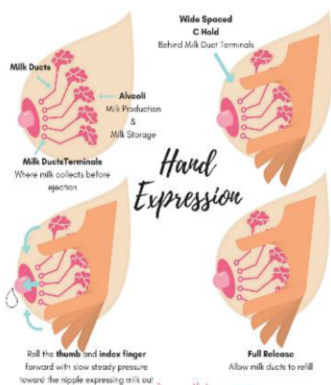


TERM Bundle for Babies at Risk of Hypoglycaemia on the Postnatal Ward

Term Hypoglycaemia Pathway Part one



Dry baby, put on hat, place skin to skin and initiate feeding, keep warm (>36.5)

Identify at risk infants (see Box A)
Give and explain Parent information leaflet

Start NEWTTS chart and Hypoglycaemia Care plan and record symptoms/ lack of symptoms at every feed. Get Dextrose gel written up as PRN

First feed, **MUST** be given as early as possible within the first hour.
A breastfeeding baby may feed multiple times before first BG measurement taken
Record first temperature at 1 hour and instigate warming measures as required

If NO EBM
Give dextrose gel and consider supplement of 5ml/kg formula if mother consents

Breast feeding
Put to breast but if ineffective feeding hand express and give colostrum

Bottle feeding
Offer 10mls/kg, via bottle, syringe/cup

Is baby <37/40 weeks gestation at birth?

NO

Promote ongoing skin contact and check glucose level pre second feed which should be within **3 hours** of 1st feed and follow **Term Infant Hypoglycaemia Pathway and Care Bundle**

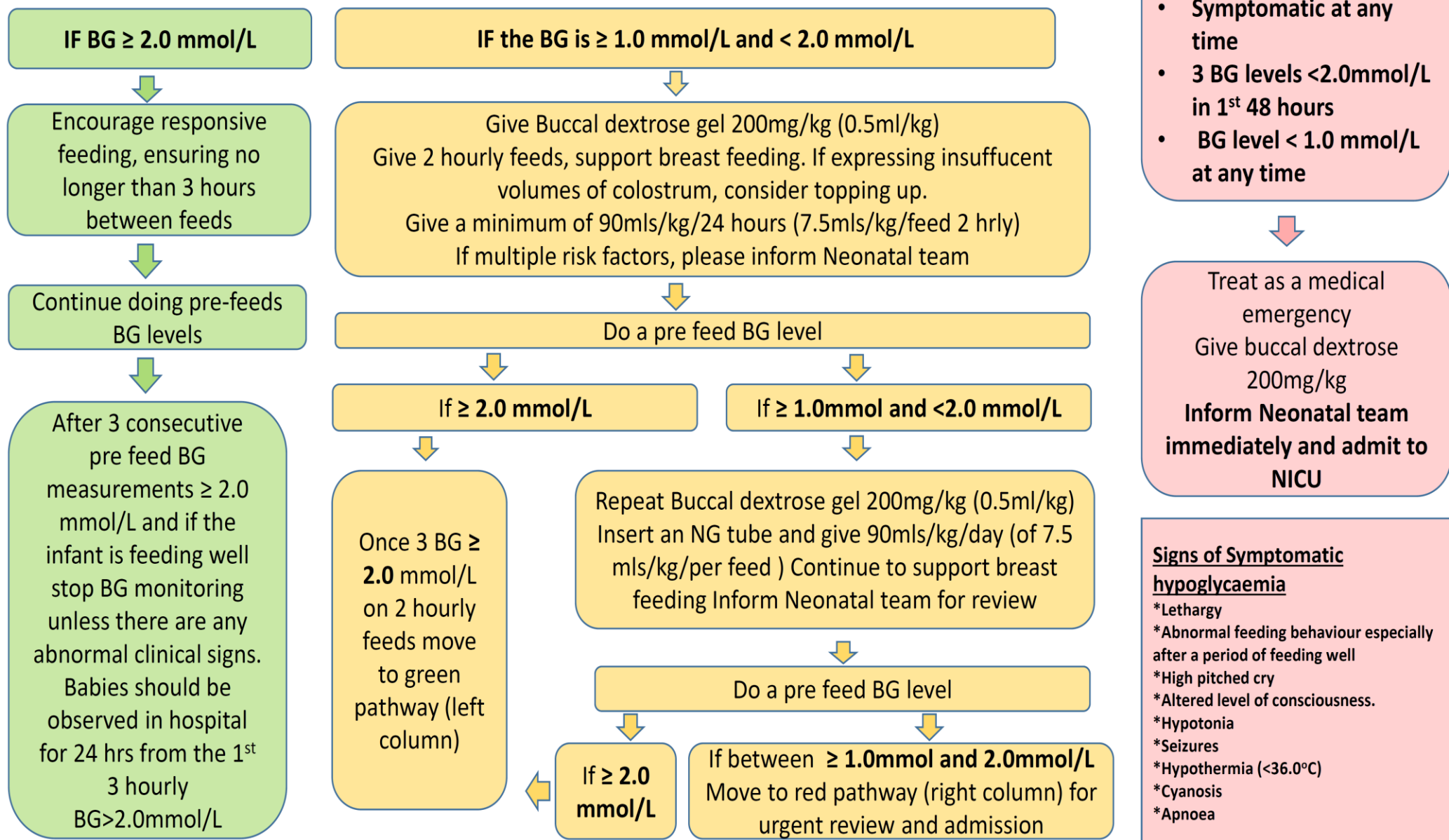
Box A – Infants at risk

- IUGR (<2nd centile) or clinically wasted
- * Infants of diabetic mothers
- * Maternal beta blocker use
- * <37 weeks gestation
- Temp <36 C at any time
- Perinatal Asphyxia cord pH <7.1 AND BE > -12
- Rare Conditions/FH as directed
- Sepsis suspected/known

