

Newborn Hypoglycemia Screening and Management

Site Applicability

All VCH and PHC Sites which service Neonates less than 24 hours old.

Excludes: Richmond Hospital

Practice Level

RN Basic Skill – To identify newborns at risk for hypoglycemia, obtain a rapid estimation of blood glucose level and manage hypoglycemia in the late preterm and term newborn

Need to Know

This document guides the management of newborns 35 weeks gestation and greater at risk of, or affected by, hypoglycemia in the first 24 hours of life.

Screening for risk factors for hypoglycemia for all newborns is a standard of care. Management of hypoglycemia should be standardized to correct hypoglycemia with the goal to prevent separation of the newborn from the mother. This management should also promote breastfeeding as much as possible as long as the health of the newborn affected by hypoglycemia is not compromised.

The newborn's blood glucose levels are tested for hypoglycemia as outlined below.

Equipment and Supplies

- Point of care blood glucose meter
- Test strips
- Alcohol wipe
- 2 x 2 Gauze and paper tape
- Lancet

Protocol

Follow the BC Women's Newborn Hypoglycemia Screening and Management protocol

[BCW Protocol](#)

Site Specific Differences:

Rural / Remote sites:

- Section 1.6 of Protocol: Indications to consider transfer newborn to the NICU **or higher level of care** to receive intravenous (IV) fluid therapy

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Related Documents

Maternal Newborn Program Newborn Admission Orders & Algorithm:

http://shop.healthcarebc.ca/phsa/BCWH_2/Order%20Sets/OB%20Maternal%20Newborn%20Program%20Newborn%20Admission%20PD.pdf

Newborns At-Risk For Hypoglycemia Flowsheet:

http://shop.healthcarebc.ca/phsa/BCWH_2/BC%20Women's%20Hospital%20-%20Maternal%20Newborn/C-06-06-60862.pdf

Appendix A: Cerner Specific Flowsheet

CST Cerner: Newborn Quick View → Newborn Hypoglycemia → Newborn Hypoglycemia Interventions

Newborn Hypoglycemia	
Newborn Hypoglycemia Risk Factors	
Age in Hours Newborn	
Sample Taken	
GLU Result POC	mmol/L
GLU Non-numeric Result POC	
GLU Meter Serial Number POC	
Newborn Hypoglycemia Interventions	
Management Plan	

Blood Glucose	BG \leq 1.7	BG 1.8 - 2.5	BG \geq 2.6
FIRST FEED Intervention	Supplement 5 mL/kg of Donor Milk/EBM or Human Milk Supplement	Supplement 5 mL/kg of Donor Milk/EBM or Human Milk Supplement	Feed ad lib
	THEN Breastfeed	THEN Breastfeed	Follow Algorithm for Next BG Testing
	Document volume and type of feed	Document volume and type of feed	
	Notify MRP ASAP	Notify MRP	
	Check BG 30 minutes after end of feed	Check BG 30 minutes after end of feed	
	Identify time of next sample	Identify time of next sample	
Blood Glucose	BG \leq 1.7	BG 1.8 - 2.5	BG \geq 2.6
SUBSEQUENT FEED Interventions	Feed 8 mL/kg of Donor Milk/EBM or Human Milk Supplement	Feed 8 mL/kg of Donor Milk/EBM or Human Milk Supplement THEN Breastfeed	Feed ad lib
	Document volume and type of feed	Document volume and type of feed	Follow Algorithm for Next BG Testing *if last BG < 2.6, check AC BG next feed then check AC feed q3 hrs until 3 consecutive BG > 2.6
	Notify MRP ASAP to consider IV	Notify MRP	
	Check BG 30 minutes after end of feed	Check BG 30 minutes after end of feed	
	Identify time of next sample	Identify time of next sample	
	MRP Consult PEDS & consider transfer to higher level of care and exit this protocol		

Adapted from Newborns At-Risk For Hypoglycemia Flowsheet (Nov, 2020)

If Newborn has CLINICAL SIGNS of Hypoglycemia (refer to algorithm for specifics) at any time:

- Check Blood Glucose
- If BG is < 2.6, supplement 5 mL/kg of DM/HMS
- Notify MPR immediately for further management

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	Endorsed by: Professional Practice Standards Committee	Endorsed By: (Regional SharePoint 2nd Reading) Health Authority Profession Specific Advisory Council Chairs (HAPSAC) Health Authority & Area Specific Interprofessional Advisory Council Chairs (HAIAAC) Operations Directors Professional Practice Directors Final Sign Off: Vice President, Professional Practice and Chief Clinical Information Officer
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