NEONATAL HYPOGLYCEMIA MANAGEMENT IN NCCC
(For infants <48 hours of age and failed initial PO algorithm or not yet taking PO)

BLOOD GLUCOSE (BG) < 30 MG/DL

YES

BOLUS D10W 2 mL/kg

NO

SYMPOTOMATIC?

YES

Start D10W @ 60-80 mL/kg/d (GIR 4-6 mg/kg/min)\(^1\)

NO

Recheck BG 30 minutes after initiation of D10W

Recheck BG 60 minutes after any increase in GIR until target BG achieved \(^2,3,4\)

Recheck BG in 2-3 hours after any decrease in GIR (AC if PO feeding)

TARGET BG ≥ 46 MG/DL
For infants <48 hours of age

<table>
<thead>
<tr>
<th>BG</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 30</td>
<td>Bolus &amp; increase GIR by 1-2 mg/kg/min</td>
</tr>
<tr>
<td>30-44</td>
<td>Increase GIR by 1-2 mg/kg/min</td>
</tr>
<tr>
<td>45-60</td>
<td>No change</td>
</tr>
<tr>
<td>&gt; 60</td>
<td>Decrease GIR by 0.5-1 mg/kg/min</td>
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<tr>
<td>&gt; 75</td>
<td>Decrease GIR by 2 mg/kg/min</td>
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</tbody>
</table>

CONSIDERATIONS:
1. Infants with multiple risk factors or inability to feed will likely require higher GIR
2. At 100mL/kg/d of D10W consider D12.5, if GIR requirements continue to increase, consider central line
3. Titration guidelines should not be used if GIR requirements exceed 10-12 mg/kg/min
4. If hypoglycemia recurs with decreasing GIR, consider holding at previous GIR for 6-12 hours before next attempt to decrease

Revised November 2017 – LeBlanc / Linthavong / Wood