

Sick Day Action Plan

Use with Sick Day Management Kit and Quick Guides

Date of Plan: _____ **Date for routine review*** _____

**This plan should be reviewed at least every 1-2 years and after any:*

- Episode of sickness
- Change in your diabetes and your routine care plan
- Other health changes including pregnancy
- Changes in employment, where you live, or travel plans.

Keep a copy of this Plan in your Sick Day Management Kit and make a copy for your medical record.

Diabetes Educator (CDE):

Name: _____ Contact Details: _____

Support persons who have agreed to help me when I am sick

Name: _____ Contact Details: _____

Name: _____ Contact Details: _____

Sick Day Action Plan

NAME:		
To Consider	What to do	Agreed special actions
1. When to use the plan		
2. What to do if support person(s) cannot be contacted	If no one available, seek medical assistance	
3. Food	How much How often What type	
4. Fluid	How much How Often What type	
5. Medications	What to increase or decrease What to start or stop	
6. Blood glucose and ketone levels at which to start giving extra short/rapid acting insulin		
7. Insulin		
- Amount for 5% of daily dose		
- Amount for 10% of daily dose		
- Amount for 15-20% of daily dose		
8. Glucagon		
9. Other medical conditions/emergency plans		
10. Seeking supervised medical care		24 hour medical team contact details, including out of office hours/ weekend/ public holidays
11. Where to go in an emergency		If the plan is not effective or you can't contact medical team and you are concerned
12. Other, including education programs available for you and your support person(s)		

Quick Guide

Drinks, carbohydrate and maintaining fluid levels

Fluids that contain carbohydrate

When you are sick, drinks with carbohydrate can reduce the risk of hypoglycaemia (a hypo) and help keep up your energy levels (if needed, the doctor can also prescribe you medicine to stop vomiting).

Type of fluid	Carbohydrate load per 100 mls
Fruit juice	10g
Cordial (1 teaspoon of concentrate)	10g/20ml
Soft drink	10g
Jelly	13g or 16g per half cup
Milk	5g
Oral rehydration solution	1.5g
Sports drink	6g
Icy pole	12g per stick
Calipo®	21g per tube
Frosty fruit®	21g per stick

Carbohydrate free drinks

- Sugar free/diet jelly
- Sugar free/diet/zero soft drink
- Sugar free/low joule cordial
- Water
- Broth

Maintaining fluid levels when you are vomiting or have diarrhoea

- Limit or avoid caffeine – it can irritate your stomach and make nausea and vomiting worse.
- Consider oral rehydration solutions (ORS) such as Gastrolyte® to help replace fluid and electrolytes.
- Some ORS contain artificial sweeteners (Gastrolyte®, Hydralyte®, Repalyte®).
- ORS have relatively low carbohydrate (1.6g/100ml made up solution) so extra carbohydrate might be needed to avoid a hypo.
- Precooked rice sachets and ice blocks are available and contain enough glucose and salts to improve fluid levels. The rice sachets also contain starch which can help people with diarrhoea.
- Sweetened fluids should be limited if you have diarrhoea - they can make it worse. They might need to be 1-5 times weaker so you can keep them down and absorb what you need. Sip slowly.
- Fizzy drinks can add to nausea and vomiting – let them go flat before you drink them.
- Sports drinks (eg Gatorade® or Powerade®) can be a good alternative to ORS; they are slightly higher in carbohydrate.

Quick guide

Supplemental (extra) insulin on sick days

Supplemental doses of insulin are:

- Short acting or rapid acting
- Taken in addition to the usual insulin dose
- Taken straight away
 - Don't wait until the next regular insulin dose is due
 - Do wait at least 2 hours between each dose of fast acting supplemental insulin
- Worked out as a percentage of the total of short and long acting insulin for the day.

Example:

USUAL DAILY DOSE	Morning	Lunch	Dinner	Bed
Short/Rapid acting	4 units	6 units	10 units	
Intermediate/Long acting				20 units
TOTAL DAILY DOSE	=40 UNITS			
5% DAILY DOSE	=2UNITS			
10% DAILY DOSE	=4UNITS			

Research shows that people feel better and stay healthier if they take supplemental insulin according to their plan – and don't wait until they get really sick.

Being proactive is better than being reactive; it's better for you to give supplemental insulin doses and preventing a rise in BGLs rather than give extra insulin once BGLs are already high.