient relationship.

1. Overnight highs that will not budge, troubleshooting prompts

Lived-experience systems thinking when a night will not settle. This is what I notice, not what you should dose.

- **Pause and re-read the story.** Sudden spike or slow climb? Late meal, alcohol, high-fat food, or unusual activity earlier?
- **Check the delivery path.** Pump users: site age, kinks, air, and whether insulin is actually arriving.
- **Respect stacking awareness.** Multiple corrections close together can feel necessary, and can also create a delayed low. Leave room for insulin already on board (within *your* care-team plan).
- **Protect sleep enough to think.** A defined check-back window often beats staring at the graph every five minutes.
- **Capture the pattern for clinic.** Screenshots, meal notes, and “what I tried” turn a rough night into usable data.
- **Clinic territory flags.** Frequent/severe overnight highs, ketones, illness, or unexplained pump issues → your care team, not a checklist.

Tip: Keep familiar hypo tools within reach if corrections eventually land. Quantities and settings belong with you and your team.

2. Travel packing checklist (pump-user oriented)

What actually leaves the house, logistics and redundancy. Not a treatment plan.

- **One grab-and-go medical pouch.** If supplies are scattered, they stay home. Clear pouch helps TSA + hotel sanity. Label outside: MEDICAL SUPPLIES.
- **Familiar fast carbs.** Examples from lived experience: fig bars; quick OJ. Use what *you* tolerate, test at home first.
- **Backup carb form.** Something that does not melt into goo in a hot car or hotel drawer.
- **Extra insulin pen + needles for pump failure.** Redundancy, not pessimism. Airports and site failures do not care about your itinerary.
- **Primary device supplies** for trip length + buffer (sets/pods/reservoirs as *your* regimen requires, ask your team for quantities).
- **CGM / monitoring backup.** Extra sensor if the trip is long; fingerstick backup still earns its keep; chargers so alarms have battery.
- **Documents.** Clinic/device letter for security; medication list; insurance + pharmacy info (keep PHI out of public photos).
- **Sharps plan** for the destination, know how you will store and dispose safely.
- **5-minute hotel diabetes station.** Same layout every room: carbs left, devices center, trash/sharps plan right. Do not unpack into six drawers.

Skip the clutter: unlabeled loose syringes in pockets, twelve snacks you will never eat, and anything you have not tested at home.

Education, not advice. The Diabetic Dose is educational content from a physician living with type 1 diabetes. It is not medical advice, not a doctor–patient relationship, and does not replace your diabetes care team. Do not change insulin doses, device settings, or travel/overnight plans based on this PDF alone. Work with your clinicians on quantities, targets, and backups that fit *your* regimen. No real name is used in this brand materials set for privacy.

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