Sick Day Management in Type 1 Diabetes

Management of sick days in children with type 1 diabetes is critical in preventing diabetic ketoacidosis (DKA).

**KEY POINTS:**

- **DO NOT STOP INSULIN!**
  - Insulin dose may need to be increased or decreased, based on blood glucose level (BGL) and food intake.
  - Increase BG monitoring to 3-4 hourly if test strips available.
  - If unable to test BGL at home, admit to a local health facility for regular testing.
  - Ensure adequate fluid intake.
  - Treat fever.

**KETONES:**

Monitoring for urinary or blood ketones is very important.
Additional insulin is usually necessary to control BGLs (unless the illness causes hypoglycaemia).

**Elevated BG with ABSENCE OR SMALL KETONES**

**GIVE:**

- 5-10% of total daily insulin dose (or 0.05-0.1 Units/kg) as short or rapid-acting insulin.
- Repeat every 2-4 hours

**Elevated BG with MODERATE OR LARGE KETONES**

**GIVE:**

- 10-20% of total daily insulin dose (or 0.1 Units/kg) as short or rapid-acting insulin
- Repeat every 2-4 hours

**WHEN VOMITING IS PRESENT CONSIDER THIS A SIGN OF INSULIN DEFICIENCY AND IMPENDING DKA. URGENT MEDICAL ASSISTANCE IS INDICATED.**

Acknowledgment: