

Other: Cyanosis, apnea, rapid irregular respirations, sweating, eye rolling, poor feeding Signs often transient but recurrent	
Screening	
Bedside monitoring or serum blood glucose for all infants at risk	At-risk infants or those who are symptomatic
Laboratory Diagnosis	
Plasma glucose concentrations <47 to 50 mg/dl (2.6 to 2.8 mmol/L) (see also Adamkin and American Academy of Pediatrics, Committee on Fetus and Newborn, 2011 , for parameters for SGA, late preterm, and IDM or LGA infants)	Serum calcium <7.8 to 8 mg/dl (1.95 to 2.0 mmol/L) in full-term infant or Ionized calcium <4.4 mg/dl (1.1 mmol/L)
Treatment	
Early feeding (within 1 hour) in normoglycemic and asymptomatic infants (preventive); IV glucose administration if breastfeeding or formula feedings not tolerated or glucose level extremely low (<25 mg/dL)	Early onset: Increased appropriate infant formula feedings; administration of calcium supplements (sometimes) Late onset: Administration of calcium gluconate orally or intravenously (slowly); vitamin D Correct hypoparathyroidism
Nursing	
Identify infants at risk or with hypoglycemia (e.g., SGA, IUGR, LGA, IDM, late preterm). Reduce environmental factors that predispose to hypoglycemia (e.g., cold stress, respiratory distress). Administer IV dextrose as prescribed. Initiate early breastfeeding or formula feedings in healthy infant. Ensure adequate intake of carbohydrate (breast milk or formula).	Identify infants at risk, or with hypocalcemia. Administer calcium as prescribed.* Observe for signs of acute hypercalcemia (e.g., vomiting, bradycardia). Manipulate environment to reduce stimuli that might precipitate a seizure or tremors (e.g., picking up infant suddenly, sudden jarring of crib).

*See **Drug Alert** box.

IDM, Infant of diabetic mother; *IUGR*, intrauterine growth restriction; *IV*, intravenous; *LGA*, large for gestational age; *SGA*, small for gestational age.

Respiratory Distress Syndrome

Respiratory distress is a name applied to respiratory dysfunction in neonates and is primarily a disease related to developmental delay in lung maturation. The terms **respiratory distress syndrome (RDS)** and **hyaline membrane disease** are most often applied to this severe lung disorder, which not only is responsible for more infant deaths than any other disease but also carries the highest risk in terms of long-term respiratory and neurologic complications (see [Chapter 21](#) for a discussion of acute RDS). It is seen almost exclusively in preterm infants. The disorder is rare in drug-exposed infants and infants who have been subjected to chronic intrauterine stress (e.g., maternal preeclampsia or hypertension). Respiratory