

SPRINGBANK SURGERY

SICK DAY RULES: medicines and dehydration

If you are significantly unwell and at risk of dehydration, some medicines may need to be temporarily stopped.

This helps reduce the risk of kidney injury and other serious complications.

When do these rules apply?

Consider sick day rules if you have **repeated vomiting or diarrhoea, a high fever, or you cannot drink enough to stay hydrated**—especially if you are too unwell to carry out your usual activities. A single episode of sickness or diarrhoea, when you otherwise feel well and can drink normally, does not usually require you to stop medicines.

What should I do?

1. Take frequent small sips of fluid. If you have been advised to restrict fluids because of heart or kidney problems, follow your clinician's advice and seek guidance.
2. Check the medicine groups below. If you take one of these, temporarily stop it during significant dehydrating illness, unless your clinician has given you a different plan. If unsure, contact your GP practice, pharmacist or NHS 111.

MEDICINE GROUP	HOW TO RECOGNISE IT / EXAMPLES	WHY IT MATTERS
S — SGLT2 inhibitors	Names ending in -gliflozin : dapagliflozin, empagliflozin, canagliflozin	Can increase the risk of diabetic ketoacidosis, even if blood glucose is not very high.
A — ACE inhibitors	Names ending in -pril : ramipril, lisinopril, perindopril	May increase the risk of kidney injury when dehydrated.
D — Diuretics ("water tablets")	Furosemide, bumetanide, indapamide, bendroflumethiazide, spironolactone	May worsen dehydration and kidney problems.
M — Metformin	Metformin, including slow-release versions	Dehydration and kidney problems can increase the risk of lactic acidosis.
A — ARBs	Names ending in -sartan : losartan, candesartan, valsartan, irbesartan	May increase the risk of kidney injury when dehydrated.
N — NSAID painkillers	Ibuprofen, naproxen, diclofenac tablets/capsules	Can reduce blood flow to the kidneys and increase kidney injury risk.

Important: If you take a diuretic for heart failure (for example, furosemide or spironolactone), do not stop it without individual clinical advice. Your fluid status needs to be considered.

When can I restart my medicines?

Usually, restart when you have been eating and drinking normally and are recovering for **24–48 hours**. If you are not improving after 48 hours, or you are unsure when to restart, contact your GP practice, pharmacist or NHS 111. Do not leave medicines stopped for longer than necessary without advice.

Extra advice if you have diabetes

If you have diabetes and are unwell, follow your personal diabetes sick-day plan. If you take an SGLT2 inhibitor (a medicine ending in -gliflozin), seek urgent medical advice if you develop nausea, vomiting, abdominal pain, deep/rapid breathing, unusual drowsiness or confusion—these can be signs of diabetic ketoacidosis even if your glucose reading is not very high. Do not rely on this leaflet instead of your diabetes plan.

Pain relief and getting help

Avoid ibuprofen, naproxen and diclofenac while dehydrated. Paracetamol may be suitable for pain or fever if you can normally take it and follow the packet instructions. Seek urgent help if you are very drowsy or confused, have difficulty breathing, cannot keep fluids down, pass very little urine, or are rapidly getting worse. Call 999 for a life-threatening emergency; use NHS 111 for urgent advice when it is not an emergency. This leaflet is general information and does not replace your individual care plan. If your specialist or diabetes team has given you different advice, follow that advice. Based on Nottinghamshire Area Prescribing Committee, Medicines and Dehydration – Sick Day Rules Guideline v2.0 (revised November 2025). Springbank Surgery: ask your pharmacist or healthcare team if you are unsure which medicines apply to you.