

# MY SICK DAY ACTION PLAN: high blood glucose (hyperglycaemia) in gestational diabetes mellitus

Commence immediately if you feel unwell OR your blood glucose (BG) or sensor glucose (SG) is greater than 11.0mmol/L for more than 3-12 hours.		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	2 hours post meal: _____ mmol/L
<b>Glucose monitoring instructions*</b>	Monitor BG/SG as recommended (e.g. before breakfast and/or 2 hours after meal/s). 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>Usual diabetes medications instructions*</b> <i>(e.g. Metformin)</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 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>	Have either your usual meals or approximately 15g of an alternative carbohydrate per hour during the day. Have ½ to 1 cup of fluid (125-250ml) every hour to avoid dehydration. If BG less than 11.0mmol/L, have carbohydrate containing fluids. If BG greater than 11.0mmol/L, have carbohydrate-free fluids.	
<b>When to visit your nearest hospital</b>	BG greater than 11.0mmol/L for more than 24 hours despite oral medications or 2 correction insulin doses. BG less than 4.0mmol/L despite 2 hypo treatments. 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 and SA Diabetes Mellitus and Gestational Diabetes 2019 Perinatal