Sick Day Medication Rules

Instructions for Healthcare Professionals:

If patients become ill and are unable to maintain adequate fluid intake, or have an acute decline in renal function (e.g. due to gastrointestinal upset or dehydration), they should be instructed to adjust medications which will:

A) Increase risk to cause decline in kidney function:
- Angiotensin-converting enzyme inhibitor
- Angiotensin receptor blockers
- Direct renin inhibitors e.g. aliskerin
- Non-steroidal anti-inflammatory drugs
- Diuretics

B) Have a reduced clearance and increase the risk for adverse effects:
- Metformin
- Sulfonylureas (gliclazide, glimepiride)
- Insulin

Please complete the following and give to your patient. Patients should be instructed to increase the frequency of blood glucose monitoring and adjust doses of their anti-diabetic medications if necessary.
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Instructions for Patients:

When you are ill, particularly if you become dehydrated (e.g. from vomiting or diarrhoea), some medicines can worsen your kidney function or result in side effects.

You may need to temporarily miss or reduce doses for the following types of medications:

- Blood pressure pills
- Water pills
- Metformin
- Diabetes medications

If you are diabetic and usually monitor your sugars at home, increase the number of times you check your blood glucose levels. If they run too high or low contact your GP. If you are on antidiabetic tablets or insulin, you may need to adjust your doses.

Your list of medications that may need adjusting are as follows:

Even When You Are Well:

Never take non-steroidal anti-inflammatory drugs - these are commonly found in pain and cold remedies e.g. nurofen, ibuprofen. These can damage your kidney further.

CONTINUE with steroids such as prednisolone or hydrocortisone, never stop them abruptly.

Check with your pharmacist before using over the counter medicines and discuss all changes with your GP or clinic.