HYPOGLYCEMIA MANAGEMENT FOR THE NEWBORN

PURPOSE:

DATA:

To outline the management of hypoglycemia newborns.

SUPPORTIVE Hypoglycemia is a potential problem in newborns; the blood glucose within the first 24 hours after birth should be ≥ 40 mg/dL in term neonates, and ≥ 30 mg/dL in preterm neonates. Thereafter, the level should be \geq 45 mg/dL. Hyperinsulinemia, delayed feeding and deficient glycogen stores are the most common etiologies. Defective counter-regulatory hormone release, hyperinsulinism, and inherited metabolic disorders are causes of persistent hypoglycemia in the newborn.

Newborns with increased risk for hypoglycemia include the following:

- Signs/symptoms (S/S) of hypoglycemia
- Diabetic mother •
- Large for gestational age •
- Small for gestational age
- Premature less than 37 gestational weeks
- Birth weight less than 2500 gm or greater than 4000 gm
- Suspected or confirmed Down Syndrome
- Born without medical assistance outside of the hospital
- Multiple gestations
- S/S of anemia or polycythemia
- 5 minute APGAR less than 6

Breastfeeding is the optimal form of providing nutritional support for the newborn.

ASSESSMENT:

1. Assess the following upon admission and a minimum of q 4 h or as ordered for the physician:

- Vital signs (VS)
- S/S of hypoglycemia •
 - Neurological: tremors, jitteriness, hypotonia, irritability, lethargy, diaphoresis, pallor, seizures, high-pitched cry, poor feeding, coma
 - Cardiovascular/respiratory: pallor, tachypnea, bradycardia, periodic breathing, apnea, cardiac arrest

MAINTENANCE & REPORTABLE CONDITIONS:

2. Initiate the following (glucose checks and feeding require physician's order):

- In Labor & Delivery initiate Guidelines for Management of Hypoglycemia in the Newborn (L&D)
- In NICU, initiate Guidelines for Management of Hypoglycemia in the Newborn (NICU)

PATIENT/FAMILY 3. Instruct on the following:

- S/S of hypoglycemia
- Feeding schedule and amounts

ADDITIONAL PROTOCOLS:

TEACHING:

- 4. Refer to the following as indicated:
 - Physiologic Monitoring/Hygiene/Comfort Newborn/Pediatric •
 - Central Venous Catheter •
 - Breastfeeding/ Bottle-feeding Management •
 - Arterial Line •
 - Intravenous Therapy •

DOCUMENTATION: 5. Document in accordance with documentation standards.

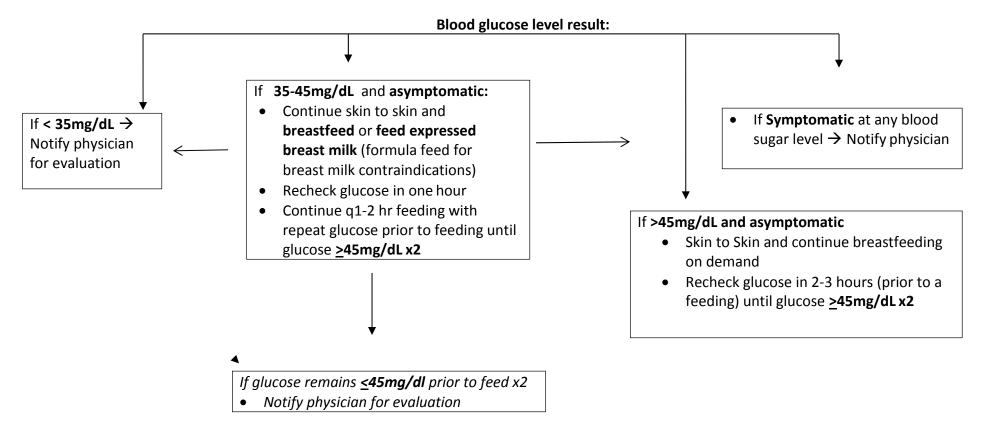
Initial date approved: 08/03	Reviewed and approved by: Critical Care Committee Professional Practice Committee Nurse Executive Counsel Attending Staff Association Executive Committee	Revision Date: 03/05, 03/17
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Guidelines for Management of Hypoglycemia in the Newborn - NICU

(Screen all high risk infants – IDM, birth weight <2500gm or <a>4000gm, gestational age <37weeks)

