

## What is changing?

To avoid confusion, the initiate neonatal hypoglycemia order now points to the Algorithm rather than the Standing Orders. There is no need to order the IH IP Neonatal Hypoglycemia Standing Orders, since all required hypoglycemia orders are already part of the IH PED Well Newborn Standing Orders.

### ▼ Nursing Assessment

- Initiate Neonatal Hypoglycemia Algorithm, If Indicated**  
Routine, UNTIL DISCONTINUED, Starting today at 0929, Until Specified

## When to use the IH IP Neonatal Hypoglycemia Standing Order Set:

The IH IP Neonatal Hypoglycemia Standing Order Set can be used separately when not initiating the IH PED Well Newborn Standing Orders.

## Neonatal Hypoglycemia Orders:

Here are the Neonatal Hypoglycemic orders in the IH PED Well Newborn Standing Order Set.

IH PED Well Newborn Standing Orders [Manage User Versions](#) [Remove Order Sets](#)

▼ General

- ▼ Well Newborn Algorithms and Guidelines Reference Links
  - Well Newborn Algorithms and Guidelines Reference Links  
Routine, UNTIL DISCONTINUED, Starting today at 1011, Until Specified  
Specify

▼ Nursing Assessment

- Initiate Neonatal Hypoglycemia Algorithm, If Indicated**  
Routine, UNTIL DISCONTINUED, Starting today at 1011, Until Specified

▼ Notify Provider

- Per Hypoglycemia Standing Orders - Notify Physician when giving 3rd dextrose gel for ASYMPTOMATIC patient  
Routine, UNTIL DISCONTINUED, Starting today at 1011, Until Specified  
Notify Provider for further orders; standing orders no longer apply
- Per Hypoglycemia Standing Orders - Notify Physician if patient is SYMPTOMATIC after following Neonatal Hypoglycemia Algorithm.  
Routine, UNTIL DISCONTINUED, Starting today at 1011, Until Specified  
Standing orders no longer apply.
- Per Hypoglycemia Standing Orders - Notify Physician if patient is SYMPTOMATIC and has a glucose greater than or equal to 40 mg/dL  
Routine, UNTIL DISCONTINUED, Starting today at 1011, Until Specified  
Then notify Provider and search for another etiology.

▼ Diet & Nutrition

- ▼ Diet / Nutrition
  - Breast Feed On Schedule per Hypoglycemia Guideline For At Risk Infants**  
Routine, UNTIL DISCONTINUED, Starting today at 1011, Until Specified

▼ Medications

- ▼ Other Medications
  - dextrose 40% gel 0.8-2.5 mL**  
0.8-2.5 mL, Oral, AS NEEDED, Starting today at 1010, Until Discontinued, Low blood sugar  

Neonate birth weight (kg)	Dextrose gel dose (mL)
1.8 - 1.9 kg	0.8 mL
2.0 - 2.4 kg	1 mL
2.5 - 2.9 kg	1.25 mL
3.0 - 3.4 kg	1.5 mL
3.5 - 3.9 kg	1.75 mL
4.0 - 4.4 kg	2 mL
4.5 - 4.9 kg	2.25 mL
5.0 kg and above	2.5 mL

    - \* Discard any excess gel beyond the correct dose
    - \* Dry the buccal cavities with a sterile 2x2 gauze pad
    - \* Place partial dose on gloved finger tip
    - \* Massage into buccal mucosa, alternating sides until dose is complete
  - lidocaine (preservative free) (XYLOCAINE-MPF) 1% (conc: 10mg/mL) injection 8 mg**  
8 mg (0.8 mL), Intradermal, ONE TIME AS NEEDED, 1 dose, Starting today at 1010, Until Discontinued, dorsal nerve block  
For circumcision

▼ Labs

- ▼ Other Labs
  - Nurse to Perform POCT - Glucose - Until Discontinued**  
Routine, UNTIL DISCONTINUED, Starting today at 1011, Until Specified  
RN to perform as needed per the Neonatal Hypoglycemia Guideline orders for at risk or symptomatic newborns. Capillary specimen contraindicated (use venous or arterial blood) for patients with decreased peripheral blood flow. Capillary specimen collection is acceptable for neonate patients. For other patients with decreased peripheral blood flow, capillary collection is contraindicated; use venous or arterial blood instead.