

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 (BG) level 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 BG levels (unless the illness causes hypoglycaemia).

ELEVATED BG WITH ABSENCE OR SMALL KETONES

GIVE:

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

WHEN VOMITING PRESENT, CONSIDER THIS A SIGN OF INSULIN DEFICIENCY AND IMPENDING DKA.