

Sick Day Action Plan Type 2

NAME:		
To consider	What to do	Agreed special actions
1. When to use the Plan		
2. What to do if my support person(s) cannot be contacted	<i>If no one available, seek medical assistance</i>	
3. Glucose lowering medications	<i>What to continue</i> <i>What to start</i> <i>What to stop</i>	
4. Food & Fluids	<i>How much</i> <i>How often</i> <i>What type</i>	
5. Insulin	<i>What to increase or decrease</i> <i>What to start or stop</i>	
6. Low glucose levels		
7. Other medical conditions/emergency plans		
8. Seeking supervised medical care		<i>24 hour medical team contact details, including out of office hours/ weekend/public holidays</i>
9. Where to go in an emergency		<i>If the plan is not effective or you can't contact your medical team and you are concerned</i>
10. Other, including education programs available for you and your support person(s)		