

## How to manage Type 2 diabetes if you become unwell with coronavirus and what to do with your medication

**If you become unwell with coronavirus and require advice specifically for coronavirus, please refer to the following websites:**

- Diabetes UK [https://www.diabetes.org.uk/about\\_us/news/coronavirus](https://www.diabetes.org.uk/about_us/news/coronavirus)
- NHS <https://www.nhs.uk/conditions/coronavirus-covid-19/>

This advice is intended for the following people with Type 2 diabetes:

1. People who take tablets and/or non-insulin injectable medication
2. People who take tablets, insulin and other injectable medications

**Please ensure you have access to the following at all times, not just when you become unwell:**

- 1-month supply of all of your medicines
- If you normally check your blood sugar levels at home, ensure you have access to a blood glucose meter with 1-month supply of test strips and lancets
- If you have been advised to check ketones, please ensure you have access to a ketone testing system – either urine or blood.

**If you need to access supplies or prescriptions, please contact the local community pharmacist you usually go to for your prescriptions via telephone or virtually (where you can do so). Additional measures have been put in place to ensure delivery of prescriptions for high risk groups who need to self-isolate.**

### **1. Becoming Unwell**

If you develop Coronavirus symptoms or any other illness, it is likely to affect your blood sugars. While you are unwell it is VERY likely that your blood glucose will increase even if you are eating less than usual.

**If you already have access to blood glucose monitoring, increase the frequency of checking your blood glucose every 2 to 4 hours.**

**Ensure you:**

- **Stay hydrated:** drink at least ½ cup (100mls) of water (you can also drink any other sugar free drink) every hour
- **Do not fast:** maintain carbohydrate intake

- **If you are unable to eat or drink or are vomiting, replace meals with sugary fluids or ice cream**
- **Never stop insulin:** you may have to adjust the dose
- You may need to stop taking some medications during the period you are unwell (see below for specific advice)
- If you are worried about other symptoms not related to your diabetes, please seek medical advice from NHS 111 in the first instance
- **Seek medical attention if you are unable to control your blood glucose (persistently over 18mmol/L) or unable to stay hydrated due to vomiting**

## **2. For people who take tablets or non-insulin injectable medications for diabetes**

You may find that because of reduced appetite or inability to eat your usual meals, these tablets may cause low sugars.

Some of the tablets (oral hypoglycaemic agents) will need to be stopped during the period you are unwell, and this may cause your blood sugar to go up

**If you have access to blood glucose monitoring, increase the frequency of monitoring to 2 - 4 hourly**

**If you DO NOT have access to blood glucose monitoring, look out for symptoms of high blood glucose. These include thirst, passing more urine than usual and tiredness. Seek medical advice if you have these symptoms.**

**If you are taking any of the following diabetes medications, you need to stop them when you are sick.**

Restart when you are well (normally after 24 to 48 hours of eating and drinking normally). When you restart your medicine, just take them as normal

**Metformin** – dehydration can make it more likely that you will develop a serious side effect called lactic acidosis

**Sulfonylureas** – if you are unable to eat or drink, it will be more likely that you develop low blood glucose (hypos)

- **Examples:** names ending with '*ide*' such as gliclazide, glibencamide, glipizide  
**If you are eating and drinking normally and blood sugars are high continue to take Sulfonylureas**

