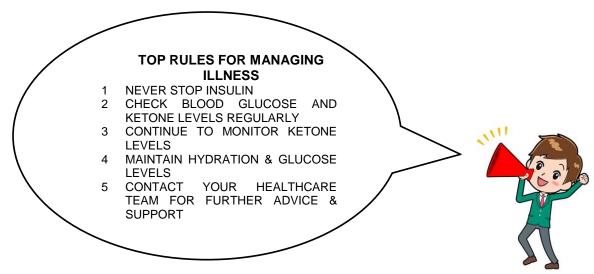
Illness Guidelines for patients on insulin injections

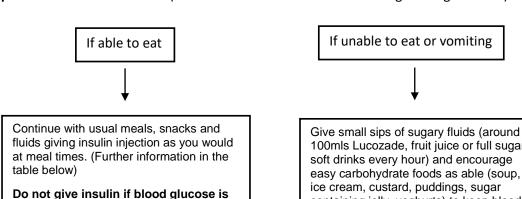


Insulin doses and carbohydrate intake during illness

less than 3.9mmol/l. Always treat hypo

first!

During times of illness never stop taking insulin unless told to do so by health professional and continue to take carbohydrate as much as possible as it is important to maintain energy levels and prevent starvation ketones (read about starvation ketones in our general guidelines).



100mls Lucozade, fruit juice or full sugar soft drinks every hour) and encourage easy carbohydrate foods as able (soup, containing jelly, yoghurts) to keep blood glucose above 3.9. Continue fluids for hydration as often as possible.

Insulin (fast acting) may only be required in the form of a correction dose or ketone dose, depending on the blood glucose and blood ketone level (see table below for further information).

Carbohydrate dose may not be needed if only small sips/bites taken.

The amount of insulin that is needed is determined by the food eaten, the blood glucose and the blood ketone levels.

Ketones can be serious therefore it is important that an adult takes action at times of illness.

NEVER STOP BACKGROUND INSULIN (Levemir, Tresiba or Lantus)

Always call for advice if illness, blood glucose or ketones become difficult to manage and do not improve within 24 hours or not confident how to manage

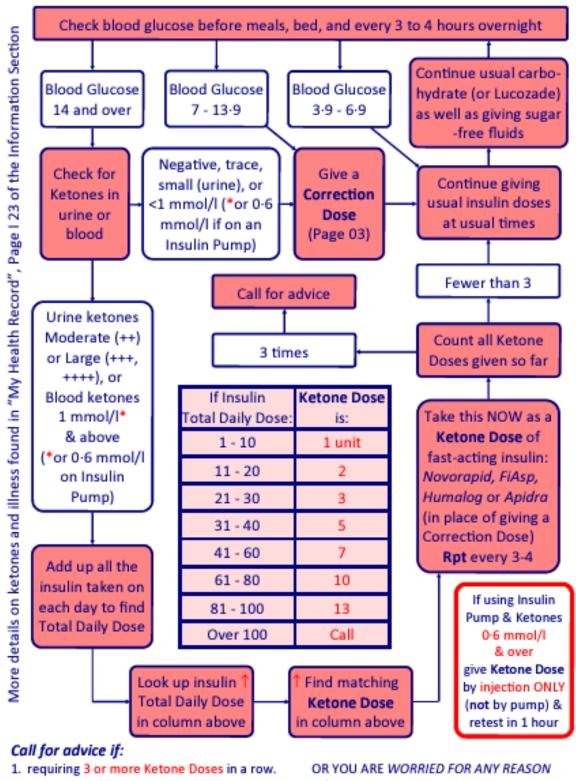
Illness Guidelines for patients on insulin injections

Blood	Blood ketones 0.0 to 0.9 mmol/l	Blood ketones 1.0 mmol/l or above
glucose		
Less than 3.9 mmol/l	Treat hypoglycaemia using usual hypo treatment (liquids often easier to take when unwell). Wait 15 minutes, re-test and repeat treatment if still less than 3.9mmol/l. Continue regular carbohydrate and normal bolus insulin (See above table). If unsure of appetite or in case of vomiting could consider giving normal bolus insulin dose (fast acting) after meal.	<< Treat the same as if you do not have ketones. Ketones do not need to be checked at this point *DO NOT GIVE A KETONE DOSE *
3.9 to 6.9 mmol/l	Continue regular carbohydrate and normal bolus insulin (See above table). If unsure of appetite or in case of vomiting could consider giving normal bolus insulin dose (fast acting) after meal.	<< Treat the same as if you do not have ketones. Ketones do not need to be checked at this point *DO NOT GIVE A KETONE DOSE *
7.0 to 13.9 mmol/l	Continue regular carbohydrate and normal bolus insulin (See above table). If unsure of appetite or in case of vomiting could consider giving normal bolus insulin dose (fast acting) after meal. Additional correction doses (3 hourly) can be given in between meals if going longer periods of time between eating. Overnight corrections (3 hourly) can be given too.	<< Treat the same as if you do not have ketones. Ketones do not need to be checked at this point *DO NOT GIVE A KETONE DOSE * MONITOR CLOSELY – IF BG RISES TO 14 MMOL/L OR ABOVE AND KETONE 1 MMOL/L AND ABOVE SEE BELOW.
14mmol/l or above	Continue regular carbohydrate and normal bolus insulin (See above table). If unsure of appetite or in case of vomiting could consider giving normal bolus insulin dose (fast acting) after meal. Additional correction doses (3 hourly) can be given in between meals if going longer periods of time between eating. Overnight corrections (3 hourly) can be given too. MONITOR CLOSELY – IF BG ABOVE 14 AND KETONE RISE TO 1.0 AND ABOVE SEE ACROSS >>	GIVE A KETONE DOSE OF FAST ACTING INSULIN (Novorapid®/Fiasp®/Humalog®) IMMEDIATELY (SEE NEXT PAGE FOR KETONE DOSE GUIDANCE) Continue with regular carbohydrate as able (See above table). If at meal time give normal insulin using usual carb ratio for food + GIVE KETONE DOSE INSTEAD OF CORRECTION DOSE. DO NOT GIVE BOTH CORRECTION AND KETONE DOSE. THE KETONE DOSE CAN BE REPEATED EVERY 3-4 HOURS if BG still 14 mmol/l or above and ketones 1.0 mmol/l or above.

Illness Guidelines for patients on insulin injections

To work out Total Daily Dose (3 day average): Add up all doses of fast acting insulin and long acting insulin over the previous 3 days and divide by 3.

Ketone Dose: What to do if unwell or blood glucose over 14



vomiting persists. 3. child looks ill (sleepy, dry mouth, sunken eyes).

 Ketones are very dangerous & must be dealt with as quickly as possible.

Always call for advice if illness, blood glucose or ketones become difficult to manage and do not improve within 24 hours or not confident how to manage