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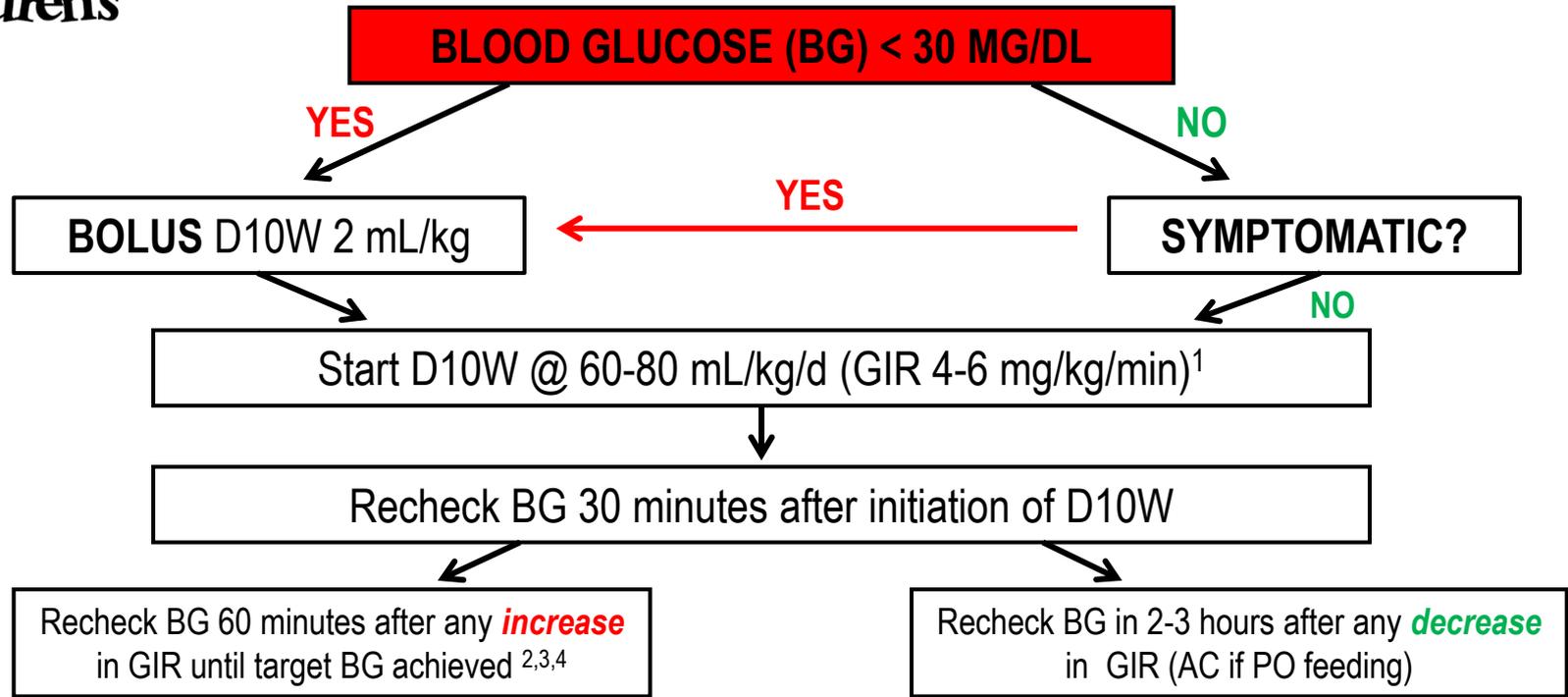
(For infants <48 hours of age and failed initial PO algorithm or not yet taking PO)

BLOOD GLUCOSE (BG) < 30 MG/DL

YES → **BOLUS** D10W 2 mL/kg

NO → **SYMPTOMATIC?**

YES (from SYMPTOMATIC? → BOLUS)

NO → Start D10W @ 60-80 mL/kg/d (GIR 4-6 mg/kg/min)[1]

BOLUS D10W 2 mL/kg → Start D10W @ 60-80 mL/kg/d (GIR 4-6 mg/kg/min)[1]

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

BG < 30	Bolus & increase GIR by 1-2 mg/kg/min
BG 30-44	Increase GIR by 1-2 mg/kg/min
BG 45-60	No change
BG > 60	Decrease GIR by 0.5-1 mg/kg/min
BG > 75	Decrease GIR by 2 mg/kg/min

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