Risk factors for hypoglycemia:
(see Table 1)

Standard cares

Risk factors for hypoglycemia:
(see Table 1)

Start glucose protocol, feed within the 1st hr of life

Check glucose immediately if symptomatic. If not, check glucose within 1st hour of life and at 3,6,12 and 24 hr of life.

Glucose ≥ 45 mg/dL

Glucose 25 – 44 mg/dL

Glucose < 25 mg/dL

Frequent feedings
Continue screening

Able to feed by mouth?

≤ 4 hr of age

> 4 hr of age

Give dextrose gel (Table 2) AND
Breastfeed if hasn’t in the last hour or Feed donor breastmilk (DBM) or stock formula (SF) ~ 15 mL

Transfer to transition Give dextrose gel Obtain IV access D10W bolus 2 mL/kg

Transfer to NICU* Give dextrose gel Obtain IV access D10W bolus 2 mL/kg

Start D10W % NS continuous infusion at GIR ≥ 5 mg/kg/min. Target NICU glucose > 50 mg/dL

Recheck glucose in 30 min

Recheck glucose in 30 min

Recheck glucose in 30 min

Recheck glucose in 30 min

Glucose 25 – 44 mg/dL

Glucose 25 – 44 mg/dL

Glucose < 25 mg/dL

Transfer to NICU Repeat D10W bolus 2 mL/kg

Glucose < 25 mg/dL

Give dextrose gel (Table 2) AND
Breastfeed if hasn’t in the last hour or Feed donor breastmilk (DBM) or stock formula (SF) ~ 15 mL

Repeat dextrose gel AND feed DBM or SF

Recheck glucose in 30 min

Recheck glucose in 30 min

Recheck glucose in 30 min

Glucose < 45 mg/dL

Transfer to NICU Obtain IV access D10W bolus 2 mL/kg

Table 1. Risk factors for hypoglycemia
1. Symptomatic infant: tremors, twitching, jitteriness, irritability, exaggerated Moro reflex, high pitched cry, seizures, apnea, hypotonia, poor feeding, respiratory distress, temperature instability, and/or coma
2. Infant of diabetic mother
3. Infant of gestational diabetic mother
4. Infant with clinically suspected sepsis
5. Large for gestational age (LGA) infant
6. Small for gestational age (SGA) infant
7. Low birthweight infant (< 2500 grams)
8. Premature infant < 37 weeks
9. Infant with Rh- incompatible hemolytic disease
10. Post asphyxiated infant (Apgar < 5 at 5 min)
11. Infant with polycythemia
12. Infant with Beckwith-Wiedemann Syndrome

Table 2. 40% Dextrose gel
- Dose 0.5 mL/kg body weight
- Round dose to nearest 0.5 mL

<table>
<thead>
<tr>
<th>Weight</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 kg</td>
<td>1.0 mL</td>
</tr>
<tr>
<td>3 kg</td>
<td>1.5 mL</td>
</tr>
<tr>
<td>4 kg</td>
<td>2.0 mL</td>
</tr>
<tr>
<td>5 kg</td>
<td>2.5 mL</td>
</tr>
</tbody>
</table>

Additional Indications for NICU transfer:
3 consecutive doses of dextrose gel or 4 total doses of dextrose gel
Discuss possible NICU transfer:
After 3 total doses of dextrose gel or the Need for dextrose gel at 12 hrs of age or older

Blood Glucose Monitoring and Treatment in the Newborn and Transition Nurseries