PLACE ALL INFANTS SKIN TO SKIN & INTIATE BREASTFEEDING UPON DELIVERY UNLESS MEDICALLY CONTRAINDICATED

Check Blood Glucose within 30-60 minutes of life

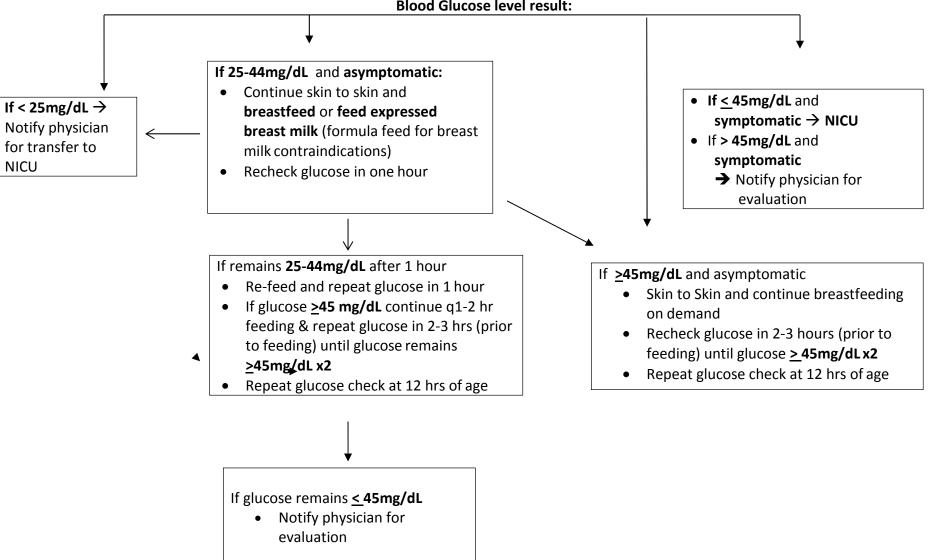


Guidelines for Management of Hypoglycemia in the Newborn (L&D)

(Screen all high risk infants – IDM, birth weight <2500gm or >4000gm, gestational age <37weeks)

PLACE ALL INFANTS SKIN TO SKIN & INTIATE BREASTFEEDING UPON DELIVERY UNLESS MEDICALLY CONTRAINDICATED

** Check Blood Glucose/ Hemoglobin at approximately 60 minutes of life or at any time/age if symptomatic**



Blood Glucose level result:

Guidelines for Management of Hypoglycemia in the Newborn - NICU

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PLACE ALL INFANTS SKIN TO SKIN & INTIATE BREASTFEEDING UPON DELIVERY UNLESS MEDICALLY CONTRAINDICATED

Check Blood Glucose within 30—60 minutes of life

Blood glucose level result:

If < 35mg/dL:

• Notify physician for evaluation

If 35-45mg/dL and asymptomatic:

- Continue skin to skin and breastfeed or feed expressed breast milk (formula feed for breast milk contraindications)
- Recheck glucose in one hour
- Continue every 1-2 hr feeding with repeat glucose prior to feeding until glucose >45mg/dL x2

If glucose remains <45mg/dl prior to feed x2:

• Notify physician for evaluation

If Symptomatic at any blood sugar level :

• Notify physician

If >45mg/dL and asymptomatic:

- Skin to Skin and continue breastfeeding on demand
- Recheck glucose in 2-3 hours (prior to a feeding) until glucose >45mg/dLx2

Provider Last Name (Print):			Name
Provider Signature			Nume
Date:	Time:	AM / PM	MRN
RN Last Name (Print):			DOB
RN Signature			
Date:	Time:	AM / PM	FIN

Management of Hypoglycemia Order- NICU Form

Guidelines for Management of Hypoglycemia in the Newborn (L&D)

(Screen all high risk infants – IDM, birth weight <2500gm or <a>4000gm, gestational age <37weeks)

PLACE ALL INFANTS SKIN TO SKIN & INTIATE BREASTFEEDING UPON DELIVERY UNLESS MEDICALLY CONTRAINDICATED

** Check Blood Glucose/ Hemoglobin at approximately 60 minutes of life or at any time/age if symptomatic**

Blood Glucose level result:

If < 25mg/dL:

• Notify physician for transfer to NICU

If 25-44mg/dL and asymptomatic:

- Continue skin to skin and breastfeed or feed expressed breast milk (formula feed for breast milk contraindications)
- Recheck glucose in one hour

If remains 25-44mg/dL after 1 hour:

- Re-feed and repeat glucose in 1 hour
- If glucose >45 mg/dL continue every 1-2 hr feeding & repeat glucose in 2-3 hrs (prior to feeding) until glucose remains >45mg/dL x2
- Repeat glucose check at 12 hrs of age

If glucose remains < 45mg/dL :

• Notify physician for evaluation

If >45mg/dL and asymptomatic:

- Skin to Skin and continue breastfeeding on demand
- Recheck glucose in 2-3 hours (prior to feeding) until glucose > 45mg/dL x2
- Repeat glucose check at 12 hrs of age

If < 45mg/dL and symptomatic :

• Notify physician for transfer to NICU

If > 45mg/dL and symptomatic:

• Notify physician for evaluation

Provider Last Name (Print):			Name
Provider Signature			Name
Date:	Time:	AM / PM	MRN
RN Last Name (Print):			DOB
RN Signature			
Date:	Time:	AM / PM	FIN

Management of Hypoglycemia Order- L+D/Nursery Form