

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Newborn Hypoglycemia Protocol

Version 8 2/3/20

Early identification of the at-risk infant and institution of prophylactic measures to prevent neonatal hypoglycemia are recommended as a pragmatic approach to avoid undue interventions and separation of infant and mother.

- Late preterm infants (34 to 36 6/7 weeks) and/or SGA (<10th percentile) – **screen from 0-24 hours**
- Infants of diabetic mothers and/or LGA (>90th percentile) – **screen 0-12 hours**

- IF newborn is symptomatic AND glucose <40mg/dL, contact provider and prepare for transfer to the NICU/transitional nursery
- Symptomatic newborn with CBG > 40mg/dL, contact provider to determine plan of care

Initiate Newborn Hypoglycemic Protocol

Symptomatic

- Hypoglycemia symptoms: jitteriness, hypotonia, lethargy, hypothermia, tachypnea, apnea, tremors, irritability, high-pitched cry, weak cry, poor or uncoordinated suck, cyanosis, seizures or exaggerated moro reflex.

Glucose Goals for Asymptomatic Infants

- 0-4 hours of life >40 mg/dL
- 4-48 hours of life >45mg/dL
- >48 hours of life, contact provider for <60mg/dL

Asymptomatic

Initiate feeding within the first hour of life unless otherwise indicated

Obtain Capillary Blood Glucose (CBG) 30 minutes after the start of the first feeding

IF CBG MEETS GLUCOSE GOALS ABOVE:

Continue to feed infant every 2-3 hours and check CBG prior to feeds

If CBG IS LESS THAN GLUCOSE GOALS ABOVE:

Administer 40% glucose gel per dosing guidelines and feed newborn

Limit time at the breast to 30 minutes.

Recheck CBG one hour after previous CBG check

IF SECOND CBG IS 25-40 MG/DL AT 0-4 HOURS OR 35-45 MG/DL AT >4 HOURS:

Administer 40% glucose gel and feed newborn, notify provider

Recheck CBG one hour after previous check

If CBG remains below glucose goals, contact provider, administer 40% glucose gel and prepare for transfer to NICU/transitional nursery

IF SECOND CBG IS <25MG/DL AT 0-4 HOURS OR <35MG/DL AT >4 HOURS

Contact provider, administer 40% glucose gel and prepare for transfer to the NICU/transitional nursery

May discontinue protocol if BOTH:

Last two consecutive checks >45mg/dL

AND one of the following has been met:

Screen minimum 12 hours of age for diabetic mother or for LGA infant

Screen minimum 24 hours of age for SGA infant or late preterm infant (35-36 6/7 weeks gestation)

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Medications

- Dextrose (Glucose Gel 15 GM) 1ML Syringe

Infant weight 2.000 – 2.499 KG

- 1 ml PO as directed
PER NEWBORN, A MAXIMUM OF 3 DEXTROSE GEL DOSES may be given over the hospital stay
Notify provider if the newborn has received 3rd dose and remains below glucose goals

Infant weight 2.500 – 3.499 KG

- 1.5 ml PO as directed
PER NEWBORN, A MAXIMUM OF 3 DEXTROSE GEL DOSES may be given over the hospital stay
Notify provider if the newborn has received 3rd dose and remains below glucose goals

Infant weight 3.500 – 4.499 KG

- 2 ml PO as directed
PER NEWBORN, A MAXIMUM OF 3 DEXTROSE GEL DOSES may be given over the hospital stay
Notify provider if the newborn has received 3rd dose and remains below glucose goals

Infant weight 4.500 – 5.499 KG

- 2.5 ml PO as directed
PER NEWBORN, A MAXIMUM OF 3 DEXTROSE GEL DOSES may be given over the hospital stay
Notify provider if the newborn has received 3rd dose and remains below glucose goals

Infant weight 5.500 KG or greater

- 3 ml PO as directed
PER NEWBORN, A MAXIMUM OF 3 DEXTROSE GEL DOSES may be given over the hospital stay
Notify provider if the newborn has received 3rd dose and remains below glucose goals