

Ketone and Sick Day ManagementHow to calculate rapid acting insulin (Novorapid/Apidra/Humalog)

TDD	5%	10%	20%

Never stop basal/background insulin Lantus,		Levemir, Protophane or NPH *% of TDD replaces normal correction			
Urine Ketones	Blood Ketones mmol/L	< 4 mmol/L	4 - 8 mmol/L	8.1 - 15 mmol/L	> 15 mmol/L
Negative or trace/small	0.6 - 0.9 mmol/L	Use 15g of rapid acting carb to treat hypo Consider minidose glucagon if unable to tolerate carb Test blood glucose and ketones repeat in 15 mins and repeat 15g rapid acting carb every 15 min until BGL > 4mmol/L RING HOSPITAL FOR ADVICE	Normal insulin Offer carb & sweetened fluid - use insulin to carb ratio to cover food/fluid Test blood glucose & ketones 2 hourly	 Give *5% of TDD Encourage sugar free fluids Use insulin to carb ratio to cover food Test blood glucose & ketones 2 hourly	 Give *10% of TDD Encourage sugar free fluids Use insulin to carb ratio to cover food Repeat dose after 2 hours if ketones not reduced Test blood glucose & ketones 2 hourly
Small / Moderate	1.0 - 1.4 mmol/L	Use 15g of rapid acting carb to treat hypo Consider minidose glucagon if unable to tolerate carb Test blood glucose and ketones repeat in 15 mins and repeat 15g rapid acting carb every 15 min until BGL > 4mmol/L RING HOSPITAL FOR ADVICE	Give* 5% of TDD Carb and sweetened fluid Use insulin to carb ratio to cover food/fluid Repeat dose after 2 hours if ketones not reduced Test blood glucose & ketones 2 hourly	 Give* 10 % of TDD Encourage sugar free fluids Use insulin to carb ratio to cover food Repeat dose after 2 hours if ketones not reduced. Test blood glucose & ketones 2 hourly	Give *10% of TDD Encourage sugar free fluids Use insulin to carb ratio to cover food Repeat dose after 2 hours if ketones not reduced Test blood glucose & ketones 1 hourly
Large ++++	> 1.5 mmol/L	 Use rapid acting carb to treat hypo Consider minidose glucagon if unable to tolerate carb 	 Give *5% of TDD Carb and sweetened fluid Use insulin to carb ratio to cover food/fluid Repeat dose after 2 hours if ketones not reduced Go to hospital if vomiting 	 Give *10% TDD Encourage sugar free fluids Use insulin to carb ratio to cover food Repeat dose after 2 hours if ketones not reduced Go to hospital if vomiting 	 Give* 20% of TDD Encourage sugar free fluids Use insulin to carb ratio to cover food Repeat dose after 2 hours if ketones not reduced. Go to Hospital if vomiting
		GO TO HOSPITAL	Test blood glucose & ketones 2 hourly RING HOSPITAL FOR ADVICE	Test blood glucose & ketones 1 hourly RING HOSPITAL FOR ADVICE	Test blood glucose & ketones 1 hourly RING HOSPITAL FOR ADVICE

 $Immediate\ risk\ of\ diabetic\ ketoacidosis\ (DKA)\ if\ the\ blood\ ketone\ level\ is > 3.0\ mmol/L.\ Insulin\ treatment\ is\ needed\ urgently.\ Go\ to\ closest\ emergency\ department.$





You need to speak to your doctor or diabetes educator urgently or go to hospital if:

- Vomiting persists and unable to keep fluids down
- Ketones are not coming down or are 1.5mmol/L or more after two supplemental doses of insulin
- Persistent hypoglycaemia
- Blood glucose does not improve or remains over 15mmol/L despite two supplemental doses of insulin
- Drowsy or confused
- Fast or unusual breathing
- Abdominal pain
- Unsure what is wrong
- The people who are caring for you are not sure what to do or are exhausted

If pregnant go to hospital or contact health care team if ketones > 1mmol/l

% Of Total Daily Dose Ready Reckoner								
Total daily dose (TDD) ↓	5%	10%	20%					
15	1	1.5	3					
20	1	2	4					
25	1.5	2.5	5					
30	1.5	3	6					
35	2	3.5	7					
40	2	4	8					
45	2.5	4.5	9					
50	2.5	5	10					
55	3	5.5	11					
60	3	6	2					
65	3.5	6.5	13					
70	3.5	7	14					
75	4	7.5	15					
80	4	8	16					
85	4.5	8.5	17					
90	4.5	9	18					
95	5	9.5	19					
100	5	10	20					