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).

<table>
<thead>
<tr>
<th>ELEVATED BG WITH ABSENCE OR SMALL KETONES</th>
<th>ELEVATED BG WITH MODERATE OR LARGE KETONES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GIVE:</strong></td>
<td><strong>GIVE:</strong></td>
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<tr>
<td>• 5-10% of total daily dose of insulin (or 0.05 - 0.1U/kg) as short or rapid-acting insulin.</td>
<td>• 10-20% of total daily dose of insulin (or 0.1U/kg) as short or rapid-acting insulin.</td>
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<td>• Repeat every 2-4 hours.</td>
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WHEN VOMITING PRESENT, CONSIDER THIS A SIGN OF INSULIN DEFICIENCY AND IMPENDING DKA.