My Sick Day Plan (Multiple Daily Injections) - People Living with Type 1 Diabetes

Feeling unwell?

Check blood glucose and ketone levels

Always keep taking your basal (long-acting) insulin

Continue to eat and drink if possible

Try to have 125-250 mls fluid per hour to avoid dehydration

If BGL below 4.0 mmol/L:

Treat hypoglycaemia with fast-acting carbohydrate (food or fluids or both)
Check BGL every 10-15 minutes until above 4.0 mmol/L, then monitor more regularly for the next few hours

No ketones

less than 1.0 mmol/L on blood test negative or trace on urine test

Ketones present

more than 1.0 mmol/L on blood test more than a trace on urine test

Check blood glucose and ketones every 1-2 hours 4

Check BGLs and ketones every 2-4 hours

If BGLs are above 8.0 mmol/L, use your usual carb ratio when you eat or drink carbohydrate foods or fluids ¹

Use your usual correction doses to correct elevated BGLs, even if you are not eating If blood glucose levels are persistently above

your target range despite giving correction doses, and you are unwell for more than a day you may need to increase your basal insulin by 1-2 units

If you are vomiting or have diarrhoea for more than a day and blood glucose levels are persistently low, you may need to reduce your basal insulin by 10-20% units

Ketones 1.0 mmol/L to 1.5 mmol/L on blood test or small in urine

Ketones 1.5 mmol/L or more on blood test or large in urine

Calculate your Total Daily Dose (TDD) to determine supplemental insulin needs

Give 5-10% units of TDD as rapid-acting insulin every 2 hours ³

If BGLs are above
8.0 mmol/L, give your usual insulin doses
when you eat or drink
carbohydrate foods or fluids²

Give 10-20%..... units of TDD as rapid-acting insulin every 2 hours ³

If BGLs are above
8.0 mmol/L, give your usual insulin doses
when you eat or drink carbohydrate foods or fluids ²

Seek urgent medical care if you have persistent vomiting, can't keep fluids down, if BGLs remain below 4.0 mmol/L after two hypo treatments or if BGLs remain above 15.0 mmol/L and/or ketones remain above 1.5 mmol/L (blood) or moderate to large (urine) after two supplemental insulin doses

- 1. 0.6 mmol/L if pregnant or elderly
- 2. If vomiting, wait for 30 minutes after eating to inject insulin for carbohydrate (to make sure food is kept down)
- 3. Refers to rapid-acting insulins (e.g. Novorapid, Humalog, Fiasp, Apidra) and not short-acting insulins (e.g. Actrapid and Humulin R) which have a longer duration of action
- 4. Don't correct more often than every 2 hours