

Scenario 1

Sick day rules(1)

48 year old female. Type 2 DM

24 hour history of diarrhoea and vomiting.

On Humulin M3 -BD 34units/30 units

Victoza 1.2mg OD

Metformin 500mg BD

What would you advise re: medication and BGM and general guidance?

Considerations (1)

- Eating and drinking? What could you advise?
- What to do with insulin doses?
- What to do with Victoza?
- What to do with metformin?
- Monitoring?
- Anything else?

Scenario-1 Answer

- Little and often fluids and replacement foods as tolerated
- May need increase in insulin doses if unwell, or decrease if hypos
- Stop Victoza whilst unwell
- Stop metformin whilst D&V, but would continue if other illness e.g. chest infection
- At least QDS BGM
- Contact GP and/or 111 if no better tomorrow
- If in doubt/condition deteriorates go to A&E

Scenario 2

Sick day rules (2)

54 year old male. Type 2 DM

2 days history of pyrexia, coughing up green sputum and wheeziness.

On Novomix 30 -TDS 22/16/24 units.

On Empagliflozin OD and Metformin 1g BD.

What would you advise re medication and BGM and general guidance?

Considerations(2)

- Eating and drinking? What could you advise?
- What to do with insulin doses?
- What to do with Empagliflozin?
- What to do with Metformin?
- Monitoring?
- Anything else?

Scenario-2 Answers

- Little and often fluids and replacement foods as tolerated
- May need increase in insulin doses if unwell, or decrease if hypos
- Stop SGLT2 whilst unwell. Urine/blood test for ketones – if positive, contact DSN or GP immediately or if severe abdominal pains. If concerned, send to A&E
- Continue metformin, but stop if D&V
- At least QDS BGM
- Contact GP and/or 111 if no better tomorrow
- If in doubt/condition deteriorates go to A&E

Scenario 3

Travelling(1)

69 year old female, Type 2DM

Travelling to New York and will then go on a cruise for 2 weeks.

On Humulin M3- BD 46 /44 units

Trulicity once/week

Metformin 500mg BD.

What would you advise re medication and BGM, with reference to time zones and meals, and general guidance re :travelling/storage of medications etc.?

Scenario-3 Answers

- Trulicity can be taken as normal on the usual day – time doesn't matter
- Take insulin with food, as close to normal as possible e.g. breakfast and evening meal. At least 8 hours between one injection and the next.
- Don't be concerned if BGL run higher for a few hours/days until settle into new routine
- Exercise levels may differ –more or less! Effect on blood glucose levels
- Sleeping and waking times may differ – will this effect injection times?
- Are they carb aware/carb counting? Use carbs and calcs app or book, including world foods option, to help
- If not sure how you are feeling, test BGL
- Keep all medication in hand luggage – do NOT put in hold it will FREEZE!
- Travel letter needed to confirm medication/needles etc. – available free from diabetes team or ? GP – to be carried with medication and passport
- Have a snack/hypo treatment in hand luggage in case of delays, or money to buy food
- Don't order “diabetic” menu – often has less carbs!
- Insulin and Trulicity will be OK out of fridge for a month at room temperature, if concerns about temperatures check cruise boat room will have a fridge or FRIOPACK – have a sample to show and details to order
- Remind them to send you a postcard!

Scenario- 4

Travelling (2)

70 year old male, Type 2 DM

Travelling to Singapore and then on to Australia for 6 weeks.

On Sitagliptin 100mg OD,

Empagliflozin OD and

Metformin 850mg TDS.

What would you advise re: medication and BGM, with reference to time zones and meals, and general guidance re: travelling/storage of medications etc.?

Scenario- 4 Answers

- Take tablets with food, as close to normal as possible e.g. breakfast, lunch and evening meal for Metformin. At least 4 hours between each Metformin dose.
- Sitagliptin and Empagliflozin, keep watch on English time until land in Australia – that way you only take one dose in 24 hours. Then swap watch and take tablets with breakfast
- Don't be concerned if BGL run higher for a few hours/days until settle into new routine
- Exercise levels may differ –more or less! Effect on blood glucose levels
- Sleeping and waking times may differ – will this effect tablet times?
- Are they carb aware/carb counting? Use carbs and calcs app or book, including world foods option to help
- If not sure how you are feeling, test BGL
- Keep all medication in hand luggage – do NOT put in hold the suitcase may be lost!
- Travel letter needed to confirm medication/lancets etc. – available free from diabetes team or ? GP – to be carried with medication and passport
- Make sure patient has enough medication and strips - do not buy online or from another country, you are never sure what you will be given
- Have a snack/hypo treatment in hand luggage in case of delays, or money to buy food
- Don't order “diabetic” menu – often has less carbs
- Remind them to send you a postcard!

Scenario-5

Drugs and Alcohol

72 year old female going to Glastonbury Festival for 3 days, Type 2 DM

On Insuman Comb- 25 BD 16/12 units.

She plans to use cannabis and drink cider. She will be camping.

What would you advise re: medication and food; BGM; storage of insulin and general guidance re: drugs and alcohol?

Scenario-5 Answers

- Take insulin with food, as close to normal as possible e.g. breakfast and evening meal. At least 8 hours between one injection and the next.
- Exercise levels may differ –more or less! Effect on blood glucose levels
- Sleeping and waking times may differ – will this effect injection times?
- Don't be concerned if BGL run higher for a few hours/days or until back home and settled back into usual routine
- If not sure how you are feeling, test BGL
- Cannabis often gives the munchies, increases food intake, may put BGL up; in contrast cider will initially put BGL up but then lower BGL for a number of hours later. BUT also worth noting that likely to be dancing and walking a lot at Glastonbury so the initial rise from the cider and munchies could be countered to some degree by the activity.
- Remember – hypos can sometimes look like drunk or “under the influence” – make sure friends know how to treat a hypo and/or carry ID with diabetes details
- Where will medication be safest - in hand luggage/rucksack or in tent
- Travel letter may be needed to confirm medication/needles etc. – available free from diabetes team or ? GP
- Have a snack/hypo treatment in hand luggage/rucksack or money to buy food
- Insulin will be OK out of fridge for a month at room temperature, if concerns about temperatures suggest FRIOPACK – have a sample to show and details to order

Scenario-6

Exercise

32 year old male. Type 2 diabetes. BMI 41.
On Ozempic (Semaglutide) 1mg once/week,
Humulin M3 BD-86/54 units and Metformin 1g BD.

Wife has been diagnosed with cancer. Keen to change his lifestyle and raise money for Cancer Research so plans to do the 5K run/walk in 4 months time.

What would you advise re: medication and BGM? What would you need to consider? Who/where would you refer to for additional support?

Scenario-6 Answers

- Encourage and offer support
- Highlight weight loss and exercise will bring BGL down and probably need reduction in medication, especially insulin
- Revise hypos – BGL <4 , 10-15g quick acting glucose, “check again after 10”, if still <4 more glucose. Continue until >4 , then carbs. Identify cause and if more than once consider reduction in insulin. Give a hypo leaflet with written instructions to support what you verbally teach.
- More frequent BGM – note may need more strips on prescription!
- Refer to dietitian and/or diabetes specialist team
- Consider sponsoring him!