**Sick day guidelines for patients**

- Check blood glucose more often—about every 3 hours when you’re sick
  - Target blood glucose during illness should be 100-200 mg/dl
- Check ketones at least 2 times a day
  - Ketone testing method. Urine test strips have been more commonly used, but blood ketone testing is recommended as a more accurate reflection of current ketosis. At-home blood ketone testing can now be done with some blood glucose meters. In the ideal setup, the family uses one meter for normal SMBG, reserving a second meter for blood ketone testing as necessary. (This eliminates the need to change out test strips and recalibrate the meter when switching between glucose and ketone testing.)
- Drink plenty of fluids.
- Keep taking insulin while sick (unless told otherwise by provider). Adjustments may be necessary.

<table>
<thead>
<tr>
<th>Urine ketones</th>
<th>Blood ketones</th>
<th>Specific instructions for eating/drinking, insulin adjustments, and medical care</th>
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</table>
| No ketones    | Below 0.6 mmol/l is in the normal range | If blood glucose is below 80 mg/dL, have some hard candy, popsicles, or sips of sugared drink (2 to 4 ounces per hour). **If you can’t keep blood glucose above 80 mg/dL, go to the nearest hospital Emergency Room right away.**
  - If blood glucose is 200 mg/dL or higher, take the correction dose of insulin specified by your doctor. |
| Small ketones | 0.6 to 1.5 mmol/l | If blood glucose is below 80 mg/dL, have some hard candy, popsicles, or sips of sugared drink (2 to 4 ounces per hour) until blood glucose is above 200 mg/dL.
  - **When blood glucose is 200 mg/dL or higher,** take the correction dose of rapid-acting insulin specified by your doctor. (If you’re vomiting or unable to eat, decrease your dose of long-acting insulin by ½.) Take rapid-acting insulin every 3 to 4 hours until the urine ketones are normal or blood ketones are below 0.6 mmol/l. **Important: blood glucose MUST be above 200 mg/dL before extra insulin is taken.** |
| Moderate to large ketones | 1.6 to 3.0 mmol/l | If blood glucose is below 80 mg/dL, have some hard candy, popsicles, or sips of sugared drink (2 to 4 ounces per hour) until blood glucose is above 200 mg/dL.
  - **When blood glucose is 200 mg/dL or higher,** take 1 ½ times the correction dose of rapid-acting insulin specified by your doctor. (If you’re vomiting or unable to eat, decrease your dose of long-acting insulin by ½.) Take rapid-acting insulin every 3 to 4 hours until the urine ketones are normal or blood ketones are below 0.6 mmol/l. **Important: your blood glucose MUST be above 200 mg/dL before extra insulin is taken.** |
| - Above 3.0 mmol/l | | Go directly to the nearest hospital Emergency Room. |

If blood glucose is below 80 mg/dL, have some hard candy, popsicles, or sips of sugared drink (2 to 4 ounces per hour) until blood glucose is above 200 mg/dL.

**Important:** your blood glucose MUST be above 200 mg/dL before extra insulin is taken.

**Note:** persistent vomiting, persistent diarrhea, and signs of dehydration (dry mouth, dry skin, no tears, little or no urination), difficulty breathing, orthostasis, change in mental status, chest pain.

**Mini-dose glucagon rescue, using subcutaneous injections, is effective in managing children with type 1 diabetes during episodes of impending hypoglycemia due to gastroenteritis or poor oral intake of carbohydrate. Refer to Mini-Dose Glucagon Rescue for Hypoglycemia in Children With Type 1 Diabetes, Diabetes Care 24:643-645, 2001.**