## NEONATAL

### GLUCOSE GEL 40%

This document should be read in conjunction with this DISCLAIMER

| Unrestricted: Any prescriber may initiate treatment as per guideline |

| Presentation | Oral Gel: (Glucose15® Lemon Flavour)  
15g of glucose/37.5g tube = 0.4g/mL |
|--------------|-----------------------------------|
|              | **Concentration** = 200mg of Glucose 40% Gel in 0.5mL  
Contains: citric acid monohydrate, water, dextrose, glycerin, methylparaben, potassium sorbate, propylparaben, carboxymethylcellulose, sodium citrate. |
| Classification | Glucose gel. Mobilises glucose stores together with breastfeeding, expressed breast milk or formula to increase blood sugar levels. |
| Contraindication | Do not use on infants who have symptomatic hypoglycaemia, PGL < 2.0 mmol/L. Contact neonatal senior registrar or consultant |
| Indication | • For Acute Management of Neonatal Hypoglycaemia |
|              | Inclusion criteria: |
|              | ▪ Plasma glucose level (PGL) between 2 and 2.5 mmol/L  
▪ Infants of Diabetic Mothers  
▪ ≥ 35 weeks gestation and  
▪ ≤ 48 hours of age and |
| Dose | **Buccal:**  
0.5 mL/kg/dose (200 mg/kg/dose) |
|              | **Duration:** |
|              | • If more than 2 doses are required contact the neonatal consultant or senior registrar.  
▪ A maximum of 6 doses over 48 hours can be given on consultant or senior registrar advice ONLY |
| **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 postnatal wards for PGL testing.  
• If still hypoglycaemic notify neonatal registrar/consultant for possible, repeat dose with EBM or formula  
• Check PGL in further 30 - 60 mins post gel.  
• If at any point the neonate is symptomatic or PGL ≤ 2.0 contact consultant |
| **Dose Adjustment** | Consult senior staff for ongoing management |
| **Administration** | **Buccal:**  
**SINGLE Patient Use Only**  
Give dose with breast feeds, EBM or formula. Persons authorised to administer gel and required level of competency are:  
• Registered Nurse  
• Midwife  
• Obstetric nurse  
Wearing a clean glove, gently dry the infant’s buccal mucosa with gauze. Massage into infant’s mucosa with a gloved hand.  
**NB: Do not** squirt the gel directly into the neonate’s mouth or down a nasogastric tube; always rub into the buccal mucosa. |
| **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 postnatal wards for PGL testing.  
• If still hypoglycaemic notify neonatal registrar/consultant for possible, repeat dose with EBM or formula  
• Check PGL in further 30 - 60 mins post gel.  
• If at any point the neonate is symptomatic or PGL ≤ 2.0 contact consultant |
### Adverse Reactions

No adverse effect currently listed. Any adverse effects after gel administration must be reported to the doctors and the pharmacy department.

**Rare:** Hyperglycaemia

### Guidelines & Resources

**Hypoglycaemia**

### Storage

Seal the tube with a syringe cap and place in the fridge for further dose if required. Can be stored in a refrigerator for 48 hours after opening.

### References


