

# MY SICK DAY ACTION PLAN: high blood glucose (hyperglycaemia) in type 2 diabetes

Commence immediately if you feel unwell OR your blood glucose (BG) or sensor glucose (SG) is greater than 15.0mmol/L for more than 6-12 hours (3-4 hours if you are pregnant).		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
<b>Glucose monitoring instructions*</b>	Monitor BG/SG at least 4 times a day (e.g. before meals and at bedtime). Confirm high or low SG results with BG before taking action to correct them. Check BG/SG 1-2 hours after correction insulin dose/s.	
<b>Continuous glucose monitoring (CGM)</b> <i>Consider risk of inaccurate results.</i>	Medications to avoid _____	
<b>Blood ketone monitoring instructions*<sup>^</sup></b> <i>Risk of diabetic ketoacidosis or taking SGLT2i medication</i>	Monitor blood ketones daily. Check blood ketones 1-2 hours if nausea and vomiting persist.	
<b>Usual diabetes medications instructions*</b> <i>Consider risk of renal failure, cardiac failure, pancreatitis and diabetic ketoacidosis.</i>	Continue _____ Hold _____	
<b>Usual insulin instructions*</b> <i>'Set' dose OR Insulin:Carbohydrate Ratio/s:</i> <i>B/fast: ___ units OR 1 unit per ___ grams</i> <i>Lunch: ___ units OR 1 unit per ___ grams</i> <i>Dinner: ___ units OR 1 unit per ___ grams</i>	Basal insulin (long acting) should never be stopped. Bolus (rapid acting) insulin at main meals may need to be reduced if your food and fluid intake is reduced.	
<b>Correction rapid acting insulin instruction*</b> <i>Calculated on Total Daily Dose</i> <i>TDD: _____ units.</i> <i>5% of TDD: _____ units.</i> <i>10% of TDD: _____ units.</i>	Administer immediately but at least 2 hours since last main meal dose. Limit to 2 consecutive correction doses.	
<b>Foods and fluid instruction</b>	Continue to eat carbohydrate foods. If not eating usual meals, have approximately 15g of carbohydrate per hour during waking hours. Have ½ to 1 cup of fluid (125-250ml) every hour to avoid dehydration. If BG less than 15.0mmol/L, have carbohydrate containing fluids. If BG greater than 15.0mmol/L, have carbohydrate-free fluids.	
<b>When to visit your nearest hospital</b>	BG greater than 15.0mmol/L for more than 24 hours despite oral medications or 2 correction insulin doses. BG less than 4.0mmol/L despite 2 hypo treatments. Blood ketones present. Symptoms of drowsiness, confusion, breathing difficulties or severe abdominal pain. Vomiting persists for more than 4 hours. Unable to self-care and support person unable to assist.	
<b>Dated:</b>	<b>CDE Name:</b>	<b>Sign:</b>

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