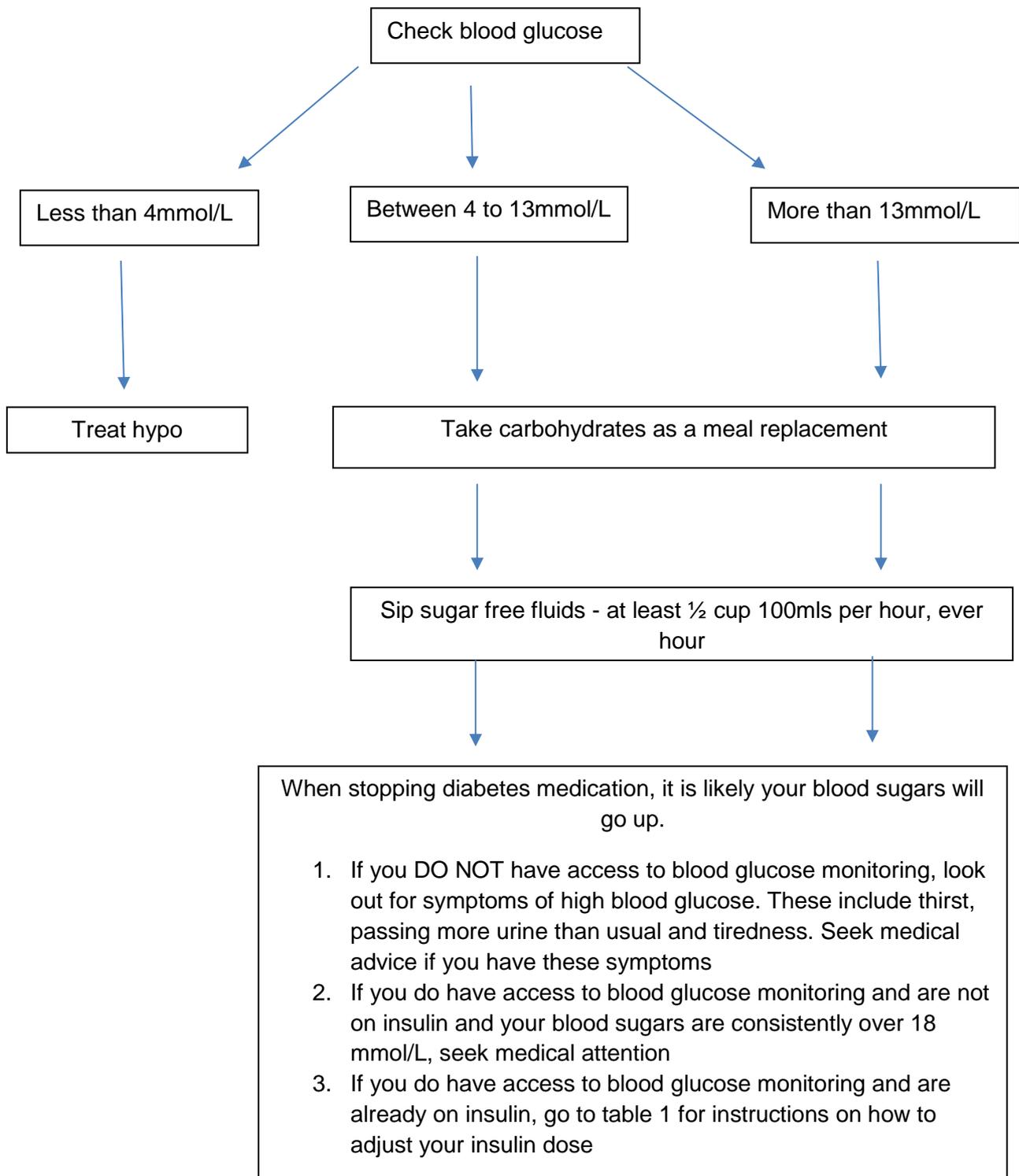
**GLP-1 analogues** –dehydration can make it more likely that you will develop a serious side effect.

- **Examples:** names ending with '*tide*' such as exenatide, dulaglutide, liraglutide, lixisenatide and semaglutide

**SGLT2 inhibitors** – dehydration can make it more likely that you will develop a serious side effect called ketoacidosis.

- **Examples:** names ending with '*flozin*' such as canagliflozin, dapagliflozin, empagliflozin and ertugliflozin

**What to do if you are on medications other than insulin for your diabetes, depending on your blood sugars**



**Seek medical attention if low blood glucose levels persist despite changes and you are unable to stay hydrated or take carbohydrates due to vomiting**

### 3. For People who take tablets, other injectable medications and insulin

Advice for insulin dosing depends on what type of insulin you take

Table 1

Background Insulin (given once or twice daily)	Twice daily Mixed Insulin	Ultra-long acting Insulin
Insulatard	Novomix30	Toujeo
Humulin I	Humalog Mix 25	Tresiba
Insuman Basal	Humalog Mix 50	
Lantus	Humulin M3	
Abasaglar		
Semglee		
Levemir		