NOTE:

If a blood gas is being done before the first glucose level for anything other than hypoglycaemia then disable the glucose from the analysis to avoid capturing the normal physiological drop following birth.

TERM Infants Hypoglycaemia Pathway Part Two



Hypoglycaemia Care Plan for Babies at risk of Hypoglycaemia following delivery

Ensure NEWTTTS chart is completed for each assessment including TONE, COLOUR, RESPIRATORY RATE, HEART RATE, RESPONSIVENESS, TEMPERATURE

RISK FACTORS FOR HYPOGLYCAEMIA - PLEASE tick all that apply									
IUGR (<2 nd centile)									
Infant of IDDM or GDM									
BW>98 th centile/macrosomic (in baby of IDDM/GDM mother)									
Maternal betablockers in 3 rd trimester or time of delivery									
Preterm (<37 weeks gestation)									
Preterm (<36 weeks gestation)									
Baby with hypothermia (<36 degrees at any time)									
Perinatal asphyxia (Cord pH <7.1 and BE>-12)									
Baby with suspected/known sepsis									
Other Risk Factors – genetic or FH									

Addressograph

Date and Time of Birth

Feeding and BG monitoring									
Date	Route of feeding NGT/Bottle/Breast	Duration of feed	Type of milk	Volume	Vomit?	PU	BO	Blood Glucose	Signed
Time									
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

Neonatal Early Warning Tracking and Trigger Score Chart (NEWTTS)

Addressograph

Score	0	1	2	3
Tone	Normal			Stiff/Floppy
Colour	Pink			Blue/Grey/White
Conscious level	Alert			Unrousable/Unconscious
Grunting	Absent	Present		
Recession	Absent	Present		
Nasal Flaring	Absent	Present		

Note the scores from the box above in the columns below

White = Score 0, Yellow = Score 1, Amber = Score 2, Red = Score 3

Date																			
Time																			
Tone score																			
Colour score																			
Conscious level score																			
Grunting score																			
Recession score																			
Nasal Flare score																			
TEMPERATURE (degrees C)	38.5 or above																		
	38 - 38.4																		
	37.5 - 37.9																		
	37 - 37.4																		
	36.5 - 36.9																		
	36 - 36.4																		
	<36																		
Temperature Score																			
HEART RATE (Beats/minute)	180 or above																		
	170 to 179																		
	160 to 169																		
	140 to 159																		
	120 to 139																		
	100 to 119																		
	90 to 99																		
	80 to 89																		
	<80																		
Heart Rate Score																			
RESPIRATORY RATE (Breaths/minute)	80 or above																		
	70 to 79																		
	60 to 69																		
	50 to 59																		
	40 to 49																		
	30 to 39																		
	<30																		
Respiratory Rate Score																			
Total NEWTTS Score																			
Initials																			

Buccal dextrose gel administration

Inclusion Criteria

- Buccal Glucose must be used in conjunction with a feeding plan
- Infants >34+6 gestation and younger than 48 hours after birth
- ALL babies symptomatic of hypoglycaemia with BG <2.6mmol/L whilst arranging urgent review and admission as an emergency

TERM Infants (from 37 weeks gestation)

- Blood Glucose 1.0-1.9mmol/L in an infant with no abnormal signs
- Blood glucose <1.0mmol/L in babies whilst arranging urgent review

Exclusion Criteria

- Babies <35 weeks gestation
- Babies >48 hours of age

Dose

200mg/kg (0.5mls/kg) of 40% dextrose gel

In the event that Dextrose Gel has not been prescribed at birth and a dose is required, it may be given by the midwife as per the SOP so that the dose is not delayed in a hypoglycaemia baby. Use the chart below to determine the dose needed and inform neonatal team so that it can be prescribed on the medication chart.

Weight of Baby (kg)	Volume of Gel (ml)
1.5-1.99	1ml
2.0-2.99	1.5ml
3.0-3.99	2ml
4.0-4.99	2.5ml
5.0-5.99	3ml
6.0-6.99	3.5ml

Administration

Draw up using a 2.5 or 5ml oral enteral syringe

Dry oral mucosa gently with a gauze swab and gently squirt with syringe into the inner cheek and gently massage using latex free gloves

Offer a feed (preferably breast milk) immediately after. Baby can also feed whilst dextrose gel is being drawn up

More than three doses should be discussed with the neonatal team

Up to six doses can be given on the postnatal ward

Caveat

If given as a temporising measure for symptoms of hypoglycaemia the baby must be admitted to the

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neonatal unit even if when seen by the paediatrician / neonatologist the symptoms of hypoglycaemia have resolved.