

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.