



## PATIENT INFORMATION: ADULTS

### Medicines & 'Sick Day Guidance' In the event of sudden/acute illness

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#### This leaflet concerns your medicine(s) called :

#### and what action to take if you :

- Develop vomiting and are unable to keep fluids down
- Have diarrhoea (pass more watery or runny stools than usual)
- Are being treated for an infection such as chest or water (urine) infection **AND** you are not well enough to drink as you normally do.
- Have a fever or feverish illness (including flu-like symptoms) **AND** you are not well enough to drink as you normally do.

#### The advice overleaf applies if you take one or more of the following \*:

- **ACE Inhibitors belong to a special group of blood pressure and heart/kidney tablets** \*: Ramipril, Lisinopril, enalapril, perindopril  
There are others – they all end with the letters “..pril”
- **Sartans belong to a special group of blood pressure and heart/kidney tablets** \*: Losartan, candesartan, irbesartan, valsartan, valsartan/sacubitril combination(Entresto®)  
There are others – they all end with the letters “..sartan”
- **Water tablets (diuretics)** \* : Furosemide, bumetanide, spironolactone, metolazone, eplerenone, bendroflumethiazide, chlortalidone, indapamide (also used to reduce blood pressure)
- **Metformin** } (Both can either be used alone, or in a combination tablet with other medicines for diabetes)
- **Gliflozins\*** } Canagliflozin, dapagliflozin, empagliflozin, ertugliflozin
- **Anti-inflammatory painkillers\***: ibuprofen, naproxen, diclofenac, indometacin, (non-steroidal) celecoxib, etoricoxib, meloxicam,  
Some branded remedies from retail outlets

\* This list is not exhaustive. If you are not sure whether your medicines belong to these categories, or if you have purchased branded medicines and you are not sure of their other proper chemical (generic) name, please talk to your pharmacist or doctor.



## General Advice:

1. **Keep your water/fluid intake up to make sure you have enough fluids in your body and are adequately hydrated. As a general rule, drink plenty (especially if you are still thirsty), until your acute/sudden illness passes.**

This is likely to be at least 7 cups a day (one cup = 200ml) unless you have other instructions from your doctor. If you are vomiting, medical advice is to take small sips of water/fluid frequently, until your symptoms have settled.



2. **Avoid alcoholic drinks**
3. **Speak to your GP or specialist team if you have passed much less urine than you normally pass, OR if you are unable to keep fluids down and/or have continuing diarrhoea or vomiting.** They may need to do a blood test to check how well your kidneys are working.
4. **Avoid taking non-steroidal anti-inflammatory painkillers (such as ibuprofen) whilst at risk from dehydration. You can use paracetamol instead to manage your fever/pain (if you don't already take any medicines containing paracetamol). Ask your pharmacist or doctor if you are unsure.**

## Medicines Advice:

**Question: Are you under the care of a specialist team?**

e.g. Chronic Kidney Disease/Renal Unit

or Heart Failure team (or have a diagnosis of heart failure)

| If Yes  | If No  |
|---|--|
| <p>If your specialist team has advised/ recorded specific advice below, then please follow it.</p> <p><b>Specialist team advice:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>If you haven't received specific advice from your specialist team or GP telling you to do otherwise, please follow the advice in the 'If No' section opposite.</p> | <p>You should <u>temporarily</u> stop taking the medicines listed overleaf until your symptoms settle. If this takes more than 48 hours, please check with your GP or 'Out of hours GP Service' for advice.</p> <p><b>Restart your medication in full once you are recovering.</b></p> |

**This advice is important. Dehydration may harm your kidneys and certain tablets can make this harm worse.**