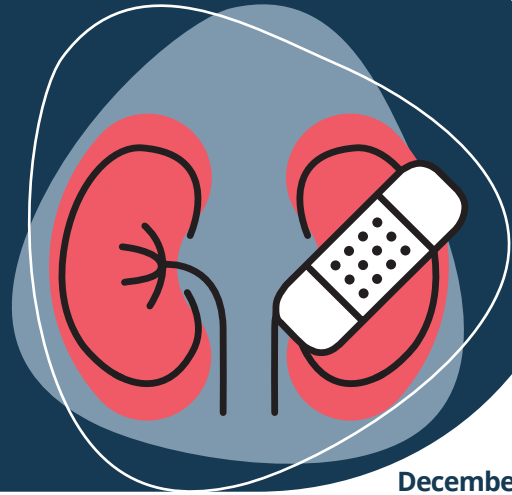


How to... Sick Day Action Plan



December 2022

When prescribing medications for people with CKD, it is important to have a plan for what medications to stop on days of illness or dehydration. A **Sick Day Action Plan** provides information on what to do, who to contact, when to stop which medication, when to start medications again, and who to tell.



- 1 When to stop medications
- 2 Mnemonic for medications to stop
- 3 Next steps
- 4 Sick Day Action Plan

In 2012-13, of all hospitalisations in Australia, **1.6%** (131,780) were due to AKI. For 18,010 hospitalisations, AKI was recorded as the principal diagnosis.

(Source: AIHW 2015 report - AKI in Australia: A first national snapshot)

When people become sick or can not maintain adequate fluid intake, they are at increased risk of an **Acute Kidney Injury (AKI)**. AKI is a common condition that involves a change in creatinine or drop in urine output, usually occurring quickly over a few days and may be reversible, though most people recover from AKI. A **Sick Day Action Plan** details medications that should be ceased during times of intercurrent illness. Acute Kidney Injury increases the risk of chronic kidney disease, kidney failure, and death, and requires regular **Kidney Health Checks** to monitor kidney function.

1 When to stop medications

When someone becomes ill and is unable to maintain adequate fluid intake (e.g., due to gastrointestinal upset or fever), they should be advised to withhold medications which will:

A) Increase risk of kidney dysfunction:

- Angiotensin-converting enzyme inhibitors.
- Angiotensin receptor blockers.
- Non-steroidal anti-inflammatory drugs.
- Diuretics.
- SGLT2 inhibitors.

B) Have reduced clearance and increase risk for adverse effects:

- Metformin (lactic acidosis).
- Sulfonylureas (prolonged hypoglycaemia)

Things to discuss with your patient:

Explanation about ceasing medications for your patient:

Blood pressure tablets - as they reduce blood pressure, they may not be needed when you are sick.

Water/diuretic tablets - as they work to remove fluid from your blood and dehydrate you faster.

Diabetes medications - as they work to reduce your blood sugar and can cause side effects, including increasing your risk of low blood sugar or increasing your risk of diabetic kidney disease.

Pain medications - which include non-steroidal anti-inflammatory drugs like ibuprofen (oral and topical), meloxicam, and indomethacin that are available over the counter and can worsen your kidney function.

- Explain why these medications need to be stopped to protect kidneys.
- Talk to your patient about when to restart.

2 Mnemonic for drugs to be avoided on a sick day (SADMANS)

- S** Sulfonylureas
- A** ACE-inhibitors
- D** Diuretics
- M** Metformin
- A** Angiotensin receptor blockers
- N** Non-steroidal anti-inflammatory
- S** SGLT2 inhibitors

3 Next steps

People with kidney disease should have a **Sick Day Action Plan** in place. This can form part of a GP Management Plan.

A Home Medicines Review (HMR) may be beneficial. The HMR pharmacist can assist in understanding which medications are required to be stopped, as listed in the Sick Day Action Plan. Always include the patient's CKD stage and underlying conditions.










REMINDE people with CKD to always check with a health care professional before using any medications (this includes over the counter medications). Instruct people with CKD to contact you when they are unwell and need to implement their Sick Day Action Plan.

4 Sick Day Action Plan

Download this template and complete for people with CKD.

Contacts

Doctor: Name: Phone:
 Pharmacy: Name: Phone:
 Family: Name: Phone:

When I am...	Health care	Medications	Self-care	Resources
 <p>Dehydrated (vomiting, diarrhea extreme heat)</p>  <p>Unwell (fever >38C, flu, COVID-19)</p>	 <p>Contact your doctor. Contact a family member.</p>	 <p>Stop taking medications:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	 <p>Rest. Drink water so that you are passing urine every 2-3 hours and that it is straw coloured. Stay calm and contact family/ carer for assistance. Ask your GP to complete a Kidney Health Check when you are well.</p>	 <p>Drink Water Instead factsheet.</p>  <p>Acute Kidney Injury factsheet.</p>
<p>Well again</p>	<p>Ask your HCP about the medications you are taking. Ask about a Home Medicines Review.</p>	 <p>Take your prescribed medications:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Notify your HCP of any vitamins, herbal medications, teas, and over the counter medications you are using.</p>	<p>Ask your pharmacist if the medications are safe for your kidney disease stage. It is important to know your kidney disease + your eGFR. It is important to tell all health care providers you have CKD, including your dentist.</p>	 <p>Kidney Helpline 1800 454 363</p>

Resources and information

Remember
SADMANS Mnemonic

A coded diagnosis of
CKD in medical history
is essential for
medication alerts in
practice software

A Sick Day Action Plan
is needed for
everyone with
chronic kidney
disease

Health Professional Hub (coming soon!)

- Practice Tool Kit
- Sample practice invitation letter
- Risk assessment cards
- Risk assessment posters
- CKD education modules

CKD Handbook & CKD-Go! App kidney.org.au/ckdhandbook

Health Professional Webinar kidney.org.au/health-professionals/webinars/ckd-and-aki-webinar

Acute Kidney Injury factsheet for consumers

RACGP 5th Standards for General Practice Indicator

C5.1 B: Our clinical team supports consistent diagnosis and management of our patients.



Connect with us:

Freecall 1800 454 363
kidney.org.au

Every effort has been taken to ensure that the information in this guide was correct at the time of publication. Please check relevant sources for updates that may affect the accuracy of this information since publication. Any feedback or content updates can be referred to our primary care team primary.care@kidney.org.au. This 'How to...' guide was kindly supported by a grant from Astra Zeneca.
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