

# Sick-day plan for type 2 diabetes: Template



**RACGP**  
Royal Australian College  
of General Practitioners

## Using this template

This template is designed to help general practitioners (GPs) and other healthcare professionals create a practical sick-day management plan with their patients with type 2 diabetes.

**This template should be individualised to create a plan appropriate for each patient's circumstances.**

Instructions to prescribers are presented in editable sections throughout. These sections should be completed with information relevant to the patient. To edit, click on each section, type the required information and then save the change.

Any advice incorporated into the plan needs input from the patient and their health professional team. You can also use [National Diabetes Services Scheme \(NDSS\)](#) and [Diabetes Australia](#) patient handouts to support this plan.

For further information about sick-day management, please refer to the RACGP's [Management of type 2 diabetes: A handbook for general practice](#).

### Notes

1. Consider advising all patients using sodium–glucose cotransporter 2 inhibitors (SGLT2i) or insulin to monitor blood ketone levels during intercurrent illness.
2. Dipeptidyl peptidase-4 inhibitors are usually well tolerated during intercurrent illness. Note that sulfonylureas may aggravate or precipitate hypoglycaemia in people with intercurrent illness. The use of corticosteroids may precipitate hyperglycaemic emergencies even in those people with diabetes managed with diet alone.
3. Adjusting doses of the following basal insulins may not result in timely changes in glucose management during intercurrent illness due to the prolonged half-life: analogues such as insulin glargine U300 (Toujeo®) and degludec containing co-formulated insulin (Ryzodeg®) or newer weekly insulins. If prescribing the above or multiple daily premixed insulin, consider discussing individualised dose adjustments for intercurrent illness with a specialist diabetes team.

## References and resources

Ambler G, Cameron F, Gillbank J. Caring for diabetes in children and adolescents, 3rd edn. Children's Diabetes Services, 2010. Available at [https://www.rch.org.au/uploadedFiles/Main/Content/diabetes/Diabetes\\_Book\\_Third\\_Edition.pdf](https://www.rch.org.au/uploadedFiles/Main/Content/diabetes/Diabetes_Book_Third_Edition.pdf) [Accessed 23 September 2024].

Australian Diabetes Educators Association (ADEA) clinical guidelines: <https://www.adea.com.au/resources/standards-position-statements-and-other-resources/adea-clinical-guidelines/>

Bornstein S, Rubino F, Khunti K, et al. Practical recommendations for the management of diabetes in patients with COVID-19. *Lancet Diabetes Endocrinol* 2020;8(6):546–50. doi: [10.1016/s2213-8587\(20\)30152-2](https://doi.org/10.1016/s2213-8587(20)30152-2).

Craig M, Twigg S, Donaghue K, et al. National evidence-based clinical care guidelines for type 1 diabetes in children, adolescents and adults. Australian Government Department of Health and Ageing, 2011. Available at <https://www.diabetessociety.com.au/documents/Type1guidelines14Nov2011.pdf> [Accessed 6 September 2024].

Down S. How to advise on sick day rules. Diabet Primary Care 2020; 20:15–16.

Hamblin P, Wong R, Bach L. Sodium–glucose cotransporter type 2 inhibitors: Managing the small but critical risk of diabetic ketoacidosis. Med J Aust 2021;214(2):94–94.e1. doi: 10.5694/mja2.50898.

Diabetes Australia: [Driving with diabetes](#)

Diabetes Australia: [Managing hypoglycaemia](#) (for patients)

International Hypoglycaemia Study Group: [Tools for healthcare providers and researchers](#)

The Royal Australian College of General Practitioners (RACGP) and Australian Diabetes Society (ADS). Emergency management of hyperglycaemia in primary care. RACGP and ADS, 2018. Available at <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/emergency-management-of-hyperglycaemia> [Accessed 23 September 2024].

## Disclaimer

The information presented in this publication is current as at the date of its publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. This publication is not exhaustive of the subject matter and any persons implementing any of the recommendations contained in this publication, must exercise their own independent skill, or judgement, or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations does not, by itself, guarantee discharge of a duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

While this text is directed to health professionals possessing the appropriate qualifications and skills in ascertaining and discharging their professional (including legal and equitable) duties, it is not to be regarded as clinical advice and, in particular, is not a substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.

