



My Diabetes Sick Day Action Plan

Type 1 diabetes with insulin pump therapy

Acknowledgment

This Sick Day Action Plan for people with diabetes is intended to partner the *Clinical Guiding Principles for Sick Day Management of Adults with Type 1 Diabetes or Type 2 Diabetes: A Guide for Health Professionals*, which were first published by ADEA in 2006, revised in 2011 and further revised in 2016 and 2020 with NDSS funding. This revised Sick Day Action Plan, *Type 1 diabetes with insulin pump therapy*, was developed in consultation with an expert panel of health professionals and people living with diabetes.

Disclaimer

This information is intended as a guide only. It should not replace individual medical advice. If you have any concerns about your health, or further questions, you should contact your health professional.

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Follow your Sick Day Action Plan when:

- you feel unwell – even if your blood glucose is in your target range
- your blood glucose level is greater than 15.0 mmol/L for 2-4 hours or more, even if you feel well
- there are positive ketones in your urine or blood.

Seek urgent medical help if you:

- have glucose levels that continue to rise despite two supplemental (extra) doses of insulin
- have blood ketone levels that remain moderate/large (blood ketones >1.5mmol/L) and not decreasing despite two supplemental (extra) doses of insulin, with at least one given by injection using an insulin pen or syringe
- your blood glucose levels remain below 4.0 mmol/L despite two hypo treatments
- have persistent vomiting, especially if greater than 4 hours, or if it becomes stained with red or yellow/green
- become drowsy or confused
- develop deep or unusual breathing
- have stomach pain
- have symptoms of significant dehydration (including increased thirst, dry mouth, weakness, feeling faint or dizzy, rapid heartbeat, headache, confusion, blurred vision, dry skin and lack of sweating and reduced urination or dark urine)
- you or your support person(s) are unable to carry out or follow your Sick Day Action Plan.

Key steps for diabetes sick day management:

1. Check blood glucose levels more regularly.
2. Check blood or urine ketones according to your Sick Day Action Plan.
3. Never stop taking your insulin but adjust your doses according to blood glucose and ketone levels. You will often need more insulin when unwell but in some cases (e.g. with persistent vomiting and/or diarrhoea) you may need to reduce your doses.
4. If your BGL is above 15.0 mmol/L and ketones are present, assume a problem with your pump. Change your pump site, including cannula, tubing and reservoir and give first correction dose by injection.
5. If using a pump with 'auto mode', you may need to switch to manual mode to allow the use of temporary increased basal rates if this is part of your Sick Day Action Plan.
6. Continue to eat and drink if possible.
7. If you take other diabetes medications, consider if any of these need to be stopped if you have vomiting, diarrhoea or poor food intake. Restart these medications when you are feeling well again (normally when you have been eating and drinking normally for 24-48 hours).
8. Seek urgent medical care (speak with your doctor or diabetes team, or go to your nearest hospital emergency department) if you remain unwell or are unable to manage your diabetes.



Name:

Date of Plan:

Action plan:

Blood glucose monitoring

When to check:

How often to check:

Your blood glucose target range:

Ketone monitoring

When to check:

How often to check:

Your blood/urine ketone levels should be below:

Insulin adjustment guidelines

Refer to insulin adjustment flowchart on page 4

Other diabetes medications

Medications you should stop taking when you have significant vomiting or diarrhoea:

Continuous glucose monitoring (if applicable)

Confirm high or low sensor readings with a fingerprick glucose check before taking action to correct them

Medications to avoid with my CGM:

Medications safe to use with my CGM:

Food and fluid intake

Try to have 125-250mls of fluid every hour to avoid dehydration

Continue to eat carbohydrate foods – if not eating usual meals aim for around 15g of carbohydrate per hour during the day

If you can't eat, choose carbohydrate-containing fluids if your glucose is less than 15.0 mmol/L and carbohydrate-free fluids if your blood glucose is more than 15.0 mmol/L

Emergency Contacts:

Credentialed Diabetes Educator:

Endocrinologist:

