

Let's Talk About...

Diabetes: Care on a sick day

What is a sick day and how does it affect my diabetes?

A “sick day” is when you are not feeling well for many different reasons. Illness, injury, and stress affect people in different ways at different times. It's generally true that on a sick day, your blood glucose is likely to be high. Some may notice their blood glucose is low when they are sick.

Regular blood glucose checks help you see how your body is responding to your illness. High blood glucose can lead to diabetic ketoacidosis (KEE-toh-as-ih-DOH-siss), or DKA — a life-threatening condition. For this reason, you'll need to balance eating and insulin to stay in your target range. This is the case even when you're not eating much or vomiting.

When should I call for advice?

For the first sick day after your diabetes diagnosis, call your doctor or diabetes educator for advice. When you call, have this information handy:

- Current blood glucose level
- Current ketones (urine or blood)
- Current illness, injury, or problem

Your providers can talk you through the basics of sick-day care.

Provider phone numbers

Daytime business hours: _____

Nights and weekends: _____




What should I do on a sick day?

To protect yourself on a sick day:

- **Check your glucose about every 3 to 4 hours when you're sick**, even during the night.
- **Check ketones with any illness.** If you're vomiting or not eating well, check your ketones every 3 to 4 hours. If you have a mild illness, like a cold or cough, with no ketones, you may need to only check once or twice a day. Do this even if your blood glucose has been low. Keep checking until your ketones are normal. See the table on [page 2](#) for specific instructions on what to do if you have ketones.
- **Keep giving insulin while you're sick.** Always give your long-acting (basal) insulin. See the table on [page 2](#) for specific instructions on how to adjust your rapid-acting insulin.
- **Drink plenty of fluids.** The type of fluid you drink will depend on your glucose levels. For example, if your glucose is too high, stick to low-carb or diet drinks. If it's too low, use drinks with carbohydrates. See the table on [page 3](#) for information on how much to drink.
- **Keep eating, even if you're not feeling well.**
- **If you take metformin, stop taking it if you're vomiting.**

Specific instructions for care on a sick day

Note: Fluids, carbohydrates, and insulin are ALL needed to treat ketones.

Checking for ketones (Use the test that works best for you)		Managing your blood glucose	
Urine	Blood	If you are vomiting:	If you are NOT vomiting:
No ketones to trace or small ketones	Less than 0.6 mmol/L	<ul style="list-style-type: none"> If blood glucose is below 80 mg/dL, have some hard candy, ice pops, or sips of a sports drink or other fluid with carbs. If blood glucose is 80 mg/dL or higher, continue to drink and eat your meals and snacks when you feel up to it. Follow your regular home insulin routine. 	<ul style="list-style-type: none"> If blood glucose is below 80 mg/dL, eat your snacks and meals, and follow your regular home insulin routine. If blood glucose is 80 mg/dL or higher, eat your meals and snacks and follow your regular home insulin routine.
Moderate ketones	0.6 to 1.5 mmol/L	<ul style="list-style-type: none"> Check blood glucose every 3 to 4 hours. Take rapid-acting insulin every 3 to 4 hours until urine ketones are normal or negative or blood ketones are below 0.6 mmol/L. If blood glucose is below 150 mg/dL, have some hard candy, ice pops, or sips of a sports drink or other fluid with carbs to increase your blood glucose to over 150 mg/dL. Do not give insulin for these carbs. The table on the next page shows how much you should drink. If you have continuous vomiting, consider giving mini-dose glucagon. This may help get your blood glucose above 150 mg/dL so you can give a correction dose of insulin for the ketones. 	<ul style="list-style-type: none"> Check blood glucose every 3 to 4 hours. Take rapid-acting insulin every 3 to 4 hours until urine ketones are normal or negative or blood ketones are below 0.6 mmol/L. If blood glucose is less than 80 mg/dL, eat or drink carbs to increase your blood glucose to more than 150 mg/dL. Do not give insulin for these carbs. If blood glucose is 80-150 mg/dL, eat or drink carbs until your blood glucose is above 150 mg/dL. Do not give insulin for these carbs. Once blood glucose is above 150 mg/dL follow instructions below.
		<ul style="list-style-type: none"> If blood glucose is higher than 150 mg/dL, eat meals and snacks using your regular carb dose. Give the normal rapid-acting correction dose PLUS another half of your correction dose. For example, if your correction is 4 units, have another half of this (4 + 2 = 6 units total). Remember: Blood glucose MUST be above 150 mg/dL before you take this extra insulin. 	
Large ketones	More than 1.5 mmol/L	 This is urgent. Follow the instructions above for managing moderate ketones. <ul style="list-style-type: none"> If ketones are still large after 3 to 4 hours, call your doctor or diabetes educator. If you can't keep fluids down, feel sleepy, don't have any energy (lethargic), or are breathing heavily, go to the nearest emergency room (see instructions on page 3). 	

How much to drink?

If you are sick and vomiting, you need to drink this much fluid during the day (and night) to prevent dehydration:

Child's weight	How much?	How often?
Less than 20 pounds	4 to 6 ounces	Every 4 hours
20 to 45 pounds	6 to 8 ounces	Every 4 hours
Over 45 pounds	8 ounces or more	Every 4 hours



If using an insulin pump:

- 1 If your blood glucose levels are at 300 or above and at least 2 hours apart, do the following:**
 - Check for ketones.
 - If you have moderate or large ketones, **give SHOTS (syringe or pen) for all boluses until the ketones are trace or negative.**
 - Change the pump site regardless of when it was last changed.
- 2 If you have moderate or large ketones and your blood glucose is less than 300, keep your pump on for basal insulin, give SHOTS (syringe or pen) for all boluses until the ketones are trace or negative.**
- 3 Contact your diabetes provider if your child is not getting better after 4 to 6 hours.**



Go to the emergency room (ER) if:

- **You cannot keep blood glucose above 80 mg / dL, even after using the strategies in the instructions on the previous page**
- **Vomiting has continued for more than:**
 - **4 hours** (for a child younger than 2 years)
 - **6 hours** (for a child 2 to 7 years old)
 - **8 hours** (for a child 8 years or older)
- **You have large ketones and vomiting**
- **You notice signs of dehydration, including little or no urination, no tears, a dry mouth, or dry skin**
- **You feel sleepy, you don't have any energy (lethargic), or you are breathing heavily**

Notes

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