

Flowchart C - Blood glucose <1.0mmol/l AND/OR Clinical signs consistent with hypoglycaemia:

- 1) Obtain intravenous/IV access ASAP
- 2) If delays in achieving IV access, give further dose of buccal 40% dextrose gel 0.4ml/kg
OR IM Glucagon (200micrograms/kg)
- 3) Take blood samples for: Gas, Lab confirmation of low BG (grey top), 1st line hypoglycaemia screen (minimum 2x yellow tops) + consider sepsis screen
- 4) Site urine bag to check for ketones
- 5) Consider covering for sepsis
- 6) **ADMIT TO NICU**

Give IV Dextrose 10%
bolus at 2.5ml/kg

Start IV infusion of 10%
Glucose at 60ml/kg/day

- Do NOT stop establishment of breast feeding unless baby is unable to feed or there is a clinical contraindication to enteral feeding - consider 20ml/kg/d extra feeds as tolerated.
 - If formula fed baby, continue feeds if no contraindication to enteral feeding.
 - **RECHECK BLOOD GLUCOSE AFTER 30 MINUTES**

**Blood Glucose
Result?**

**Blood glucose <1.0mmol/l OR
abnormal clinical signs**

- 1) Repeat bolus of IV 10%
Dextrose 2.5ml/kg
- 2) Increase glucose delivery rate
by 2mg/kg/minute by increasing
volume and/or concentration of
glucose infusion

(Maximum 120ml/kg/d)*
- 3) Recheck blood glucose after 30
minutes
- 4) Repeat cycle if blood glucose
<1mmol/l or abnormal clinical
signs

**Blood glucose 1.0-2.5mmol/l and
no abnormal clinical signs**

- 1) Increase glucose delivery rate
by 2mg/kg/minute by increasing
volume and/or concentration of
glucose infusion *
- 2) Continue to feed if no
contraindication
- 3) Recheck blood glucose after 30
minutes

Blood glucose >2.5mmol/l

- 1) Slow wean off IV infusion
- 2) Continue enteral feeds
provided no contraindication
- 3) Continue to monitor blood
glucose until infant is on full feeds
- target blood sugars >2.5mmol/l
OR >3.0mmol/l in proven
hyperinsulinism over several
feed-fast cycles for AT LEAST 24
hours

*NB if not done previously always
test for hyperinsulinism
>8mg/kg/minute