**Blood Glucose Monitoring and Treatment in the Newborn and Transition Nurseries**

### Table 1. Risk factors for hypoglycemia
1. Symptomatic infant: tremors, jitteriness, irritability, lethargy, exaggerated Moro, high pitched cry, seizures, apnea, hypotonia, poor feeding, respiratory distress, temperature instability
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. Betamethasone within 7 days of delivery
10. Infant with Rh- incompatible hemolysis
11. Low 5 minute Apgar (< 5)
12. Infant with polycythemia
13. 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>

*In the NICU: Start D10W ¼ NS continuous infusion at GIR ≥ 5 mg/kg/min. Recheck glucose in 30 min. Target NICU glucose > 50 mg/dL*

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