



Gloucestershire Hospitals
NHS Foundation Trust

Medicines and dehydration

Medicine sick day guidance

Introduction

This leaflet contains important information about when to stop some of your medicines if you become dehydrated. This is also known as 'medicine sick day guidance'. Some medicines, when you are dehydrated, can lead to your kidneys not working properly (known as Acute Kidney Injury or AKI) or they can make your dehydration worse.

What is dehydration?

Dehydration is the loss of fluid from your body due to vomiting, diarrhoea or fever (high temperature, sweats, shaking).

If you are sick once or have diarrhoea once, then you are unlikely to become dehydrated. Having 2 or more episodes of vomiting or diarrhoea can lead to dehydration - in these cases, you should follow the advice provided in this leaflet.

What should I do if I become dehydrated?

If you experience any of the symptoms below, you should **temporarily stop** taking any of the medicines listed on the next page to help protect your kidneys.

- Diarrhoea or sickness (unless only once)
- High temperature or a fever
- Passing much less urine than normal
- Any causes that decrease your intake of fluids

It is very important that you start taking your medicines again once you have recovered from your illness. You can start taking your regular medicines 24 to 48 hours after eating and drinking normally. When you restart your medicines, take your normal doses; **do not** try to catch up on missed doses. If you have any queries about when to restart your medication, please ask your GP, pharmacist or practice nurse.

If you remain unwell for more than 48 hours, seek advice from your GP.

Medicines

ACE inhibitors - medication names ending with ‘pril’
such as: Captopril, Enalapril, Lisinopril, Perindopril, Ramipril

Angiotensin Receptor Blockers - medication names ending with ‘artan’ such as: Candesartan, Irbesartan, Losartan, Valsartan

Water tablets such as: Furosemide, Bumetanide, Bendroflumethiazide, Indapamide, Spironolactone, Eplerenone, Metolazone

Non-Steroidal Anti- Inflammatory Drugs (NSAIDS)
such as: Ibuprofen, Naproxen, Diclofenac

SGL2i such as: Dapagliflozin, Empagliflozin, canagliflozin.

GLP1 receptor agonists such as Semaglutide/Ozempic or Wegovy, Tirzepatide/Mounjaro

Non steroidal MRA antagonists such as: Finerenone

Dual endothelin and angiotensin 11 receptor antagonists: such as Sparsentan

Other (please state):

This is **not** a complete list. If you are not sure whether your medicines belong to any of these groups, please ask your GP or pharmacist for advice.

Medicine sick day guidance

When you are unwell with any of the following:

- Vomiting or diarrhoea (unless minor)
- Fevers, sweats and shaking

Stop taking the medicines listed.

Restart when you are well (24 to 48 hours after eating and drinking normally).

If you are in any doubt, contact your pharmacist, GP or practice nurse.

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Keep this leaflet safe and with your medicines for future reference.

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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