# SICK DAY CARE PLAN
## FOR PEOPLE WITH DIABETES

### Use this care plan when:

**You feel unwell or dehydrated, or have an infection**
*– even if your blood glucose levels are in target range*
e.g., cold or flu, fever, vomiting, diarrhoea, headache, increased thirst or urination

**Your blood glucose levels are above 15 mmol/L for more than 8 hours**
*– even if you feel well*

### Follow these care plan steps:

#### CHECK GLUCOSE AND KETONES

**Check your blood glucose levels:**
- Every 2 to 4 hours
- If you suspect hypoglycaemia (low blood glucose level)
- If blood glucose level is below 4 mmol/L, take fast-acting glucose followed by a long-acting carbohydrate; seek medical advice if hypoglycaemia persists

**Check your ketones (if instructed by your doctor):**
- Every 2 to 4 hours if under 0.6 mmol/L (blood) or negative/trace (urine)
- Every 1 to 2 hours if over 0.6 mmol/L (blood) or small (urine)
- If you are experiencing vomiting or diarrhoea

#### MANAGE MEDICATIONS

**If you take insulin:**
- Continue taking your insulin per your doctor's instructions for when you are sick
- Contact your doctor or diabetes care team for specific directions on adjusting your insulin dose when you are unwell

**If you take other diabetes medications or medications for other conditions:**
- You may need to stop taking them or reduce the dose when you are unwell
- **See the checklist on page 2 for more information and instructions**

#### STAY HYDRATED

**Aim to drink 125 mL to 250 mL fluid every hour**
- Choose fluids with or without carbohydrates (sugar) based on your blood glucose level
- **See the fluids guide on page 2 for more information**

### SEEK URGENT MEDICAL ATTENTION IF YOU HAVE:

- Persistent hypoglycaemia (blood glucose level below 4 mmol/L) and cannot eat or drink
- Blood glucose level above 15 mmol/L for 24 hours or continuing to rise despite appropriate actions
- Ketones (if applicable) above 1.5 mmol/L (blood) or moderate/large (urine)
- Persistent vomiting and cannot keep fluids down
- Symptoms of severe dehydration
- Abdominal pain
- Difficulty breathing
- Drowsiness or confusion
- Continued or worsening illness or are unable to manage your diabetes

## Guide for sick day medication management

**If you are taking insulin, see page 1 under 'Manage Medications' for instructions.** If you have vomiting or diarrhoea and cannot keep fluids down, stop taking the following medications or reduce the dose as instructed:

| MEDICATION CLASS | MEDICATION NAME AND INSTRUCTIONS |
|---|---|
| ◯ SGLT-2 inhibitors | |
| ◯ ACE inhibitors | |
| ◯ Diuretics | |
| ◯ Metformin | |
| ◯ Angiotensin receptor blockers (ARBs) | |
| ◯ Nonsteroidal anti-inflammatory drugs (NSAIDs) | |
| ◯ Sulfonylureas | |
| ◯ GLP-1 receptor agonists | |

⚠ **You can resume your normal medications when you feel well again and have been eating and drinking normally for over 24 hours. Contact your doctor or diabetes care team if you need any advice.**

## Guide for sick day hydration

Use your current blood glucose level to guide your fluid choice:

**Above 15 mmol/L – Carbohydrate (sugar)-free fluids** (125–250 mL per hour)


Water

Oral rehydration solution*


Black tea (no sugar)


Broth

Sugar-free/diet soft drink or cordial

**Below 15 mmol/L – Carbohydrate (sugar)-containing fluids** (aim for 15 g of carbohydrate per hour)

Fruit juice

Oral rehydration solution*


Soft drink or cordial

Milk


Sports drink

***Oral rehydration solutions (ORS)** are specially formulated to contain salt (sodium) and sugar (glucose) to help rehydrate faster than water alone. Some ORS contain very little glucose and are considered carbohydrate free.

**Scan to learn more about how ORS work to rehydrate your body**

**For more information about personalised sick day management, talk to your doctor or diabetes care team and scan to visit the National Diabetes Services Scheme**

**Always read the label and follow directions for use.**



Care Pharmaceuticals