



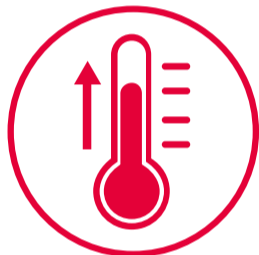
## Sick day management

### How does sickness affect a resident with diabetes?

Being sick can make things more difficult for a person with diabetes. This 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 low or high blood glucose, or show signs of infection or illness such as:



fever



sore throat



runny or stuffy nose



muscle or body aches



headache



tiredness



cough



diarrhoea  
increased urination



vomiting

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

### Managing diabetes when a resident is sick

A sick day management plan should be in place. If 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.

|   |   |
|---|---|
| <b>Assess</b>                           | Signs and symptoms of underlying cause (including BGLs).<br>Notify GP of commencement of sick day plan and reason.  |
| <b>Monitor</b>                          | BGL every 2-4 hours.<br>Ketones every 4 hours (type 1 diabetes and type 2 diabetes at risk of DKA*).<br>Vital signs every four hours.<br>Fluid balance chart (commence hourly).   |
| <b>Treat (fluid, food, medications)</b> | Fluid intake (1/4 to 1/2 cup non-sugary drink every hour).<br>Provide meals as usual.<br>If resident cannot eat as usual, commence fluids that contain sugar/glucose (fruit juice, icy poles, milk) if their BGL drops below 15mmol/L.<br>Continue diabetes medications unless GP or sick day plan suggest change (for example, stopping metformin and SGLT2 inhibitors).<br>Never stop all insulin (doses may need altering, discuss with GP). |
| <b>Document</b>                         | All treatment and care.   |
| <b>Report</b>                           | Contact the GP again if the resident: <ul style="list-style-type: none"> <li>» is unable to tolerate fluid or food</li> <li>» continues to feel unwell or becomes drowsy</li> <li>» has BGLs remaining above 15mmol/L even with treatment</li> <li>» begins to vomit and/or has diarrhoea</li> <li>» has ketones present (&gt;0.6mmol/L).</li> </ul>  |

\*Residents with type 2 diabetes at risk of DKA are those taking SGLT2i and those with a previous history of DKA.

### Next steps

- Review the incident.
- Update the resident's diabetes management plan (including what treatment was given and the sick day management plan).

#### Read:

- Diabetes management in aged care: a practical handbook – chapter 9: Sick day management