ASYMPTOMATIC NEONATAL HYPOGLYCEMIA

Infant with Risk Factors

To be used for infants in the first 48 hours of life



NOTE:

Hypoglycemia is a medical indication for supplementation (expressed milk, donor milk, or formula)

RISK FACTORS:

IDM/GDM, <37 weeks, initial Apgar <6, maternal beta-blocker, no prenatal care, SGA, LGA

RECOMMENDATIONS:

Keep infant skin-to-skin, avoid cold stress, warm heel before obtaining BG, assist with latch/feeding

BIRTH THROUGH 4 HOURS OF LIFE

BIRTH - 90 MIN

First hour: Uninterrupted skin to skin Initiate first feed by 1 hour of life Obtain initial screen (BG) at 90 minutes of life

SCREEN RESULTS (90 MIN - 4 HRS)

Sometive nesocial (so wine - 4 mis)			
<25 MG/DL	25 - 40 MG/DL	Target > 40 MG/DL	
Give dextrose gel & BF Continue skin to skin If poor latch, feed measurable amount*	Give dextrose gel & BF Continue skin to skin If poor latch, feed measurable amount* Recheck BG in 1 hour	Continue skin to skin Feed on demand every 2-3 hours Recheck BG prior to each feed	
NOTIFY INFANT PROVIDER			
Recheck BG in 1 hour after dextrose gel is given		No more than two target BGs within the first 4 hours of life	

AFTER 4 HOURS OF LIFE			
4 - 48 HRS Feed every 2-3 hours Check BG prior to each feeding		PASS: Three target consecutive pre-prandial BGs without use of dextrose gel	
SCREEN RESULTS (4 HRS UNTIL PASS)		Call NBN LIP if infant has not	
< 45 MG/DL	Target ≥ 46 MG/DL	passed protocol by 12 hours of life.	
Give dextrose gel (max 3 doses) BF, if poor latch, feed measurable amount* NOTIFY INFANT PROVIDER	Feed on demand every 2-3 hours Recheck BG prior to each feed	If infant required supplementation to pass, continue to supplement and discuss feeding plan with provider.	
Recheck BG in 1 hour after dextrose gel is given			

DEXTROSE GEL DOSING GUIDELINES:

Dextrose 40% Gel (200 mg/kg) / Dose 0.5 mL/kg / massage into buccal mucosa

* MEASURABLE SUPPLEMENTATION: 3-5 mL/kg expressed colostrum / donor milk / formula