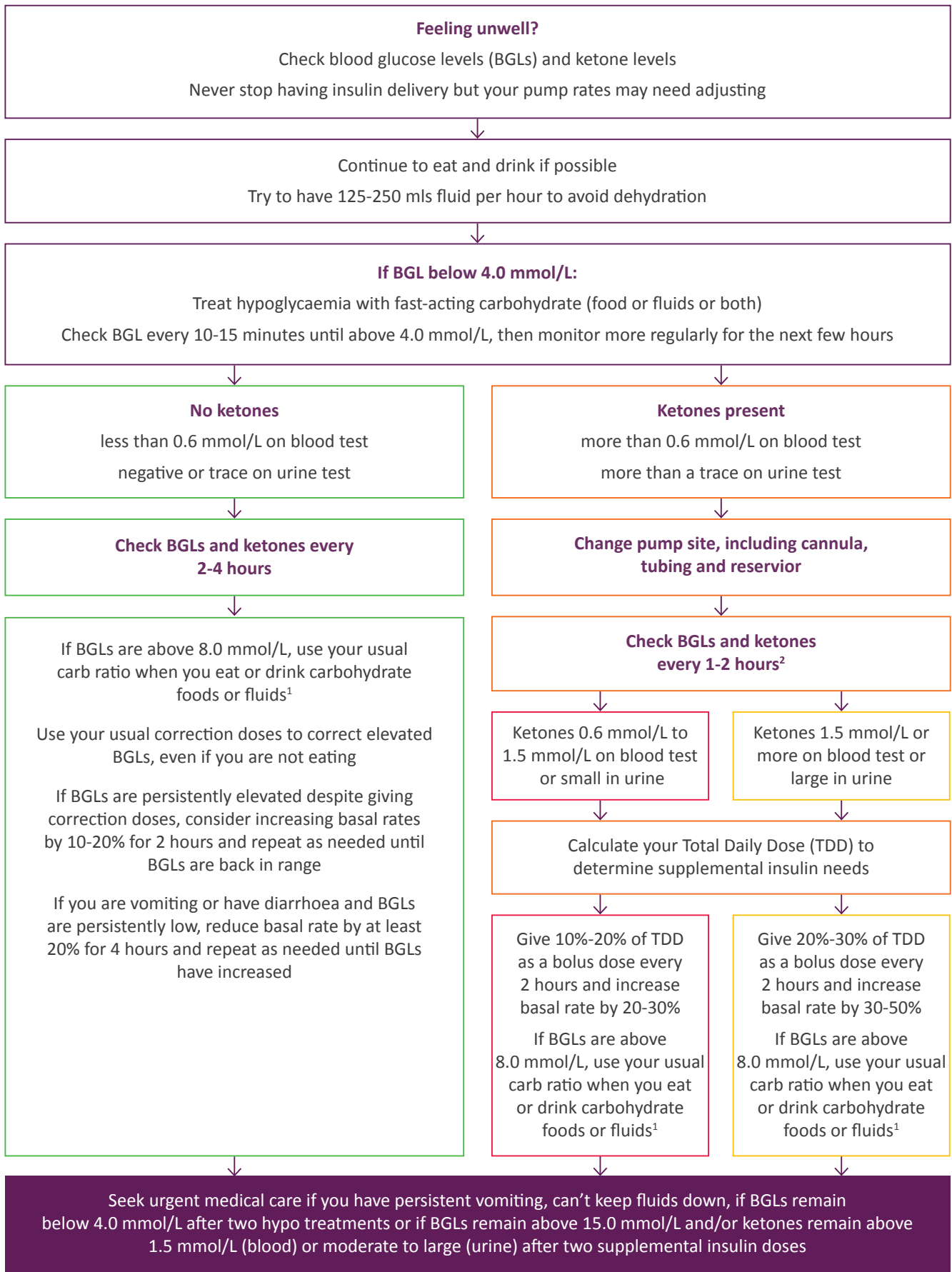
General practitioner:

Local hospital emergency:

Health direct (24-hour health advice helpline) 1800 022 222



Insulin adjustment flowchart



1. If vomiting, wait for 30 minutes after eating to bolus for carbohydrate (to make sure food is kept down)
2. Don't correct more often than every 2 hours