



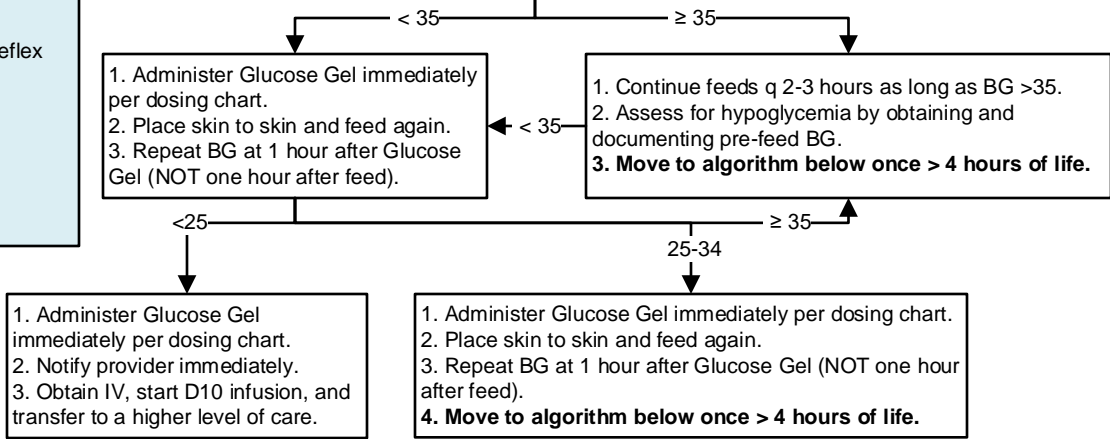
Target Glucose Levels for Age	
Birth to 4 hours of life	≥ 35 mg/dL
>4 – 24 hours of life	≥ 45 mg/dL
>24 – 48 hours of life	≥ 50 mg/dL
>48 hours of life	≥ 60 mg/dL

- Symptoms of Hypoglycemia**
- Irritability
 - Tremors/jitteriness
 - Exaggerated Moro reflex
 - High-pitched cry
 - Seizures
 - Lethargy
 - Floppiness
 - Cyanosis
 - Apnea
 - Poor Feeding

0-4 HOURS OF AGE

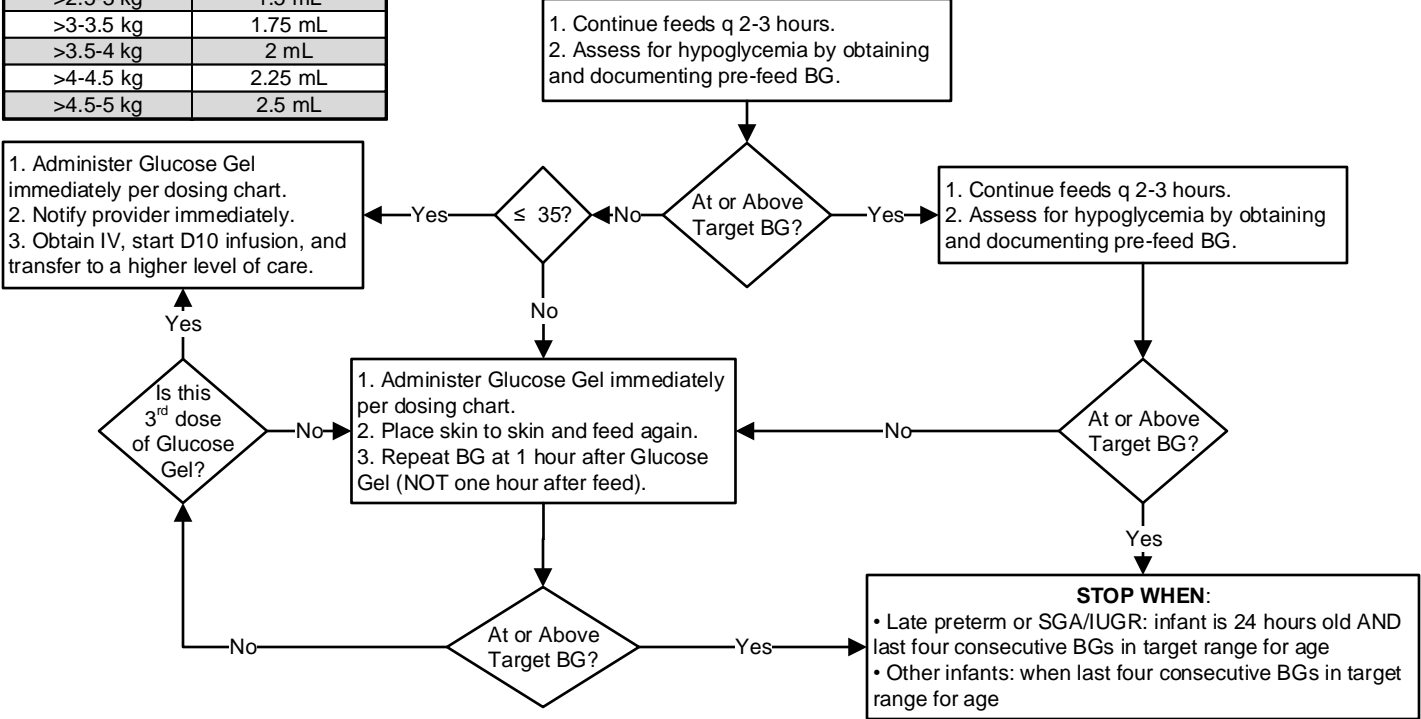
At Risk Infants (See Indications Box)
Begin feeding within one hour of birth.
First glucose should be obtained 30 minutes after completion of first feed.

- Indications for Screening of Asymptomatic Newborns**
- **SGA** (<10%ile BW) or IUGR
 - **LGA** (>90%ile BW)
 - Infant of Diabetic Mother
 - Late preterm (34 0/7 – 36 6/7) or post-term (>42 weeks)
 - Perinatal stress (C-section for fetal distress, maternal preeclampsia or severe HTN, etc.)
 - Physician discretion



GLUCOSE 40% GEL DOSING	
Birth Weight	Dose
≤ 2 kg	1 mL
>2-2.5 kg	1.25 mL
>2.5-3 kg	1.5 mL
>3-3.5 kg	1.75 mL
>3.5-4 kg	2 mL
>4-4.5 kg	2.25 mL
>4.5-5 kg	2.5 mL

> 4 - 48 HOURS OF AGE



If infant has severe symptoms or BG is <25 after first Dextrose Gel dose THE ABOVE PROTOCOL NO LONGER APPLIES.

- Give Glucose Gel dose.
- Start IV.
- Give D10 2 mL/kg bolus at 1 mL/minute.
- Start D10 infusion at 80 mL/kg/day.
- Goal is to keep baby's serum glucose at 60.
- Check glucose 30 minutes after each bolus or rate change and Q1-2h until stable.
- If glucose remains low, give another D10 2 mL/kg bolus and increase hourly rate by 1 mL/hour.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 12/7/21.
Click [here](#) to see the supplemental resources for this guideline.
If comments about this guideline, please contact Amy_Carson-Strnad@ykhc.org.