



# My Diabetes Sick Day Action Plan

## For type 2 diabetes without insulin

### 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, *For type 2 diabetes without insulin*, 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.

### Published by

Australian Diabetes Educators Association  
PO Box 163  
Woden ACT 2606  
☎ 02 6287 4822 ☎ 02 6287 4877  
[www.adea.com.au](http://www.adea.com.au)  
Published August 2020  
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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 8-12 hours or more, even if you feel well.

### Seek urgent medical help if you:

- have glucose levels that continue to rise despite following your Sick Day Action Plan
- experience persistent hypoglycaemia (low blood glucose levels)
- have persistent vomiting, especially if greater than 4 hours, or if it becomes stained with red or yellow/green
- 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)
- become drowsy or confused
- develop fast or unusual breathing
- have stomach pain
- 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, usually every 2-4 hours.
2. If you take diabetes medications, consider if any of these need to be stopped if you have vomiting, diarrhoea, or poor food intake. stop taking metformin (brand names include Diabex, Diaformin, Metex, Formet), SGLT-2 inhibitors (brand names include Forxiga, Qtern Xigduo, Jardiance, Jardiamet, Glyxambi) and GLP-1 agonists (brand names include Victoza, Byetta, Saxenda, Ozempic).
3. Continue to eat and drink if possible.
4. If you stop any diabetes medications, restart them when you are feeling well again (normally when you have been eating and drinking normally for 24-48 hours).
5. 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:

**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 waking hours

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

