Management of hypoglycemia

1. Infants who are unwell, symptomatic, or cannot feed have their glucose checked at first encounter.
2. At-risk for hypoglycemia: SGA, IUGR, LGA, IDM, GA < 37 weeks, asphyxia, maternal exposure to labetalol, late preterm antenatal steroids.
3. Low glucose threshold is 3.3 after 72 h of age or with known congenital hypoglycemia disorder (e.g., hyperinsulinemia) or GIR > 10 to 12 mg/kg/min. All glucose values are in mmol/L.
4. Feed (in order of preference) mother’s expressed milk, donor milk or formula, and record intake.
5. If delay in starting IV, give 40% dextrose gel 0.5 mL/kg.
6. Duration of surveillance for well IDM or LGA: 12 h; for SGA or IUGR or well premature infants: 24 h.
7. GIR calculation: GIR = dextrose concentration (in %) x infusion rate (in mL/kg/h) / 6 (Example: If D10W at 4 mL/kg/h, then GIR = 6.7 mg/kg/min).
8. Can give up to D20W by peripheral IV until central access is obtained.

Abbreviations: Ca - calcium, D%W - % age dextrose in water (e.g., D10W = dextrose 10% in water), GA - gestational age, GIR - glucose infusion rate, h - hours, IDM - infants of diabetic mothers, IUGR - intrauterine growth restriction, IV - intravenous, K - potassium, LGA - large for gestational age, min - minutes, Na - sodium, SGA - small for gestational age.