



**West of Scotland
Neonatal Network**
Hypoglycaemia Monitoring Chart
Late Preterm Infants 34-36+6
Weeks Gestation

Patient Details
(use sticker if available)
Name
DOB
CHI

Gestation _____

Date of Birth _____ Time of Birth _____ Feeding Preference: Breast / Formula

Time of First Feed _____

Age - Hrs	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
- Mins																								
Blood Glucose																								
Breast Feed (minutes)																								
EBM (mls)																								
Formula (mls)																								
4.0 -																								
3.5 -																								
3.0 -																								
2.5 -																								
2.0 -																								
1.5 -																								
1.0 -																								
0.5 -																								
0.0 -																								
Sign/ Initial																								

Normal Zone – Blood Glucose >2.5mmol/l

- If 3 consecutive values, at 3hly intervals, fall in this zone, monitoring may cease.

Green Zone – Blood Glucose 2.0 – 2.5 mmol/l - Increased vigilance and feeding support

- Offer an additional feed if willing and continue frequent feeds at least 3hly thereafter.
- Observe a breastfeed and ensure good attachment and effective feeding. Encourage skin contact and biological nurturing. Proactively encourage hand expressing.
- If two consecutive measurements fall within the Green Zone - --> Treat as Amber Pathway

Amber Zone – Blood Glucose 1.0 - 1.9 mmol/l - Supplement and Paediatric review

- Inform Paediatrician
- Feed volumes must be increased. Initially by an extra 10ml/kg/feed above current intake. For breast fed babies this will require top-ups. *Top ups should be **EBM*** if sufficient available, otherwise formula should be used. * Where available, Donor EBM may be offered if Maternal EBM insufficient*
- Measure Glucose 1hr post feed. If >2.5mmol/l, continue supplements and resume prefeed testing
- If subsequent prefeed Glucose values have improved to lie in the green zone but still remain <2.6 mmol/l, increase top up volumes by one further increment of 5-10 ml/kg/feed
- If baby will not take, or does not tolerate, supplements then admit to SCBU for NG feeds
- If two consecutive measurements fall within the Amber Zone --> Treat as Red Pathway

Red Zone – Blood Glucose <1.0 mmol/l - Admit to SCBU

- Notify Paediatrician immediately for all babies who are symptomatic or whose blood Glucose is <1.0mmol/l
- Admit to SCBU and check TBG on the blood gas machine. Take one of the following actions immediately:

1- Babies who are asymptomatic and have not had an adequate feed prior to admission

- Administer an immediate feed of at least 10 ml/kg (*EBM by preference or formula*).

If the baby will not feed orally, administer the feed by NG tube. Re-check blood glucose after 1hr .

- If > 2.6 mmol/l resume frequent, 3 hly, feeding of at least 10ml/kg/feed and monitor glucose before each feed
- If 2.0-2.6 mmol/l start hourly feeds of 5ml/kg/feed (120ml/kg/day) check glucose before each feed (hourly).
- If < 2.0 mmol/l after initial feed or if still hypoglycaemic on hourly feeds, treat with IV Glucose as below

2 - Babies who cannot tolerate enteral feeds or whose blood glucose remains <2.6mmol/l despite frequent NG feeds (as above) OR who become symptomatic

- Site IV and, if symptomatic or Glc <1.0mmol/l, give 2.5ml/kg 10% Dextrose slow IV bolus
- Start 90ml/kg/day of 10% dextrose or TPN
- Enteral feeds may continue initially but if hypoglycaemia persists despite increasing volumes of IV Glucose then a temporary cessation of enteral feeds may be required.
- Monitor Blood Glucose hourly and titrate the glucose infusion rate to achieve normoglycaemia
- If the baby has an ongoing requirement of ≥ 120 ml/kg/day of milk / 10% dextrose **to maintain normoglycaemia**, refer to the guideline for refractory hypoglycaemia