Managing diabetes safely during sick days

You can stay safe when you are sick

Illness can make it harder to manage your diabetes. You and your diabetes care team can work together to develop a sick day plan before you become ill to make it easier to take care of your diabetes when you are not feeling well. Your team can also let you know when to contact them.

Keep track of your blood sugar

Even if your blood sugar is usually under good control, it can vary when you're sick. So it's important to check your blood sugar often. For example, check it every 6 hours for a mild illness and every 3 to 4 hours for a severe illness. If you use insulin, also check for ketones. Call your diabetes care team if your blood sugar levels are 250 mg/dL or higher for 2 checks, or as directed by your diabetes care team, regardless of your ketone level.

Continue to take your diabetes medicines

- Be sure to take your diabetes medicines when you are sick unless your diabetes care team tells you not to. Do not skip your diabetes pills or insulin even if you feel too sick to eat
- If you use insulin, your diabetes care team may tell you to take extra injections of insulin if your blood sugar is 250 mg/dL or higher. Even if you are vomiting (throwing up) or are unable to eat, continue taking your long-acting (basal) insulin. Ask your diabetes care team about how to adjust your insulin dose when you are sick

- If you take diabetes pills, take your usual dose. If you vomit up the pills or are not eating, call your diabetes care team. Your team may tell you to stop your sulfonylurea medicine (glipizide, glyburide, glimeperide). Ask your diabetes team about how to adjust your diabetes pills when you are sick

Check with your diabetes care team or pharmacist before taking any over-the-counter medicines, like aspirin, cough syrup, or decongestants, to see if they might raise or lower your blood sugar. Choose sugar-free medicines if they are available.

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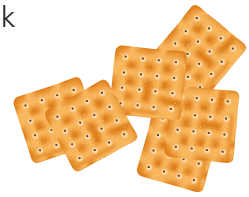
Eating when you are sick

Eating well is important when you are sick, so try to follow your usual meal plan as best you can.

If you are unable to stick to your meal plan but are able to eat some food, choose items from the list below. Each item counts as 1 carbohydrate choice or 15 grams of carbs. Try to eat or drink at least 45 grams of carbs every 3 to 4 hours.

- ½ cup fruit juice (like orange or apple)
- ½ cup regular (not sugar free) soda pop
- ½ cup regular gelatin dessert
- 1 double ice pop
- 1 cup soup
- 1 cup sports drink
- 1 slice toast
- 6 soda crackers



Ask your diabetes care team any questions you may have about eating when you are sick.

Drink up

If you feel too sick to eat solid foods, be sure to drink 6 to 8 ounces of liquids every hour. Switch back and forth between drinks that contain sugar and drinks that do not. For example, for one hour, drink regular fruit juice and soft drinks. The next hour, drink sugar-free soft drinks, tea, or water.

If you can't follow your meal plan, drink fluids that contain salt, like bouillon or clear soup.

When to call your diabetes care team

You can call your diabetes care team any time you have questions or concerns. But you should definitely call if:

- Your blood sugar level is less than 70 mg/dL
- Your blood sugar levels are over 250 mg/dL for more than 2 checks
- You are vomiting or are unable to keep fluids down
- You have a fever (101.5° F) or an illness that lasts more than 24 hours
- You have severe pain in your stomach, have chest pain, or have a hard time breathing
- You have been vomiting or having diarrhea for more than 6 hours
- You have moderate to large amounts of ketones in your urine for more than 6 hours
- You are not sure what to do

My sick day plan

It's a good idea to make a sick day plan with your diabetes care team before you get sick. That way you will know what to do if you get sick.

Do not make any changes to your diabetes care plan without first checking with your diabetes care team. If you have any questions or concerns about what to do when you are sick, be sure to contact your team.

My sick day plan

Ask your diabetes care team to help you fill out this form so that you know what you need to do to take good care of yourself when you are sick.

	Product name	Current dosage	Dose adjustment (if needed) when sick	Additional instructions
If you take diabetes pills...				
If you take long-acting (basal) insulin...				
If you take mealtime insulin...				
If you take a GLP-1 receptor agonist...				
If you take other non-insulin injectable diabetes medicines...				
If you take other medicines...				

The diabetes care team

Write down the contact information for the members of your diabetes care team so that you'll be able to find it quickly when you're sick.

Team member	Name	Telephone number
Primary health care professional		
Endocrinologist		
Diabetes educator		
Nurse		
Registered dietitian		
Cardiologist		
Podiatrist		
Ophthalmologist		
Nephrologist		
Dentist		
Pharmacy		
Emergency contact		
Other contacts		

For more information about diabetes, visit Cornerstones4Care.com

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Cornerstones4Care®

Your diabetes, your way.

Support and diabetes management tools built around you.

Enroll today to get FREE, personalized diabetes support with Cornerstones4Care®.

Diabetes Health Coach
An online program that builds a customized action plan around your needs to help you learn healthy habits

Meal Planning Tools
Create tasty, diabetes-friendly meals

Interactive Trackers
Record A1C, weight, and blood sugar numbers

Enrolling is easy. Just complete this form.

All fields with asterisks (*) are **REQUIRED**.

* ❑ **I have diabetes** or ❑ **I care for someone who has diabetes**

* **First name** _____ * **Last name** _____ MI _____

* **Address 1** _____

Address 2 _____

* **City** _____ * **State** _____

* **ZIP** _____ * **Email** _____

* **Birth date** mm/dd/yyyy _____/_____/_____

* **What type of diabetes do you or the person you care for have?** (Check one)

❑ Type 2 ❑ Type 1 ❑ Don't know

* **What type of diabetes medicine has been prescribed?** (Check all that apply)

❑ Insulin ❑ GLP-1 medicine
❑ None ❑ Other
❑ Diabetes pills (also called oral antidiabetic drugs, or OADs)

* **If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:**

Product 1: _____

How long has this product been taken?

❑ Prescribed but not taken ❑ 7-12 months
❑ 0-3 months ❑ 1-3 years
❑ 4-6 months ❑ 3 or more years

Product 2: _____

How long has this product been taken?

❑ Prescribed but not taken ❑ 7-12 months
❑ 0-3 months ❑ 1-3 years
❑ 4-6 months ❑ 3 or more years

3 easy ways to enroll:

1. **Fax the completed form to 1-866-549-2016**
2. **Email the completed form to C4Csignup@hartehanks.com**
3. **Call 1-888-825-1518 and follow the voice prompts**

Review and complete below.

* Phone number:

(_____) _____–_____

* Cell phone number:

(_____) _____–_____

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I understand from time to time, Novo Nordisk's Privacy Policy may change, and for the most recent version of the Privacy Policy, please visit www.C4CPrivacy.com.

By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordisk may also combine the information I provide with information about me from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.

❑ **Yes, I'd like to be contacted by Novo Nordisk via phone calls and text messages at the phone numbers I have provided.**

By checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

* **Signature** (required) _____

* **Date** (required) _____
mm/dd/yyyy

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