

GUIDANCE FOR 'SICK DAY' MANAGEMENT IN TYPE 2 DIABETES MELLITUS



Humber Area Prescribing Committee

Guidance for 'sick day' management in Type 2 Diabetes mellitus

Introduction

We all get sick sometimes. For people living with diabetes mellitus, this can have an impact on blood sugars also called blood glucose. Illness makes your body less responsive to insulin; the hormone you produce naturally or inject to help control your blood glucose. To manage this illness and help you recover safely, you might need to make some short-term changes to your medicines and diet.

When you're unwell you should try to **rest** and avoid strenuous exercise or exercise that makes you breathless. It's important you **stay hydrated** by drinking **SUGAR-FREE** drinks such as water, sipping gently throughout the day; aim for half a cup (100ml) per hour or around 4 pints in 24 hours. Drinking too many sugary drinks might raise your blood glucose too high and make you more unwell.

Glucose monitoring

If you usually monitor your blood glucose you should do so more often – at least 4 times a day. However, if you don't regularly monitor your glucose just be aware of the signs of high glucose; excessive thirst, urination and fatigue. Sometimes these can be treated just by drinking enough water, but if they get worse and more frequent or you become more unwell you should seek advice from a healthcare professional.

Diet

When you're unwell your body will need glucose as energy to help you get better. Hopefully you can continue to eat as usual for you, but your appetite maybe affected while you're unwell. If you cannot tolerate usual meals, aim to eat little and often choosing foods that are readily absorbed, e.g., soups, yoghurt or toast. Below are some recommended choices and suggested quantities.

Some recommended foods to replace a meal are: 200ml of milk, 200g of soup (half a tin), 1 pot of low-fat yoghurt, 2 digestive biscuits, 1-2 scoops of ice-cream

Managing medications

Medication	Advice
Metformin	Stop taking when unwell. Restart once acute illness has passed and eating and drinking normally for 24 - 48 hours.
SGLT2 inhibitors (e.g., Canagliflozin, Dapagliflozin, Empagliflozin)	
Sulphonylureas (e.g., gliclazide, glimepiride)	Stop if not eating or able to keep food down. Ensure increased monitoring of glucose as above. Restart once eating normally. If you are eating and drinking normally continue to take these.

Other medicines regularly used in management of diabetes:

ACE inhibitors (medication ending in PRIL e.g, ramiPRIL) / ARBs (medication ending in SARTAN e.g, loSARTAN) and Diuretics (sometimes referred to as 'water tablets')	<p>If diabetes care or hypertension care Stop taking when unwell due to risk of harm if dehydrated.</p> <p>If taking these for treatment of heart failure: continue as advised as part of heart failure management plan.</p>
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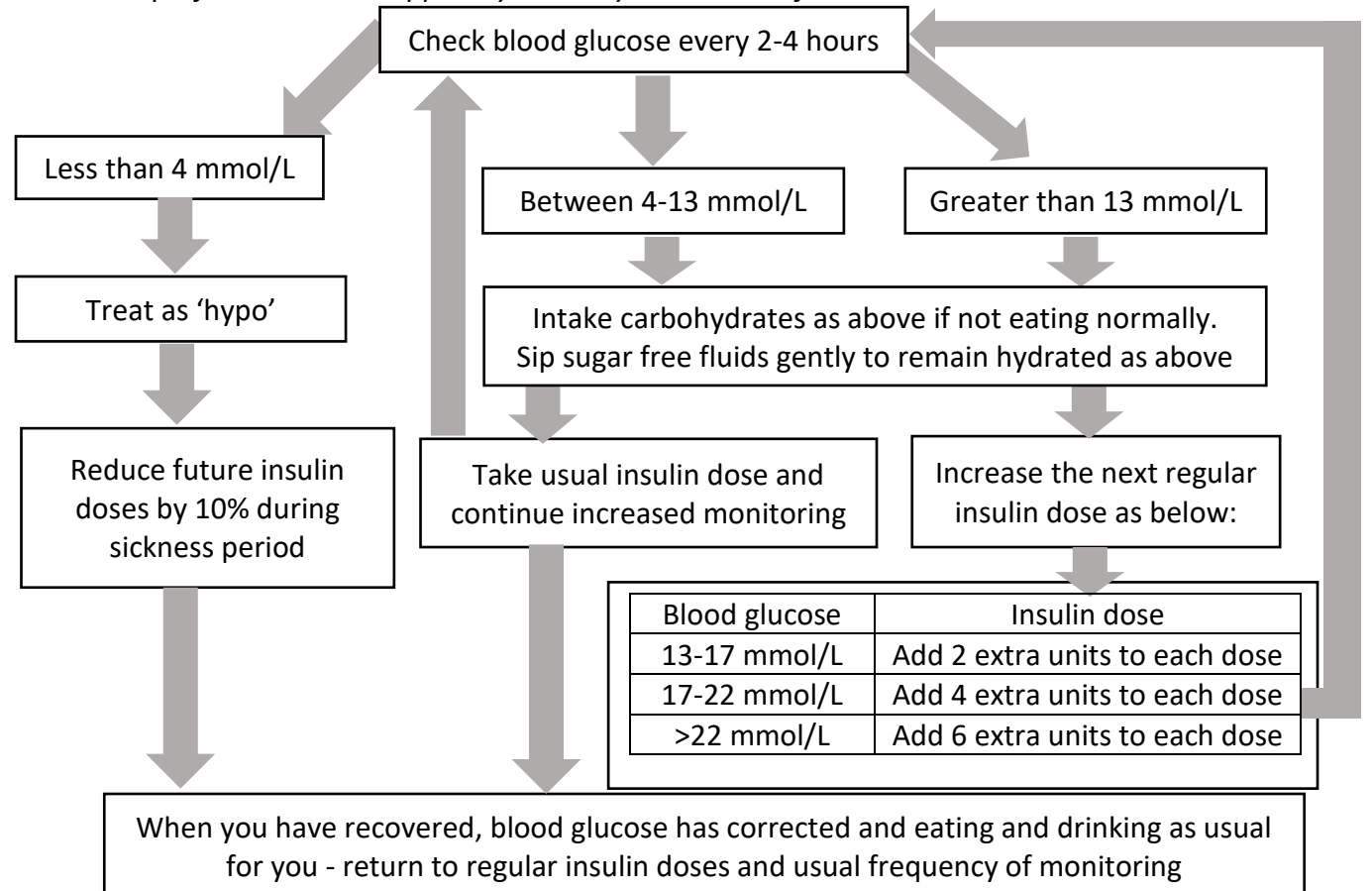
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Managing Insulin

Follow this process for advice on managing your insulin while unwell. Repeat process until illness resolves or if becoming more unwell see advice below on when to seek help. *If unsure please contact the healthcare professional who supports you with your diabetes for advice*



When to seek help

You should contact the healthcare professional who supports you with your diabetes for a review as soon as possible if any of the following apply:

- You are pregnant
- You are drowsy or breathless
- You have acute abdominal pain
- You have profound diarrhoea
- You have not passed urine in 24 hours
- You are vomiting persistently and unable to keep fluids down
- If you continue to feel unwell or get progressively worse despite following this advice

Document and version control	This information is not inclusive of all prescribing information and potential adverse effects. Please refer to the SPC (data sheet) or BNF for further prescribing information.		
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1	Matthew Heppel-Holden	Advanced Diabetes and Endocrine Pharmacist	New document