

## Medicine Sick Day Rules

### Advice for Clinicians and Health Care Professionals

If a patient is unwell with any of the following: fevers, sweats and shaking, vomiting or diarrhoea (unless only minor):

**Then consider temporarily stopping the medicines listed below.**

**Restart after 24-48 hours of eating and drinking normally.**

#### **Common Medicines to STOP on Sick Days**

- **ARB's:** Eg. Losartan, Valsartan, Candesartan, Irbesartan, Olmesartan
- **ACE Inhibitors:** Eg Ramipril, Perindopril, Enalapril, Lisinopril, Captopril
- **NSAIDs:** Eg. Ibuprofen, Naproxen, Diclofenac
- **Diuretics :**Eg Furosemide, Bumetanide, Bendroflumethiazide
- **Metformin:** Biguanide used in diabetes
- **SGLT2 inhibitor:** Empagaflozin, Dapagliflozin, Canagliflozin – used in diabetes

#### What is the problem?

Some medicines should be avoided when patients have an illness that makes them 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.

#### Why these medicines?

The list of medicines above is not exhaustive but they are highlighted because:

- Diuretics can cause dehydration or make dehydration more likely in an ill patient
- ACE inhibitors, ARBs and NSAIDs in a dehydrated patient, may impair kidney function which could lead to kidney failure
- Metformin and SGLT2 inhibitors: dehydration can increase the risk of lactic acidosis, a serious and potentially life-threatening side effect. For more detailed information visit <https://www.thinkkidneys.nhs.uk/aki/resources/primary-care/>