

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
Glucose monitoring instructions*	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.	
Continuous glucose monitoring (CGM) <i>Consider risk of inaccurate results.</i>	Medications to avoid _____	
Blood ketone monitoring instructions*[^] <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.	
Usual diabetes medications instructions* <i>Consider risk of renal failure, cardiac failure, pancreatitis and diabetic ketoacidosis.</i>	Continue _____ Hold _____	
Usual insulin instructions* <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.	
Correction rapid acting insulin instruction* <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.	
Foods and fluid instruction	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.	
When to visit your nearest hospital	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.	
Dated:	CDE Name:	Sign:

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