

STANDARD ORDERS FOR Pediatric

Treatment for Hypoglycemia (Patients less than 12 years of age)

Date: Time: Source CDA 2018 Clinical Practice Guideline			abetes in Canada:	Date:		Init:									
Order Transcribed				FAX TO PHARMACY											
PRESCRIBER'S SIGNATURE: Time: PRINTED NAME: Date: Time:															
Bedside blood glucose, q1h x 3 (minimum)				Ongoing IV fluids: D10W or NSmL/hr											
carbohydrates (7 crackers or 1 slice bread) and a protein source (30 mL peanut butter or 30 g cheese)															
patient their regular meal or snack within 30 minutes to prevent repeated hypoglycemia. Snack should include 15 g				every 30 minutes x 1, q1h x 3 (minimum)											
 Once hypoglycemia is reversed with fast acting treatment give 				 Bedside blood glucose 15 minutes post treatment and then 											
Treat with another PO dose (as above) of glucose if blood glucose remains less than 4 mmol/L				Treat with another IV dose (as above) of glucose if blood glucose remain less than 4 mmol/L											
				 If no response in 15 - 20 minutes, repeat dose Usual maximum: 3 doses Wait 15 minutes post IV dextrose or 20 minutes post glucagon injection 											
Wait 15 minutes and retest blood glucose				Equal to or greater than 20 kg 1 mg											
- Usual maximum: 3 doses				Less than 20 kg		0.5 mg									
 If Child is unable/refusing to take oral dose administer Glucagon: 0.02 - 0.03 mg/kg per dose (maximum 1 mg per dose) subcut/IM (deltoid) given once and followed by administration of Dextrose IV or PO to prevent secondary hypoglycemia If no response in 15-20 min, repeat dose 				Weight		Glucagon dose									
				☐ If Child is unable/refusing to take oral dose administer Glucagon: 0.02 – 0.03 mg/kg per dose (maximum 1 mg per dose) subcut/IM (deltoid) given once and followed by administration of Dextrose IV or PO to prevent secondary hypoglycemia											
Apple/Orange Juice, Regular Soft Drink	40 mL	85 mL	125 mL	Adolescents	1.0-25 g/dose (max 25 grams)		40-100 mL/dose								
Glucose gel (15 g) Glucose Tablets (4 g)	1/3 tube 1	2/3 tube 2 – 3	1 tube 4	months or more to children less than 12 years	(max 25 grams)	5-10 mL/kg/dose	2-4 mL/kg/dose								
Amount of Carbohydrates (CHO)	5 5 g	10 g	15 g	and infants less than 6 months Infants 6	(max 25 grams) 0.5-1 g/kg/dose	2.5-5 mL/kg/dose	1-2 mL/kg/dose								
Age (years)	1 month and Less than	5 – 10	Over 10	Age Term neonates	Dose 0.25-0.5 g/kg/dose	D10W	D25W								
Treat hypoglycemia according to age of child: Greater than				A.==	Dece	Dextrose Concentration									
				Administer IV Dextrose according to weight of child and recommended concentrations											
				 Check Vital Signs and look for medic alert : > HR, RR,SpO₂,BP, + bedside blood glucose Notify prescriber and establish IV access 											
								Check blood glucose and notify prescriber				Pediatric CAB (Compressions, Airway, and Breathing)			
								Blood Glucose 2.6 to 4 mmol/L				Blood Glucose less than 2.6 mmol/L			
Mild to Moderate Hypoglycemia				Weight	re Hypoglycemia										
Automatically activated (If not in agreement with an order cross out and in Allergies: Unknown No Yes (describe)					ires a check $()$ for acti	Vation									
These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.															