

## Sick Day Action Plan Type 1

<b>NAME:</b>		
<b>To consider</b>	<b>What to do</b>	<b>Agreed special actions</b>
1. When to use the Plan		
2. What to do if support person cannot be contacted	<i>If no one available, seek medical assistance</i>	
3. Food	<i>How much</i> <i>How often</i> <i>What type</i>	
4. Fluid	<i>How much</i> <i>How often</i> <i>What type</i>	
5. Medications	<i>What to increase or decrease</i> <i>What to start or stop</i>	
6. Blood glucose and ketone levels at which to start giving extra short/rapid acting insulin		
<b>7. Insulin</b>		
• 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		<i>24 hour medical team contact details, including out of office hours/weekend/public holidays</i>
11. 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>
12. Other, including education programs available for you and your support person(s)		