

MY SICK DAY ACTION PLAN: high blood glucose (hyperglycaemia) in type 1 diabetes on insulin pump

Commence immediately if you feel unwell OR your blood glucose (BG) or sensor glucose (SG) is greater than 15.0mmol/L for more than 2-4 hours OR your blood ketones are positive.		Medical Record No: _____ Name: _____ Date of Birth: ___/___/_____
Doctor: _____ CDE: _____	Ph: _____ Ph: _____	Health Direct (24hr health advice line) Ph: 1800 022 222
My glucose target range is:	Fasting: _____ mmol/L Pre meal: _____ mmol/L	Before bed: _____ mmol/L Overnight: _____ mmol/L
Glucose monitoring instructions*	Monitor BG/SG at least 4-6 times a day (e.g. before meals, 2 hours after meals and at bedtime). Confirm high or low SG results with a BG check before taking action to correct them. Check BG 1-2 hours after correction insulin dose/s.	
Continuous glucose monitoring (CGM) <i>Consider risk of inaccurate results.</i>	Medications to avoid _____	
Blood ketone monitoring instructions*	If blood ketones greater than 0.6mmol/L, suspect insulin delivery problem until proven otherwise. Check blood ketones every 1-2 hours.	
Usual insulin pump rate instructions* <i>Insulin:Carbohydrate Ratio/s:</i> <i>Breakfast: 1 unit per _____ grams.</i> <i>Lunch: 1 unit per _____ grams.</i> <i>Dinner: 1 unit per _____ grams.</i>	Basal insulin setting should never be stopped. Bolus meal related insulin may need to be reduced if your food and fluid intake is reduced.	
Correction insulin instruction* <i>Insulin Sensitivity:</i> <i>_____ unit lowers BG/SG by _____ mmol/L.</i> <i>Active Insulin Time: _____ hours.</i>	Administer immediately but at least 2 hours since the last main meal dose. Limit to 2 consecutive correction doses. Use insulin pump to administer correction dose if blood ketones are negative but use insulin injection if blood ketone is positive. Change insulin pump consumables and site.	
Temporary basal rate instructions*	If using 'auto mode', you may need to switch to manual mode to allow temporary increased basal rates. If unwell (no nausea and vomiting) and BG is greater than target, consider increase in basal rate by 10-20% for 2 hours. If unwell (with vomiting or diarrhoea) and BG is less than target, consider decrease in basal rate by 10-20% for 4 hours.	

<p>Usual diabetes medications instructions*</p> <p><i>Consider risk of renal failure, cardiac failure, pancreatitis and diabetic ketoacidosis.</i></p>	<p>Continue _____</p> <p>Hold _____</p>
<p>Foods and fluid instruction</p>	<p>Have either your usual meals or approximately 15g of an alternative carbohydrate per hour during the day.</p> <p>Have ½ to 1 cup of fluid (125-250ml) every hour to avoid dehydration.</p> <p>If BG less than 15.0mmol/L, have carbohydrate containing fluids If BG greater than 15.0mmol/L, have carbohydrate-free fluids.</p>
<p>When to visit your nearest hospital</p>	<p>BG greater than 15.0mmol/L despite 2 correction insulin doses.</p> <p>BG remains less than 4.0mmol/L despite 2 hypo treatments.</p> <p>Blood ketones greater than 1.5mmol/L.</p> <p>Symptoms of drowsiness, confusion, breathing difficulties or severe abdominal pain. Vomiting persists for more than 4 hours.</p> <p>Unable to self-care and support person unable to assist.</p>
<p>Dated:</p>	<p>CDE Name: _____</p> <p>Sign: _____</p>

*Based on ADEA 2020 Clinical guiding principles for sick day management of adults with type 1 and type 2 diabetes.

Rural Support Service - Diabetes Service

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www.sahealth.sa.gov.au/regionalhealth

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