

SIX-MINUTE INTENSIVE TRAINING

Sick day management

Being sick can make diabetes management difficult. It might cause very high or very low blood glucose levels. A delay in care can be life-threatening.

How might a resident look and feel?

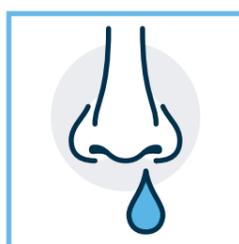
A resident might show signs of a low or high blood glucose level (BGL), or show signs of infection or illness such as:



Fever



Sore throat



Runny or stuffy nose



Muscle or body aches



Headache



Tiredness



Cough



Increased urination



Vomiting or diarrhoea

! If you think a resident is sick, tell your supervisor.

Managing diabetes when a resident is sick

The resident with diabetes should have a sick day management plan. If they do not, contact the resident's GP to have a plan prepared. How diabetes is managed during illness depends on whether the person has type 1 or type 2 diabetes.

Assess	<ul style="list-style-type: none"> » Signs and symptoms of underlying cause (including checking BGLs). » Notify the resident's GP of commencement of sick day management plan and reason.
Monitor	<ul style="list-style-type: none"> » Check BGLs every 2 to 4 hours. » Check ketones every 4 hours for residents with type 1 diabetes or type 2 diabetes at risk of diabetic ketoacidosis (DKA).* » Check vital signs every 4 hours. » Commence an hourly fluid balance chart. <p><small>*Residents with type 2 diabetes are at risk of DKA if taking SGLT2 inhibitors, and those with a history of DKA.</small></p>
Treat fluid, food, medications	<ul style="list-style-type: none"> » Fluid intake (1/4 to 1/2 cup non-sugary drink every hour). » Provide meals as usual. » If the resident cannot eat as usual and their BGL drops below 15 mmol/L, offer and encourage them to drink fluids that contain sugar (glucose) such as fruit juice, milk or icy poles. » Continue diabetes medications unless GP or sick day management plan suggest change. » Never stop all insulin (doses may need adjusting, discuss this with GP).
Document	<ul style="list-style-type: none"> » All treatment and care.
Report	<p>Contact the GP again if the resident:</p> <ul style="list-style-type: none"> » is unable to tolerate fluid or food » continues to feel unwell or becomes drowsy » has BGLs remaining above 15 mmol/L after treatment » begins to vomit and/or has diarrhoea » has ketones present (more than 0.6 mmol/L).

Next steps

- » Talk to the resident's doctor about updating their diabetes management plan (including the sick day management plan) if required.
- » **Read: Diabetes management in aged care: a practical handbook** – chapter 9: Sick day management