Clinical Guideline



This guideline should not replace clinical judgment.

Glucose screening protocol: During admission

Newborn Nursery

For the following criteria, obtain blood glucose via bedside meter 30 minutes after first feeding (which should occur within the first hour after birth) or at 2 hours of life if infant is unable to feed:

- 1. Late Preterm 34—36 6/7 weeks
- SGA or LGA
- 3. Infant of a diabetic mother
- 4. Mother with propranolol or other B-symathometic tocolytic meds (terbutaline, albuterol)
- Mother withdrawing or positive for opioids or narcotic
- Infant with any APGAR < 5
- 7. Infant with congenital heart disease
- Infant with tremor, irritability, apnea, cyanosis, poor feeding, temp instability (< 36.3 C rectal), poor tone, pallor

Birth - 4 hours Initial screen <25 mg/dl: Initial screen 25-39 mg/dl: Asymptomatic - refeed and Asymptomatic - recheck blood recheck blood glucose in 1 hour alucose prior to next feed Symptomatic - Notify MD for via bedside meter Symptomatic - Notify MD for consideration of IV Glucose consideration of IV Glucose D10 bolus - 2 mL/kg and D10 bolus - 2 mL/kg and recheck blood glucose via bedside meter 30 minutes after recheck blood glucose via bedside meter 30 minutes after intervention intervention If re-check 25-39 mg/dl:

Refeed, then recheck glucose 30 minutes after intervention. If symptomatic, notify MD for consideration IV Glucose D10 blous - 2 mL/kg and recheck blood glucose via bedside meter 30 minutes after intervention OR

If recheck <25 mg/dl:

IV Glucose D10 bolus - 2 mL/kg, then recheck glucose 30 minutes after bolus

For glucose levels >40, monitor clinically for signs of hypoglycemia.

*Continue blood glucose screening via bedside meter until two stable AC results have been obtained (in addition to the initial PC specimen) for high-risk infants such as LPT, SGA, LGA and IDM or any other result <40 mg/dl.

For all glucose levels <40 mg/dl obtained by bedside meter: Send glucose sample to lab for validation and consider interventions based on symptoms.



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Clinical Guideline

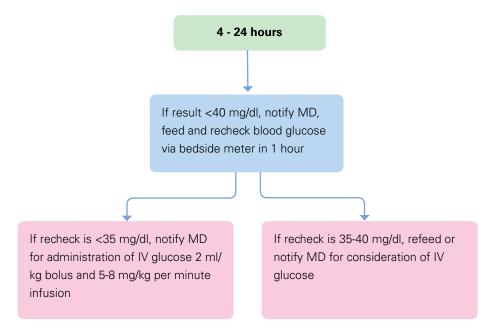


This guideline should not replace clinical judgment.

Glucose screening protocol: Beyond 4 hours of life

Newborn Nursery

Blood glucose should be obtained via bedside meter for infants with the following symptoms: tremor, irritability, apnea, cyanosis, temperature instability (36.3 C rectally or lower), poor feeding, low activity or pallor



For glucose levels >40, monitor clinically for signs of hypoglycemia.

*Continue blood glucose screening via bedside meter until two stable AC results have been obtained (in addition to the initial PC specimen) for high-risk infants such as LPT, SGA, LGA and IDM or any other result <40 mg/dl.

For all glucose levels <40 mg/dl obtained by bedside meter: Send glucose sample to lab for validation and consider interventions based on symptoms.



Hypoglycemia Guideline

Executive Summary

Children's Hospital of Richmond at VCU Hypoglycemia Workgroup

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Approved (March 2024)

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References

Committee on Fetus and Newborn. AAP. Clinical Report: Postnatal Glucose Homeostasis in Late-Preterm and Term Infants. Pediatrics. 2011;127(3):575–579. Reaffirmed June 2015

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