

NEONATAL MEDICATION PROTOCOLS

GLUCOSE GEL
Created by: NCCU
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NCCU Clinical Guidelines
KEMH/PMH
Perth, Western Australia

DRUG:	GLUCOSE GEL 40% (glucose15®)
PRESENTATION:	Oral Gel: 0.4 g/mL of glucose Tube: 15 g of glucose / 37.5 g tube 200 mg of glucose gel 40% is equivalent to 0.5 mL
ACTION & INDICATION:	Glucose gel mobilises the baby's own glucose stores together with breastfeeding, expressed breast milk or formula which increases blood sugar levels. Glucose Gel is used for the management of asymptomatic mild hypoglycaemia [plasma glucose level (PGL) 2.0 – 2.5 mmol/L] in infants of Diabetic Mothers (IDMs) born at $\geq 35/40$ and ≤ 48 hours of age. Refer to Neonatal Postnatal Clinical Guidelines for details.
DOSE:	0.5 mL/kg of body weight per dose Use one tube per baby. Discard tube once opened. If more than 2 doses are required contact the paediatric consultant or senior registrar. A maximum of 6 doses over 48 hours can be given on consultant or senior registrar advice ONLY
PREPARATION:	Ready to use commercial product with 40% glucose gel
ADMINISTRATION:	Oral: Give dose with breast feeds, EBM or formula. Persons authorised to administer gel and required level of competency are : Registered Nurse, Midwife or Obstetric nurse. Apply to infant's buccal mucosa following drying with a gauze swab. Massage into mucosa with a gloved hand. NB: Do not squirt the gel directly into the neonate's mouth; always rub into the buccal mucosa. Contraindications: Do not use on infants who have symptomatic hypoglycaemia, PGL < 2.0 mmol/L.
ADVERSE EFFECTS:	No adverse effect currently listed Any adverse effects after gel administration must be reported to the doctors and the pharmacy department.
DRUG MONITORING:	Notify paediatric registrar about low PGL 2.0 – 2.5 mmol/L Check plasma glucose level 30-60 minutes after administration of gel and feeding. Use the radiometer in the PN wards for PGL testing. If still hypoglycaemic notify paediatric registrar, repeat second dose with EBM or formula and check PGL in further 30 - 60 mins post gel. If at any point the neonate is symptomatic or PGL ≤ 2.0 contact medical staff.
REFERENCES:	Deborah L Harris, Philip J Weston, Mathew Signal, J Geoffrey Chase, Jane E Harding. Dextrose gel for neonatal hypoglycemia (the sugar babies study): a randomized, double- blind, placebo- controlled trial. Lancet 2013; 382:2077-2083



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