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## Sick day plan for type 2 diabetes

Patient name

Health practitioner name

Contact number

After-hours number

Diabetes service (if applicable)

What to consider	What to do
<b>Be prepared for sick days</b>	<p>Ensure you know how to use your glucose monitor and have enough strips to monitor blood glucose for about a week – this might need to be as much as 12 tests per day. Check the expiry dates of the strips and the expiry date of the continuous glucose monitoring sensor.</p> <p>Check that you have enough medications, including insulin and pen needles.</p> <p>Take care with exercise if you have had a low glucose event (hypoglycaemia) until reviewed by your health team.</p>
<b>When to start your plan</b>	<p>Start to follow this plan:</p> <ul style="list-style-type: none"><li>• if you are feeling unwell – even if your glucose levels are normal; or</li><li>• if your glucose levels are above 15 mmol/L two times in a row; or</li><li>• if your glucose levels fall below 4 mmol/L.</li></ul>
<b>Blood glucose monitoring</b>	<p>If you are not already monitoring your blood glucose levels, start monitoring them when you start following this plan. Ask your healthcare team if you are uncertain how to monitor glucose and/or ketones.</p>
<b>What to do if your support person is not available</b>	<p>If you can manage ok, then follow the plan.</p> <p>If you feel too unwell to manage your diabetes or need any assistance, please call your doctor or diabetes team.</p>
<b>Low blood glucose levels (hypoglycaemia)</b>	<p>If your blood glucose is below 4 mmol/L:</p> <ul style="list-style-type: none"><li>• take 15 grams of glucose (eg 5–6 large glucose jelly beans)</li><li>• after 15 minutes, retest your blood glucose. If it is still below 4 mmol/L, take another 15 grams of glucose</li><li>• after another 15 minutes, retest your blood glucose</li><li>• if it is still below 4 mmol/L, <b>call your GP or dial 000</b></li><li>• if your blood glucose levels have increased to above 4 mmol/L, eat some additional slow-acting carbohydrate, such as a slice of bread, a dry biscuit or a glass of milk. This may be especially needed if you can't tolerate your usual food, or can't have a normal meal within 20 minutes.</li></ul> <p>If your blood glucose levels stay above 4 mmol/L, keep testing them every 2–4 hours for as long as you are unwell. Make an appointment with your GP or diabetes team to discuss the hypoglycaemia and decide whether you need any adjustments to your diabetes management.</p> <p><b>Note:</b> Do not drive if your blood glucose levels are below 5 mmol/L.</p>

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<b>High blood glucose levels (hyperglycaemia)</b>	<p>If your blood glucose levels are above 15 mmol/L, start writing them down so you can share them with your doctor.</p> <p>If you are taking insulin, follow the instructions below for 'If you are taking insulin'.</p> <p>Please <b>call your doctor or call 000</b> if you experience <b>any</b> of the following:</p> <ul style="list-style-type: none"><li>• your blood glucose levels do not go down to less than 15 mmol/L within 24 hours</li><li>• you feel abdominal pain, have continued nausea or vomiting</li><li>• you feel drowsy or confused or you have difficulty breathing.</li></ul>
<b>Blood ketone monitoring</b>	<p>Start monitoring your blood ketone levels if you are instructed to do this by your health team, or if:</p> <ul style="list-style-type: none"><li>• your glucose rises above 15 mmol/L and stays there for 4 hours</li><li>• you are taking</li></ul> <ul style="list-style-type: none"><li>• you have abdominal pain, feel drowsy or confused or have difficulty breathing.</li></ul> <p><b>If your ketones are below 1.5 mmol/L</b>, repeat the measurement with your blood glucose at a minimum every 2 hours.</p> <p><b>If your blood ketone levels are above 1.5 mmol/L</b>, urgently notify your doctor or diabetes team</p>
<b>If you are taking diabetes tablets or non-injectable medicines</b>	<p>DO NOT STOP TAKING ANY MEDICATION unless advised as below.</p> <ul style="list-style-type: none"><li>• If you have diarrhoea or vomiting, or cannot tolerate fluids, your GP might advise you to STOP taking:</li></ul> <p>If you can keep food and drink down, you may not need to stop taking your medication.</p> <ul style="list-style-type: none"><li>• If you are taking</li></ul> <p>start monitoring your blood ketone levels, as instructed by your health team (see 'Blood ketone monitoring' above)</p>
<b>If you are taking insulin</b>	<p>DO NOT STOP TAKING INSULIN unless advised.</p> <p>If you are unwell, you might need to change your insulin dose. Changes to insulin require careful advice from your GP or health team. Make sure you understand the steps you need to take, and talk to your GP or diabetes team if you aren't sure.</p> <p>Monitor your blood glucose levels at least every 2 hours while you are unwell, and refer to 'Low blood glucose' and 'High blood glucose', above.</p>

