



Provision of Diabetic Sick Day Plans in the Outpatient Setting

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IRB Not Needed

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Disclosure

- Tyler Ratliff
- Conflict of Interest: None
- Sponsorship: None
- Proprietary and information or results of ongoing research may be subject to different interpretations
- Presentation is educational in nature and indicates agreement to abide by non-commercialism guidelines provided

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Objectives

- 1) Identify blood glucose management risks for insulin-dependent diabetic patients during acute illness.
- 2) Discuss pharmacotherapy and lifestyle management for diabetic patients during acute illness.

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Med-World Pharmacy

- Independent Pharmacy in Sapulpa, OK
- AADE Accredited Diabetic Education
- 2015 Top MTM Center in Oklahoma
- 2017 OPHA Excellence in Innovation Award



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Rationale

- Community Pharmacists are often prompted to ask about sick day readiness in diabetic patients during Medication Therapy Management (MTM)
- Most patients are not able to voice a coherent plan to manage blood glucose during illness
- Many pharmacists are not confident in developing a plan in this setting

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Methods

- Diabetic patients prescribed insulin
- Eligible patients asked if they knew how to manage blood glucose during illness or if a physician had developed a plan for them
- If not, community pharmacists provides counseling and a hard copy sick day plan

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Methods

- Screening performed from January 2018 to April 2018
- Patient screening performed during final verification, retrospective dispensing data, monthly diabetic support group meetings, and AADE accredited diabetes education classes
- Patients identified via retrospective dispensing data were mailed a hard copy and counseled via telephone

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Methods

- Assembled Diabetic Sick Day plan utilizing ADA Diabetic Standards of Care and ADA guidance for sick day diabetic care
- Pharmacologic Therapy
- Non-pharmacologic Therapy
- Guidance on seeking emergent care or contacting Primary Care Physician

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Diabetic Sick Day Plan

Medication

Do you take insulin? Yes No. If yes, refer to the box below.

If your blood sugar is elevated, continue to take your mealtime insulin even if you can not eat

- You may need to use more insulin than usual while sick
- Be alert for the signs and symptoms of low blood sugar
- Follow your sliding scale if your doctor has developed one for you

-Take your diabetic medications normally, even if you are vomiting

-Avoid over-the-counter medicines that may contain sugar such as sweetened cough syrup

Food

- Aim for ~50g of carbohydrates every 4 hours
- Drink 8 oz of fluid every hour

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Diabetic Sick Day Plan

Monitoring Your Blood Sugar

- Check your blood sugar and urine ketones every four hours
- Keep a logbook of your blood sugar every 4 hours
- Keep monitoring as long as you:
 - Have measured blood sugar readings over 250 mg/dL or high than the number your doctor has set for you.
 - Your ketone numbers are moderate to high
 - You can not follow your normal meal plan
 - You do not feel well

Call Your Doctor If:

- Your blood sugar reaches the maximum number your doctor has set for you
- You vomit or diarrhea for more than 6 hours
- Your illness does not resolve in 24-48 hours

Seek Immediate Medical Care If:

- You experience rapid breathing and heart rate
- You notice fruity smelling breath, severe drowsiness, or very dark urine

My Doctor is: _____ Physician Phone #: _____

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Results

- 68 eligible patients identified
- 67 reported not having a sick day plan
- One patient who reported having a plan, still counseled and provided a hard copy sick day plan
- 0 patients reported awareness to an unsafe blood glucose level

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Discussion

- Diabetic patients are not being effectively educated on blood glucose management during acute illness
- Diabetic patients struggle to assess when they need to seek emergent care

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Discussion

Potential Areas of Impact:

- May decrease incidence of Diabetic Ketoacidosis
- MIPS or CPC+ score improvement via tighter A1c control
- May shorten duration of illness
- Improve patient care proactively regardless of MTM qualification

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Study Limitations

- No mechanism for tracking sick day management effectiveness before or after sick day plan implementation
- No assessment of initial blood glucose control
- No mechanism for tracking Diabetic Ketoacidosis occurrence

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References

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Sick Days. (n.d.). Retrieved from <http://www.diabetes.org/living-with-diabetes/parents-and-kids/everyday-life/sick-days.html>

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Assessment

- 1) How many grams of carbohydrates should diabetics aim to consume every four hours during acute illness?
 - a) 50g
 - b) 30g
 - c) 20g
 - d) 10g
- 2) How many ounces of fluid should diabetic patients consume per hour during acute illness?
 - a) 8oz
 - b) 20oz
 - c) 30oz
 - d) 16oz

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