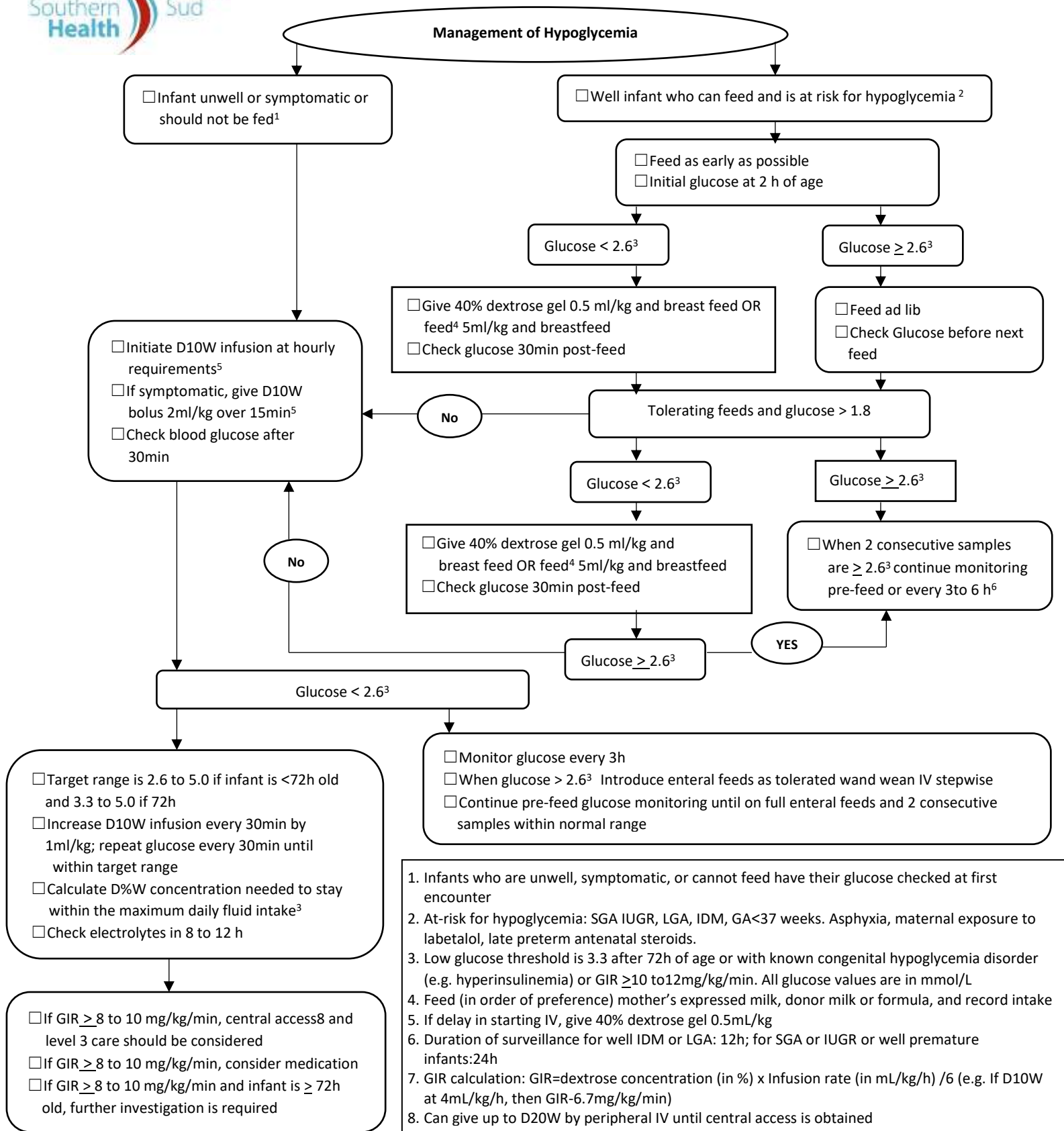


Canadian Pediatric Society Management Hypoglycemia Algorithm



1. Infants who are unwell, symptomatic, or cannot feed have their glucose checked at first encounter
2. At-risk for hypoglycemia: SGA IUGR, LGA, IDM, GA<37 weeks. Asphyxia, maternal exposure to labetalol, late preterm antenatal steroids.
3. Low glucose threshold is 3.3 after 72h of age or with known congenital hypoglycemia disorder (e.g. hyperinsulinemia) or GIR ≥10 to 12mg/kg/min. All glucose values are in mmol/L
4. Feed (in order of preference) mother's expressed milk, donor milk or formula, and record intake
5. If delay in starting IV, give 40% dextrose gel 0.5mL/kg
6. Duration of surveillance for well IDM or LGA: 12h; for SGA or IUGR or well premature infants: 24h
7. GIR calculation: GIR=dextrose concentration (in %) x Infusion rate (in mL/kg/h) /6 (e.g. If D10W at 4mL/kg/h, then GIR=6.7mg/kg/min)
8. Can give up to D20W by peripheral IV until central access is obtained

Abbreviation: Ca – Calcium, D%W-%age dextrose in water (e.g. D10W = dextrose 10% water), GA- gestation age, GIR-glucose infusion rate, h-hours, IDM – infants of diabetic mother, IUGR- intrauterine growth restriction, IV – Intravenous, K-potassium, LGA-large for gestation age, min-minutes, Na-sodium, SGA-small for gestational age