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	<p><b>If your blood glucose levels fall below 4 mmol/L</b>, follow the instructions given under 'Low blood glucose (hypoglycaemia)'.</p> <ul style="list-style-type: none"><li>• <b>If your glucose levels rise above 15 mmol/L</b> and you are taking</li></ul> <p>do the following:</p> <ul style="list-style-type: none"><li>• temporarily increase your _____ dose by 10% (eg if you normally take 40 units, increase to 44 units a day)</li><li>• if your blood glucose levels go back to normal, start taking your usual dose again</li><li>• if you are also taking tablets, see 'If you are taking diabetes tablets or non-injectable medicines on non-insulin diabetes medicines' above.</li></ul> <hr/> <p><b>If your glucose is still above 15 mmol/L after 4 hours</b>, do the following:</p> <ul style="list-style-type: none"><li>• Start blood ketone monitoring (see above). If your blood ketone levels are above 1.5, notify your doctor or diabetes team.</li><li>• You may also need to take extra, rapid-acting insulin, called</li></ul> <ol style="list-style-type: none"><li>1. Start with a single injection of</li></ol> <ol style="list-style-type: none"><li>2. Keep monitoring your blood glucose every 2 hours.</li></ol> <ul style="list-style-type: none"><li>• After 4 hours, if your blood glucose is still above 15 mmol/L, take another extra dose, following Steps 1 and 2 above.</li><li>• After another 4 hours, if there is still no effect on lowering glucose, <b>call your doctor or dial 000</b>.</li></ul>
<b>Food and fluids</b>	<p>Make sure you stay hydrated while you are unwell, by drinking 250 mL of fluid every hour.</p> <ul style="list-style-type: none"><li>• If your blood glucose is above 15 mmol/L, you should drink water or drinks that don't contain carbohydrate.</li><li>• If your blood glucose less than 15 mmol/L, you can drink any fluids, including those that contain sugar.</li></ul> <p>Try to keep eating some carbohydrate. If you have nausea or vomiting, try soup (not broths) and light or softer foods.</p>
<b>Recovery</b>	<p>Once you start to recover, if your blood glucose is BELOW 15 mmol/L and consistently ABOVE 4 mmol/L, and you are eating and drinking well, you may start taking your medications again if you have stopped them.</p> <p>Call your GP, credentialed diabetes educator and/or nurse practitioner to schedule a review to discuss your illness and plan.</p>

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<b>Seeking help</b>	Call your GP if: <ul style="list-style-type: none"><li>• you're too unwell to monitor your glucose, or can't keep fluids down</li><li>• your blood glucose levels stay above 15 mmol/L for more than 24 hours</li><li>• your blood glucose levels stay above 15 mmol/L despite two extra rapid-acting insulin doses</li><li>• you can't keep your blood glucose levels above 4 mmol/L</li><li>• your blood ketone levels are &gt;1.5 mmol/L</li><li>• you feel drowsy, confused, have difficulty breathing or have severe abdominal pain</li><li>• you have persistent vomiting, especially if you vomit a lot for more than 2–4 hours.</li></ul>
<b>When to go to the emergency department</b>	If you can't contact your doctor, or you feel frightened or unsure, go to an emergency department or call 000. Note: Do not drive if your blood glucose levels are below 5 mmol/L.