#### Treating low blood glucose

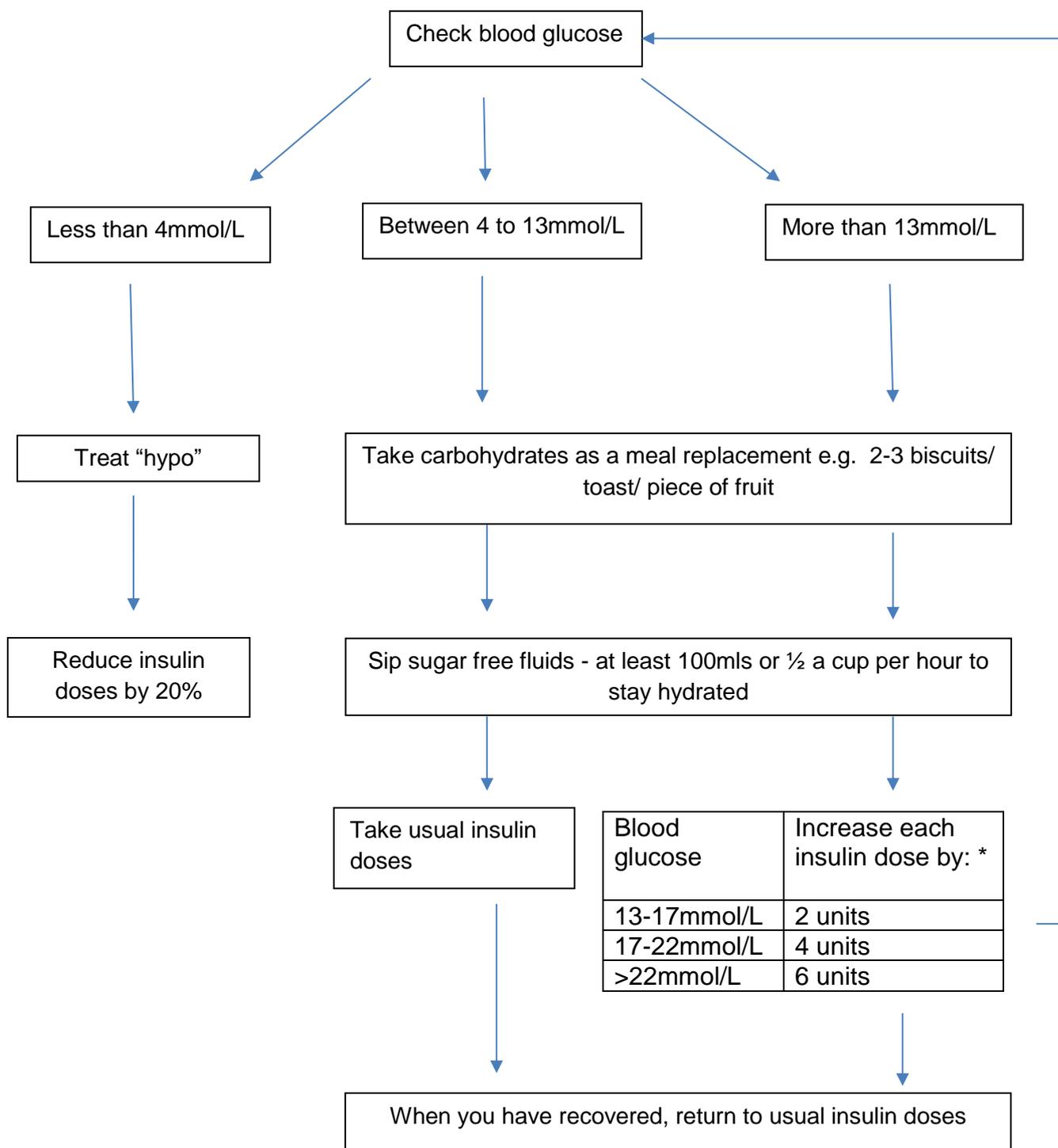
If your blood glucose is less than 4mmol/L (hypo), treat with a carbohydrate portion.

Examples of carbohydrate portions include:

- Fruit juice 100mls
- Milk 200mls
- Vanilla ice cream 1 large scoop
- Tomato soup 200g
- Low fat yoghurt 150g
- 2 rich tea biscuits

**Seek medical attention if low blood glucose levels persist despite changes and you are unable to maintain hydrated or take carbohydrates due to vomiting**

## What to do with your insulin, depending on your blood sugars



**\*If you are on a mixed insulin and have had to increase the dose according to table one on page 2, eat or drink sufficient carbohydrates to prevent low blood glucose (hypos)**

**Seek medical attention if low blood glucose levels persist despite changes and you are unable to maintain hydrated or take carbohydrates due to vomiting**

#### 4. Other medications

If you are taking any of the following diabetes medications, you need to **stop** them when you are sick.

**ACE inhibitors** – these medicines are used for heart conditions, high blood pressure and for kidney protection. If you are dehydrated, these medicines can stop your kidneys working properly.

- **Examples:** names ending in '*pril*' such as ramipril, lisinopril, perindopril, captopril

**ARBs** - these medicines are used for heart conditions, high blood pressure and for kidney protection. If you are dehydrated, these medicines can stop your kidneys working properly.

- **Examples:** names ending in '*sartan*' such as candesartan, irbesartan, losartan, valsartan

**Diuretics** – these medicines are used for excess fluid and high blood pressure and are sometimes called 'water pills'. These medicines can make dehydration more likely.

- **Examples** include bendroflumethiazide, furosemide, indapamide, bumetanide.
- If you are taking more than two tablets a day of either bumetanide or furosemide, please seek medical advice before stopping

**NSAIDs** – these are anti-inflammatory pain killers. If you are dehydrated, these medicines can stop your kidneys working properly.

- **Examples** include ibuprofen, naproxen

#### Key Points

- If you are unwell and have access to blood glucose monitoring, increase the frequency of checking to 2-4 hourly
- If you are unwell and do not have access to blood glucose monitoring, look for symptoms of high blood glucose and seek medical advice if you have these
- Never stop insulin
- Seek medical attention if you are unable to maintain hydrated or take carbohydrates due to vomiting
- Seek medical attention if you have persistently high or low blood glucose readings despite altering your medications
- If you have altered your medication doses, remember to change them back to their usual doses gradually when you have recovered