

Diabetes quick guides

SICK DAYS

Hyperglycaemia & sick day management

What is hyperglycaemia?

Hyperglycaemia (high blood glucose) is a blood glucose level (BGL) above 15.0mmol/L. Hyperglycaemia for longer than 6 hours puts you at risk of serious complications.

There are things you can do to reduce this risk when your BGLs are high, *even if you feel okay*. Ask your GP, NP or diabetes educator for a **sick day plan**.

A one-off BGL above your target range is no reason to be worried. Try to work out what caused the result (food/drink with extra carbohydrate, stress). Check it again in a few hours. If it has not come down to your target range, follow the steps below.

If your BGL is above target regularly, it may be time to review your diabetes care plan and treatment with your GP, NP or diabetes educator.

What causes hyperglycaemia?

- Progression of type 2 diabetes
- Not enough insulin or diabetes medication
- Missed insulin or medication dose
- Other medications (steroids like prednisolone or dexamethasone)
- Being sick – an infection such as a cold, influenza, chest or skin infection or gastro.
- Being unusually stressed

How will I know if my BGLs are high (hyperglycaemic)?

You may not notice or feel hyperglycaemia.

But, if your BGLs remain high, you will notice:



Being more thirsty



Needing to urinate more



Being more tired or irritable



Having poor concentration



Blurred vision





Cuts and other wounds not healing as quickly

Start your sick day plan:






IF  is over **15.0 mmol/L** for **6*** hours or more

OR  is over **20.0 mmol/L**

OR  is in target but you feel unwell 

***2-4 hours if you are using an insulin pump; you may need to change pump site, including cannula, tubing and reservoir**

































Your sick day plan

	Action	Timing and other notes
	<input type="checkbox"/> Check your BGLs	Every 2 hours <i>(Note, if you are using continuous or flash glucose monitoring, confirm readings with blood glucose checks)</i>
	<input type="checkbox"/> Check your ketones (blood or urine)	Every 4 hours (more often if positive >0.6 mmol/L) <i>(Type 1 diabetes. Type 2 diabetes taking SGLT2 inhibitor (see Medications) or previous episode of diabetic ketoacidosis (DKA))</i>
	<input type="checkbox"/> Continue to drink fluids <input type="checkbox"/> Continue to eat regularly	125-250mL/hour (a cup) <i>(See 'Guide to fluids' on the next page)</i>
	<input type="checkbox"/> Do not stop all insulin	You may need to increase your insulin dose
	Medications: <i>(see ■ Medications)</i>	<input type="checkbox"/> Do not stop your medications without advice from your GP or NP <i>(ask to fill in the below instructions)</i>
	Metformin <i>Diabex, Diaformin, Formet</i>	<input type="checkbox"/> Stop if you vomit more than twice <input type="checkbox"/> Stop if you have diarrhoea <input type="checkbox"/> Call your GP or NP for advice (or after hours service)
	SGLT2 inhibitors <i>Dapagliflozin (Forxiga, Xigduo, Qtern)</i> <i>Empagliflozin (Jardiance, Jardiamet, Glyxambi)</i> <i>Ertugliflozin (Steglatro, Stegluromet, Steglujan)</i>	<input type="checkbox"/> Stop if you vomit more than twice <input type="checkbox"/> Stop if you have diarrhoea <input type="checkbox"/> Call your GP or NP for advice (or after hours service) <input type="checkbox"/> Check for ketones (even if BGL is in target)
	Name of medication: _____ _____ _____	Specific instructions <i>(GP/NP to complete)</i> _____ _____ _____

When to seek medical help?

- If you remain unwell, or feel worse
- If you notice changes in your breathing (deep breathing)
- If you experience new pain in your abdomen
- If you experience drowsiness or confusion
- If you cannot manage your diabetes (your BGL is >15.0mmol/L for 24 hours)
- If you have ketones >1.5mmol/L or urinary ketones moderate/large
- If you are vomiting and cannot eat or drink
- If you have a hypo (**see ■ Hypos**)

Guide to fluids

BGL	Type of fluids					
 <p>Higher than 15.0mmol/L</p>	<p>Carbohydrate (sugar)-free: 125mL-250mL per hour</p> <p>Example:</p> <table border="1"> <tr> <td style="text-align: center;">  Water </td> <td style="text-align: center;">  Diet jelly </td> <td style="text-align: center;">  Broth </td> <td style="text-align: center;">  Tea (no milk or sugar) </td> <td style="text-align: center;">  Diet/zero soft drink </td> </tr> </table>	 Water	 Diet jelly	 Broth	 Tea (no milk or sugar)	 Diet/zero soft drink
 Water	 Diet jelly	 Broth	 Tea (no milk or sugar)	 Diet/zero soft drink		
 <p>Lower than 15.0mmol/L</p>	<p>Carbohydrate (sugar): Aim for 15g carbohydrate per hour (read the label as different products will contain different amounts of carbohydrate/sugar)</p> <p>Example:</p> <table border="1"> <tr> <td style="text-align: center;">  Juice = 100mLs </td> <td style="text-align: center;">  Soft drink = 150mLs </td> <td style="text-align: center;">  Sports drink = 250mLs </td> <td style="text-align: center;">  Icy pole = 1 stick </td> <td style="text-align: center;">  Tea = 1 cup (with milk and sugar) </td> </tr> </table>	 Juice = 100mLs	 Soft drink = 150mLs	 Sports drink = 250mLs	 Icy pole = 1 stick	 Tea = 1 cup (with milk and sugar)
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Further resources

NDSS (National Diabetes Services Scheme)

Contact the NDSS on **1800 637 700** to order printed copies, or visit ndss.com.au/about-diabetes/resources




- [Living with type 2 diabetes – what to do when you are sick](#)
- [Managing sick days for type 1 diabetes](#)

Australian Diabetes Educators Association

Visit adea.com.au/resources and follow link to Standards, Position Statements and other resources, then Clinical Guidelines

- [Managing sick days for adults with type 1 or type 2 diabetes](#)

Next steps

-  Hypoglycaemia management
-  Monitoring blood glucose
-  Insulin – Parts 1 & 2

Need help?

Phone 6215 9000
or visit diabetestas.org.au