# Managing your Type 2 diabetes

Sick day advice for adults











Office of the Nursing & Midwifery Services Director



Being unwell can make your diabetes management more difficult so you need to know what to do to keep your blood glucose (sugar) levels as close to your personal target as possible.

You'll need to know how to manage your food and drink intake, when to check your glucose levels (if you usually check your own glucose levels), take diabetes medicines and how to manage Insulin.

This is a general information leaflet so if you are unsure what to do please contact your diabetes team or GP. If you are very unwell seek urgent medical help.

Always tell the healthcare professionals treating you that you have diabetes.

### How being unwell can affect your diabetes

Illness and infections, as well as other forms of stress, can raise your blood glucose levels. People who don't have diabetes just produce more insulin to cope. When people living with diabetes are ill, their bodies react by releasing hormones to fight the illness.

When your body is fighting illness, it can cause your blood glucose levels to rise even if you are eating less than usual.

#### **Common Symptoms of high blood glucose levels:**



Thirst



Passing More Urine



#### Tiredness

# Looking after yourself

- Follow the advice in this leaflet. You can contact your GP or diabetes team who will help you if you have any queries or if you are unsure about what to do.
- Check your blood glucose levels:



- If you usually check your glucose levels at home, you may notice that when you are unwell your readings are higher than usual. You should check more often when you are unwell, usually every 2 to 4 hours. You should also get the illness treated without delay and you will find your glucose levels should improve as you feel better.
- Your ideal target range for your blood glucose will have been agreed with you and your diabetes team. For most people it is normal to have blood glucose between 4-12mmol/L when unwell. If you do not usually check your blood glucose levels watch out for symptoms of high blood glucose levels such as thirst, tiredness or urinating more frequently.
- In some illnesses such as vomiting or diarrhoea blood glucose levels can drop too below 4mmols. When blood glucose levels drop below 4 mmols this is known as a hypo. Hypos can occur if you are taking insulin or certain other diabetes medicines. Table 2 shows how to treat a hypo.
- Stay hydrated:
  - Drink at least half a cup (100 mls) of water or sugar free fluids every hour.
- Rest:
  - Avoid too much exercise
- Treat symptoms:
  - Symptoms of minor illness may be treated with over-the-counter medicines. Ask your pharmacist for advice.
- Seek medical attention:
  - If you are unable to manage your glucose levels, if you feel very unwell or are not recovering as expected.

High blood glucose levels can make you dehydrated and feel more unwell. Dehydration can be made worse if you have a high temperature, vomiting or diarrhoea.

Some conditions may require treatment with steroids. Steroids can often increase your blood glucose levels further and adjustments in your diabetes medicines may be required while on the steroid treatment. Your GP or diabetes team will advise you about this. Do not stop your steroids until you are told to do so by your medical team.

#### When you are unwell your body requires a lot of energy to recover.

- Do not fast try to eat your regular diet as normal if you can
- If you are unable to eat normal meals eat light and easily digested foods at regular intervals throughout the day for example every few hours such as:





If you're vomiting, or not able to keep fluids down, **seek medical help as soon as possible.** 

# Managing your diabetes medicines

**If you are unwell contact your diabetes team,** your GP or your community pharmacist without delay for further advice about your medicines.



#### In most circumstances when you are unwell you should continue to take your regular medicines as prescribed. Sometimes you may need more or less of your current medicines.

You may need to temporarily stop (**see below**) some of your medicines until you are feeling better, this includes metformin and SGLT2i.

This is especally important if you can't keep food or water down or if you are having surgery or a procedure. You must contact your Diabetes team or GP for specific advice.

#### **Metformin:**

This is sometimes known by other names including **Glucophage** and **Metaphage**.

#### SGLT-2i medicines:

- Canagliflozin<sup>©</sup> (Invokana or combination drug Vokanamet),
- Dapagliflozin<sup>©</sup> (Forxiga, or combination drug called Xigduo),
- Empagliflozin<sup>®</sup> (Jardiance or combination drug called Synjardy),
- Ertugliflozin<sup>®</sup> (Steglatro or combination drug called Steglujan).

# Managing your diabetes medicines

If you are taking **SGLT-2i medicines**, then you may also require a ketone test by your healthcare professional. Contact your diabetes team or GP for specific advice.

• If you are injecting a non-insulin glucose-lowering medication and develop acute abdominal pain, nausea and vomiting, stop the injections immediately and seek urgent medical attention

#### If you take insulin:

- If you can, test and record your blood glucose levels at least four times a day (at mealtimes even if you are not eating your usual meals, and at bedtime)
- If your blood glucose readings are higher than usual, you may need to increase your insulin dose (see Table 1). Contact your GP or diabetes team if you are not sure how to do this
- If your blood glucose levels are lower than usual (because you are eating less than usual) you may need to reduce your insulin or any tablet you are taking which helps your body produce more insulin (see Table 2 on how to manage low blood glucose)

# Managing your Insulin doses during illness

If your blood glucose is persistently greater than 11 mmol/L, you will need to increase your insulin dose.

# Table 1

If you have type 2 diabetes and take insulin injections

Blood Glucose Level	Additional Insulin
11.1 to 17 mmol/L	Add <b>2 extra</b> units to each dose
17.1 to 22 mmol/L	Add <b>4 extra</b> units to each dose
Over 22 mmol/L	Add <b>6 extra</b> units to each dose

If you are taking more than 50 units in total every day, you should double the amount of additional insulin in the table above. All adjustments are gradual and should be reduced gradually as illness subsides. **Contact your GP or diabetes team, practice nurse or diabetes specialist nurse for advice if you feel unsure about adjusting your insulin doses.** 

If your blood glucose levels are dropping to 4 mmol/L or less, reduce your insulin dose by 10%. For example, if your dose is usually 20 units, reduce by 2 units, if it is usually 40 units, reduce by 4 units. Make sure you have suitable "hypo" treatments available. Please refer to page 8, table 2, step 1.

### Table 2

How to treat a "Hypo" (a blood glucose level less than 4mmol/L)



Seek medical attention if low blood glucose levels continue despite treatment

(i.e. using step 1 x 3 times) and/or you are unable to stay hydrated or take carbohydrates due to vomiting.

# When to seek help



If your glucose levels stay high despite changes to your insulin dose or other medicine to lower your glucose level.

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- A You have persistent vomiting or diarrhoea and are unable to keep fluids down
- You become drowsy or confused
- 🛕 You have stomach pain
- You feel breathless
- 🛕 You are pregnant
- A Your condition worsens despite following advice given
- A You have a high temperature which is not coming down



If you need to attend the hospital, remember to bring a list of all your medicines (tablets and injections) with you.

# References

Insulin adjustment table reproduced with permission from **TREND UK Type 2 Diabetes: what to do when you are ill.** March 2022

https://trenddiabetes.online/wpcontent/uploads/2020/03/A5\_T2IIIness\_ TREND\_FINAL.pdf

Version 1 | Review date 2025