

Diabetes Sick Day Guidelines

1. Do not stop taking your insulin or diabetes pills even if you are not eating. Both stress and infection or illness **increase** your blood sugars
2. Check your blood sugar every 4 - 6 hours
3. If you have Type 1 and your sugar runs higher than 250, check your urine for ketones every 4 hours.
4. Drink clear liquids (at least 1/2 cup every hour)
5. Stick to your meal plan. If you are unable to do this, see the sick day menu below.
6. Get your rest
7. Monitor your weight for signs of excessive fluid loss.



Contact your health care provider if:

1. You have questions
2. Your symptoms get worse
3. Your illness lasts longer than 24 hours
4. If you are running moderate or large on ketones.
5. If you cannot keep your diabetes pills or food down and vomiting doesn't stop*

*Consider going to the ECU

Meals for sick days:

	1000-1200 calories		1500-1800 calories		2000-2500 calories
Breakfast	2 servings	Breakfast	3 servings	Breakfast	4 servings
Midmorning	2 servings	Midmorning	2 servings	Midmorning	3 servings
Lunch	3 servings	Lunch	4 servings	Lunch	4 servings
Mid afternoon	2 servings	Mid afternoon	2 servings	Mid afternoon	2 servings
Supper	2 servings	Supper	3 servings	Supper	4 servings
Bedtime	2 servings	Bedtime	2 servings	Bedtime	2 servings

Sick day foods

Each food when eaten in the stated serving size = 1 carbohydrate

Food Item	Serving size	Food Item	Serving Size
Apple Juice	1/2 cup	Ice Cream (Vanilla)	1/2 cup
Cranberry Juice	1/3 cup	Sherbet	1/2 cup
Orange Juice	1/2 cup	Instant Pudding	1/2 cup
Regular 7-Up™	1/2 cup	Custard	1/2 cup
Regular Gelatin	1/2 cup	Fruit Flavor Yogurt	1/2 cup
Grape Juice	1/3 cup	Gatorade™	1 cup
Cooked Cereal	1/2 cup	Popsicle™	1 twin pop
Chicken Noodle Soup	1 cup	Saltines	6 crackers

Sick Day Record

How Often	Question	Morning	Evening
Every day	How much do you weigh today?	Weight: _____	Weight: _____
Every evening	How much did you drink today?	# of glasses: _____	_____
Every Morning and every evening	What is your temperature?	AM: _____	PM: _____
Every 4 hours or before every meal	How much diabetic medication did you take?	Time: _____ _____ _____ _____	Dose: _____ _____ _____ _____
Every 4 hours or before every meal	What is your CBG?	Time: _____ _____ _____ _____	CBG: _____ _____ _____ _____
Every 4 - 6 hours	How is your breathing? Other symptoms? such as abdominal pain, vomiting?	Time: _____ _____ _____ _____	Comment: _____ _____ _____ _____
If you are Type 1 diabetic:			
Every 4 hours or each time you pass urine	What is the level of ketones in your urine?	Time: _____ _____ _____ _____	Level: _____ _____ _____ _____

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