

MANAGEMENT OF INTERCURRENT ILLNESS

Management of Intercurrent Illness in Insulin Dependent Diabetes

**THE GOLDEN RULE: Insulin should NEVER be omitted
EXTRA DOSES of soluble insulin are often required during illness.**

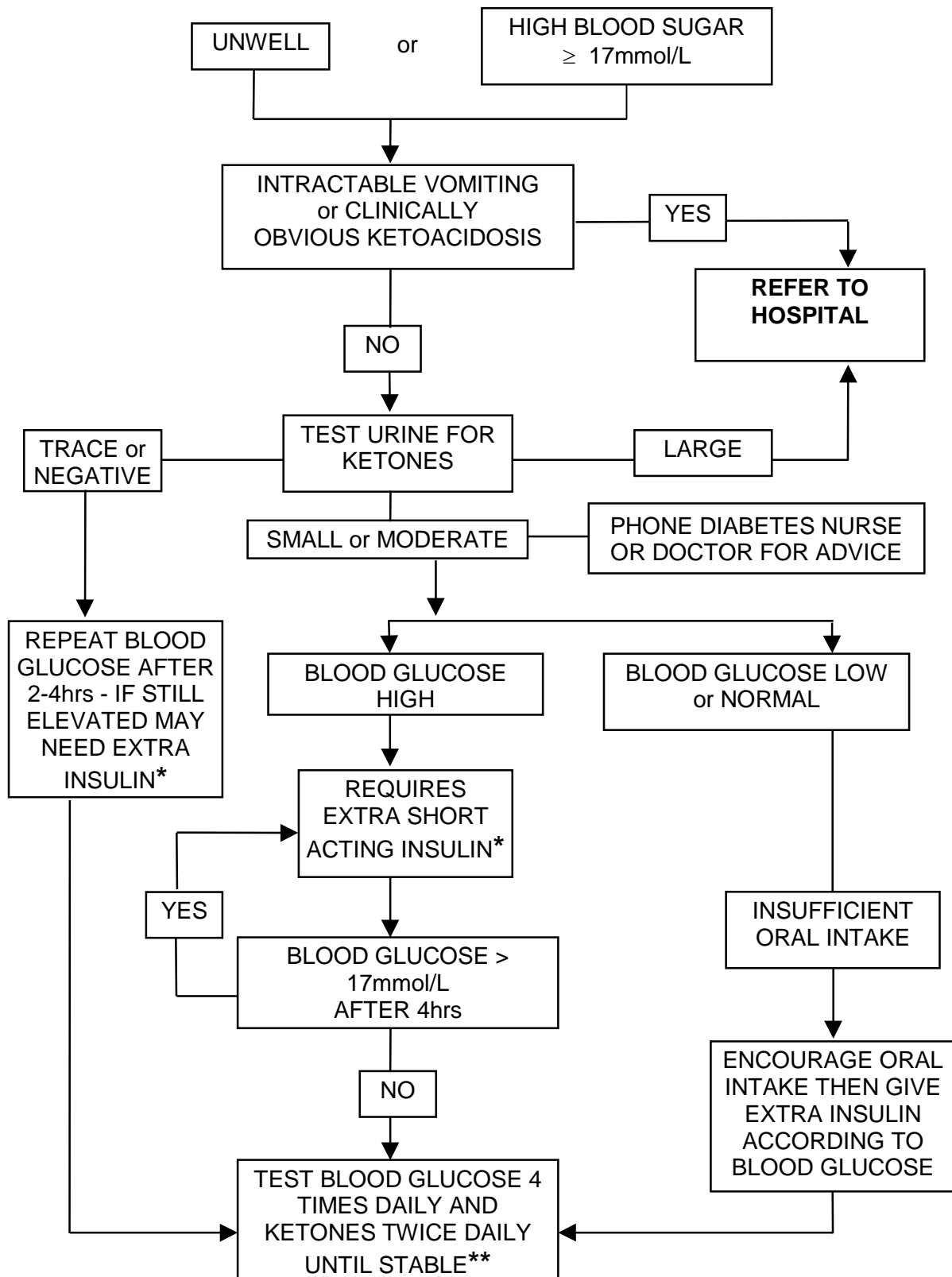
- Maintain an adequate fluid intake (sugar free) of 100-200mL (approximately 1 glass) every hour
- Maintain a regular intake of carbohydrate, regardless of blood glucose. It may be difficult to persuade some patients or relatives of this!
- At mealtimes, if unable to eat, but tolerating fluids, take carbohydrate in the form of 200mL of one of the following;
 - Ribena and water
 - Fruit juice
 - Milk with Drinking Chocolate or Ovaltine
 - Flat Coca Cola or Lemonade (sugary)
- Increase blood glucose monitoring to at least 4 hourly and test for ketones twice daily
- Do not be afraid to increase insulin; in general, 4 units of soluble insulin every 2 hours until blood glucose is below 10 mmol/L is advisable. Ensure that glucose monitoring technique and equipment is accurate and arrange to review patient
- Ketonuria is an early sign of decompensation and if acted upon promptly, it will often prove possible to avert hospital admission (see [page 42](#)).
- If vomiting, hospital admission may be necessary: your GP may consider administering an anti-emetic injection, "Dioralyte/Rehidrat" with instruction to reconstitute as directed and to take an egg-cupful every 10 minutes.
- **This advice applies to adults; for children, contact the Paediatric Diabetes team**

INDICATIONS FOR HOSPITAL ADMISSION

- **Inability to swallow or keep fluids down**
- **Vomiting**
- **Persistent diarrhoea**
- **Persistently raised glucose (>28 mmol/L) despite increasing insulin**
- **Strongly positive ketonuria**
- **When ketoacidosis is clinically obvious (dehydration, abdominal pain, intractable vomiting, rapid or laboured respirations)**

**The hospital diabetes team is there to advise.
When in doubt – please phone!**

Management of intercurrent illness in Type 1 Diabetes Mellitus



* The diabetes team will advise patients individually on how much extra insulin should be taken in the event of ketonuria or sustained hyperglycaemia

** Refer to hospital if clinical deterioration