

# Hyperglycaemia and sick day management for adults with type 2 diabetes on diabetes medication / insulin

Having a sick day management plan to manage blood glucose levels (BGLs) is important to help prevent hyperglycaemia (high BGLs) and hypoglycaemia (low BGLs).

This guide should be used in consultation with your health care team.

## Factors that can affect BGLs

- Common illnesses such as tonsillitis, chest, ear and urinary tract infections may cause a stress response increasing BGLs
- Medications such as steroids may raise BGLs
- Events such as emotional stress and surgery may raise BGLs
- Gastric illnesses such as gastro, gut upset, vomiting, diarrhoea, food poisoning, poor appetite may raise BGLs or cause a drop in BGLs

## When to action your sick day management plan

- If you are unwell or have an infection, even if your BGL is in target
- When BGLs are greater than 15mmol/L for 8-12 hours or more, even if you feel OK
- Based on previous experiences (e.g. infection, steroid medication)

## Key steps in a sick day management plan

The following steps should be followed:

### 1. Continue to take your medication / insulin unless advised by your doctor

See sick day and insulin adjustment plan (page 2) for further advice on your insulin doses.



### 2. Review your diabetes medications

Certain diabetes medications may need to be stopped by your doctor if you are fasting, have the flu, gastro illness or prior to surgery. Check with your doctor



### 3. Continue to eat and drink if possible.

See nutrition tips on page 2.



### 4. Seek urgent medical attention if you remain unwell or are unable to manage your diabetes.



## Nutrition tips

- To avoid dehydration, keep drinking and eating if possible.
- Aim for 125mls - 250mls of fluid per hour.

### BGLs less than 15mmol/L

**Include carbohydrate containing fluids (15 – 20 grams of carbohydrate per hour) especially if you are unable to eat solid food**

e.g. Lucozade, fruit juice, soft drink, milk, sports drinks



100mls



100mls



150mls



300mls



250mls

### BGLs more than 15mmol/L

**Include carbohydrate free fluids (125 – 250 mls per hour)**

e.g. water, diet soft drink, Powerade Zero, diet cordial, diet jelly, broth



## When to seek help from your medical team

- Persistent hypoglycaemia
- Vomiting that persists for greater than 4 hours
- Blood or bile stained vomit
- Severe dehydration marked by increased thirst, dry mouth, dizziness/fainting, headache, decreased urination or sweating
- You or your support person feels unable to manage the situation
- Call from an ambulance 000 if you are unwell and cannot manage your diabetes

## Tips to remember

- Identify someone to stay with you
- Have phone numbers of your diabetes specialist, diabetes educator and local GP at hand
- Know the location of your nearest Emergency Department

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Diabetes Specialist:

Phone:

Diabetes Educator:

Phone:

GP:

Phone:

Based on **ADEA Consumer Resource, 2014.**

<http://www.adea.com.au/resources/living-with-diabetes/consumer-resources/>



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