



Medication sick day guidance

Advice for professionals on medicines and acute dehydrating illness

The 2026 revision now includes SGLT-2 inhibitors, advice on LVSD and space to identify other medicines.

What is the potential problem?



Acute dehydrating illness can cause a significant risk for people taking certain medicines. The Medication Sick Day guidance outlines medicines that should be temporarily withheld during an acute dehydrating illness and restarted when the individual is well. This is defined as more than one episode of vomiting, diarrhoea and high fever.

The list of medicines was developed by healthcare professionals and people with lived experience in the revised [Polypharmacy Guidance](#); Appropriate Prescribing – Making medicines safe, appropriate and sustainable.

Why these medicines?



The online Medication Sick Day Guidance leaflet/card has been updated to provide additional space for health professionals to identify any other medicine that the sick day guidance applies to. Healthcare professionals should have a person-centred discussion and use the additional space provided to record actions to be taken when the person is acutely unwell. The list of medicines on the card is not exhaustive but those highlighted follow the SADMAN acronym.

SGLT-2 inhibitors: these medicines increase diuresis and may exacerbate volume depletion during intercurrent illness. They should be taken with caution in those who have limited oral intake or severe dehydration. Withholding SGLT-2 inhibitors during dehydrating illness can be part of a diabetic ketoacidosis (DKA) prevention strategy.

SGLT-2 inhibitors can also be associated with euglycaemic DKA. When an individual is hospitalised for major surgery or acute serious medical illness, SGLT-2 inhibitors should be temporarily stopped, and blood ketones monitored during treatment interruption. Treatment may be restarted when the ketone values are normal, and the individual's condition has stabilised.

ACE inhibitors: may impair renal function and exacerbate acute kidney injury (AKI) in adults with intercurrent illness.

Diuretics: can either directly cause dehydration or increase the likelihood of dehydration during intercurrent illness.

Metformin: reduced clearance can increase the risk of adverse effects, such as lactic acidosis.

Angiotensin Receptor Blockers (ARBs): may impair renal function and exacerbate AKI in adults with intercurrent illness.

NSAIDs: careful consideration on their use to reduce fever in dehydrating illness should be balanced with the risk of AKI.

The guidance may not be appropriate in those with moderate to severe left ventricular systolic dysfunction (LVSD), as these individuals can decompensate and require specialist management. Therefore, during dehydrating illness, it may be advisable to seek specialist advice for these individuals instead of providing Medication Sick Day Guidance.

The advice for people prescribed sulfonylureas is complex. Individuals prescribed a sulfonylurea may be advised to withhold it, if their blood glucose is low. However it is important to note that illness and infections, as well as other forms of stress, can significantly raise blood glucose levels even when not eating and drinking properly and the decision to continue or stop sulfonylureas should be based on the individual's blood glucose levels.

What advice should I give to individuals/carers?



To ensure everyone understands the information on the card, it is recommended that individuals/carers should be offered the following explanation at the time they are given a leaflet/card:




- Some medicines shouldn't be taken when you have an illness that makes you dehydrated. This is because they can either increase the risk of dehydration or because dehydration can lead to potentially serious side effects of the medicine.
- The medicine you are taking that falls into this category is *[tell the individual which medicine and write the medicine on the card]*.
- Illnesses with two or more episodes of vomiting, diarrhoea and/or fever can cause dehydration.
- If acute illness persists for longer than 72 hours, individuals should be advised to contact a healthcare professional for review.
- Medicines should be restarted once eating and drinking normally for at least 24 hours and no longer acutely unwell. For adults admitted to hospital, it is recommended that advice on when to restart medication should be included upon discharge.

What does the card look like?



The card is postcard sized and printed on both sides (shown below, not actual size).

For more information, please contact your healthcare professional.





Medication Sick Day Guidance


When you are unwell with:

- two or more episodes of vomiting or diarrhoea
- fever, sweats or shaking (unless mild)

You should temporarily stop taking the medicines ticked overleaf as previously agreed with your healthcare professional.

Restart your medicines once you are well, usually after 24-48 hours of eating and drinking normally.





Medicines to stop on sick days

(as agreed with your healthcare professional):

- SGLT-2 inhibitors, ending “flozin”
- ACE inhibitors, ending “pril”
- Diuretics, e.g. bendroflumethiazide, furosemide
- Metformin
- ARB, ending “sartan”
- NSAIDs, e.g. ibuprofen, diclofenac, naproxen

Other medicines to stop:

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