

Type 2 Sick Day Management

You have probably noticed that when you are sick your sugar runs higher - this is because your body is producing elevated levels of “stress” hormones (cortisol, glucagon, growth hormone and epinephrine/adrenaline) that counteract insulin.

Most conditions making you sick are self-limited and need no special treatment other than careful self-monitoring and sometimes additional salty fluids.

Sick day management if you are taking an SGLT2 medication such as empagliflozin, dapagliflozin or canagliflozin requires special management because rarely (1/2000 per year), SGLT2s can cause or contribute to a condition known as euglycemic diabetic ketoacidosis (eDKA) in which blood ketone levels become elevated. The unusual thing about eDKA is that often the sugar is not particularly high, often < 12.. If you are on an SGLT2 and are sick, vomiting, have diarrhoea or are passing unusual amounts of urine, you should immediately stop taking the SGLT2 and not resume until fully recovered. Copious salty fluids are also recommended and frequent glucose monitoring, and if your condition worsens you should go to hospital.

In addition SGLT2s should be stopped 3 days prior to surgical or other medical procedures. SGLT2s should not be taken by individuals on very low carb diets (< 60 gram per day). If you wish to go ultra low carb and take an SGLT2, you need to monitor your serum ketone (BHB) levels using either the Freestyle Lite meter or Freestyle Libre Reader, both of which measures BHB & glucose.

If you are taking insulin and your sugars are high you can try taking additional insulin, say 10% more basal insulin and 10% more rapid/mealtime insulin. For more information for Type 2s on insulin, see the related handout [Sick day management in Type 1 diabetes](#).

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