

Treatment Protocol

Sweeter For Everyone: The Ballarat Experience of Oral Dextrose Gel in the Treatment of Neonatal Hypoglycaemia

- Identify babies at risk of hypoglycemia
 - Preterm <37
 - Small for gestational age, birth weight <2.5kg
 - Large for gestational age, birth weight >4kg
 - Gestational diabetes
 - Intrapartum asphyxia, resuscitation at birth
 - Potential for sepsis (GBS)
 - Persistent hypothermia
 - Maternal use of beta blockers
 - Any baby thought to be at risk of hypoglycaemia for clinical reasons (eg not feeding well, possible symptoms)
- Babies must be >35 weeks gestation and <1 week old. They must not have previously received any treatment for hypoglycaemia
- Nursing staff or midwives to provide verbal and written information
- If consent to participate parents sign consent form
- If the baby becomes hypoglycaemic (TBG <2.6) and the treatment would be to administer formula or EBM top up feed the baby will instead be treated with dextrose gel
- The midwife nurse or doctor will administer the oral dextrose gel with / without an enteral feed of parents choice (breast feed and/or formula), as discussed with the treating team. A top up feed of 60ml/kg/day is NOT mandatory.
 - Babies will have the inside of the mouth dried with gauze square. The gel (0.5 ml/kg) will then be massaged into the buccal (inside of cheek) membrane using a gloved hand
- Encourage breast feeding. Record feed duration, volume and type
- Repeat blood glucose after 30 minutes. If <2.6mmol/L repeat dose 0.5ml/kg 40% dextrose after consulting Paediatric registrar or Paediatrician
- Repeat blood glucose again after 30minutes. If BSL is < 2.6mmol/L consult Paediatrician for orders.
- If the infant remains hypoglycaemic after two treatment doses of dextrose gel, **do not** give further doses unless instructed by Paediatrician.
- Once BSL \geq 2.6mmol/L, a minimum of three pre-feed BSL \geq 2.6mmol/L should be recorded before ceasing monitoring of same, or as directed by the Paediatrician.
- Once opened, Dextrose gel should be stored in the fridge in a sealed bag, labelled with Baby UR and details, time and date opened. Each tube is for single patient use only and should be discarded after 24hrs.
- Should the medical team decide to treat the baby with intravenous cannula and intravenous dextrose at any point this will be documented and recorded as a treatment failure.
- It will be the treating clinicians decision to treat with intravenous dextrose

PRECAUTIONS

A maximum of 6 doses of 40% dextrose gel can be given in 48 hours.

Infants who are unconscious, experiencing hypoglycaemic seizures, or severely hypoglycaemic should receive an urgent bolus of Dextrose IV or Glucagon IM, as

prescribed by Paediatrician. However, dextrose gel can be administered while venous access is gained.