

## Sick Day Management



Children with well controlled diabetes have no greater risk of contracting infections than anybody else. Having diabetes introduces the need for closer monitoring during sick days. Good management during illness can prevent diabetic ketoacidosis and hospital admissions.

Sick day management falls into two different categories:

- Illness causing hyperglycaemia
- Illness causing hypoglycaemia

Both situations will require the child to stay home from school with adult supervision.

Regardless of the situation **NEVER** stop insulin even if you are unable to eat. Insulin doses may need to be changed and monitoring of glucose and ketones will increase.

### For illness causing high BGL's:

Viral and bacterial infections can cause stress hormones to raise BGL's and cause insulin resistance.

- Insulin doses may need to be increased
- Check BGL's every 2 hours
- Check **blood** ketones every 4 hours.
- Visit GP to treat underlying illness and or infection
- Give medicine to relieve discomfort e.g. headaches or sore throat.
- Encourage sugar free fluids to maintain hydration.

### For illness causing low BGL's:

Vomiting, diarrhoea, nausea and decreased appetite can all lead to hypoglycaemia.

- Insulin doses may need to be decreased
  - *Insulin can never be stopped but doses can be reduced to minimise the risk of hypo with decreased appetite.*
- Check BGL's every hour
- Check **blood** ketones every 4 hours.
  - *Ketones can be produced during illness even with normal or low BGL's*
- Sip on sugar containing fluids
  - *Aim for ½ cup per hour of lemonade or juice*
- Mini doses of glucagon may be used to treat hypoglycaemia when unable to tolerate food or fluids

### Call the hospital for advice when:

- Unsure about insulin dose adjustment
- Child is drowsy or lethargic
- Child has 3 vomits, 3 diarrhoeas or abdominal pain
- Blood ketones at 1.0 mmol/L or more

## Minidose Glucagon Guideline

If you have not used this protocol please call RCH for advice.

### This is used for:

- Children who are hypoglycaemic (BGL < 4.0 mmol/L) with inter current illness (vomiting) and cannot tolerate food or fluids (food refusal or feeling sick)

### How to use:

- Inject all the water into the glucagon vial and remove the needle.
- Discard needle into the sharps container
- Use an **insulin syringe** to draw up and administer the glucagon solution
- Use the following table for a dose

Age (years)	units on an insulin syringe
< 2	2
2-15	1 per year of age
>15	15

- When drawing up the Glucagon, remove all the air bubbles from the syringe and administer as you would an insulin injection
- BGL rechecked in 30 min. If BGL < 5.5 mmol/L but unable to drink fluids, give double the dose of glucagon previously given, e.g. if 2 units given then give 4 units.
- Re check the BGL in another 30 min.
- Glucagon rescue can be given a 3rd time if the BGL remains below 5.5mmol/L. 3rd dose is the same amount as the 2nd dose.
- Continue to offer child small amounts of fluid and food, refer to sick day management in manual.
- BGL hourly if maintained BGL > 5.5mmol/L
- After glucagon has been reconstituted keep in refrigerator for 24 hours then discard (replace supply immediately with script from your GP)

### Please call RCH if:

- Your child vomits 3 times
- Your child has BGL < 5.5 mmol/L after 3 doses of Glucagon or
- you are unsure what to do

RCH switchboard 9345 5522