

Sick day rules

How to manage type 2 diabetes if you become unwell, and what to do with your medicines

This information is for people living with type 2 diabetes who manage their diabetes with oral (by mouth) or injectable medicine.

If you are unwell with:

- vomiting (being sick) or diarrhoea, or
- fevers or sweats

you must temporarily stop the medicines listed in table 1 below. You can restart these medicines when you are well and have been eating and drinking normally for **at least 24 hours**. Please contact your GP practice or specialist team for advice if you remain unwell for more than 24 hours, or if you are unsure about stopping any of your medicines listed below.

Table 1: SADMANs rules

	Class of medicine	Reason for stopping while unwell
S	Sodium-Glucose co-transporter 2 (SGLT2) inhibitors Medicines ending in 'flozin', such as dapagliflozin, empagliflozin, canagliflozin	Increased risk of a serious side effect called diabetic ketoacidosis. This is when ketones build up in the body and make you unwell. If you are taking antibiotics for a new infection, stop the SGLT2 inhibitor until you have finished taking the antibiotics.
A	Angiotensin-Converting Enzyme (ACE) inhibitors Medicines ending in 'pril', such as ramipril, lisinopril, enalapril, captopril	Increased risk of acute kidney injury when you are dehydrated
D	Diuretics (water tablets) Such as furosemide, bumetanide, bendroflumethiazide, indapamide	Increased risk of dehydration and acute kidney injury. If you are taking more than 2 tablets a day of furosemide or bumetanide, seek medical advice before stopping
M	Metformin	Increased risk of a build-up of lactic acid in the blood
A	Angiotensin receptor blockers (ARBs) Medicines ending in 'sartan', such as losartan, candesartan, irbesartan	Increased risk of acute kidney injury when you are dehydrated
N	Non-steroidal anti-inflammatory drugs (NSAIDs) Such as ibuprofen, naproxen, diclofenac	Increased risk of acute kidney injury

Key points for when you are unwell

- **Check blood glucose (sugar) levels more frequently:** Ideally every 4 to 6 hours. If you do not have access to blood glucose monitoring, look out for symptoms of high glucose levels such as increased thirst, peeing more than usual, tiredness or blurred vision.
- **Stay hydrated:** drink at least ½ cup (100mls) of water or sugar-free fluid every hour.
- **Do not stop eating:** maintain carbohydrate intake. If you can't keep food down try eating little and often. Try snacks or drinks with carbohydrates in to give you energy.
- **Insulin:** if your blood glucose readings are higher than usual you may need to increase your dose of insulin. If your blood glucose readings are lower than usual (as you may be eating less) you may need to reduce your dose of insulin. Contact your GP practice or specialist team for advice if you have not been given advice on how to adjust your insulin dose(s).

Seek medical attention if you:

- have blood glucose levels below 4mmol/L
- have blood glucose levels persistently over 15mmol/L or you have symptoms of high blood glucose levels such as increased thirst, peeing more than usual, tiredness or blurred vision
- cannot eat or drink to stay hydrated due to vomiting
- are unwell for more than 24 hours
- are worried about other symptoms not related to your diabetes

It is always helpful to have access to these items at all times, not just when you are unwell:

- At least 2 weeks' supply of all of your medicines.
- If you check your blood glucose levels at home, make sure you have access to a blood glucose meter with at least 2 weeks' supply of lancets and test strips.
- If you have been advised to check ketones, please make sure you have access to a ketone testing system (either blood or urine).

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