



Pediatric Hypoglycemia Protocol

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Patients < 5 years of age

1. CBG is < 100 with or without symptoms
 - a. Treat with the following HYPOGLYCEMIC PROTOCOL FOR PEDIATRIC PATIENTS (see below)
 - b. Treat immediately (within 2 minutes of measurement)
 - c. Turn off any insulin infusion or TPN containing insulin
 - d. Call House Officer if hypoglycemia protocol is initiated
 - i. Specify if insulin infusion or TPN was turned off
 - e. Document per policy on appropriate flow sheet and MAR
2. If patient has normal mental status and is able to take enteral glucose
 - a. For weight < 23 kg (50 lbs)
 - i. Give one of the following
 1. 3-4 oz apple or orange juice
 2. 2-3 packets sugar dissolved in 20-30 mL water
 - ii. Recheck blood glucose in 15 minutes
 - iii. Repeat treatment every 15 minutes until blood glucose is > 100 mg/dl
 - iv. Once > 100 mg/dl if it is more than 1 hour until next meal or snack, give patient an additional snack of carbohydrate and protein (example - 4 oz milk)
 - b. For weight >23 kg (50 lbs)
 - i. Give one of the following
 1. 6-8 oz apple or orange juice
 2. 3-4 packets sugar dissolved in 20-30 mL water
 - ii. Recheck blood glucose in 15 minutes
 - iii. Repeat treatment every 15 minutes until blood glucose is > 100 mg/dl
 - iv. Once > 100 mg/dl and if it is more than 1 hour until next meal or snack, give patient an additional snack of carbohydrate and protein (example - ½ cup milk and 2-3 graham cracker squares)
3. If patient is unable to take anything by mouth
 - a. If patient has access, give 2-4 mL/kg of D10.
 - b. If patient does not have a patent IV
 - i. Administer glucagon and position patient to protect airway
 1. 0.5 mg for patients < 5 years of age
 - c. Recheck blood glucose in 15 minutes
 - d. If blood glucose is not > 100, give additional 2-4 mL/kg of D10 or administer another dose of glucagon
 - e. If glucose given IV or glucagon administered, call pediatric endocrinology fellow on call

Pediatric Hypoglycemia Protocol

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Patients \geq 5 years of age

1. CBG is $<$ 100 with symptoms or $<$ 80 with or without symptoms
 - a. Treat with the following HYPOGLYCEMIC PROTOCOL FOR PEDIATRIC PATIENTS (see below)
 - b. Treat immediately (within 2 minutes of measurement)
 - c. Turn off any insulin infusion or TPN containing insulin
 - d. Call House Officer if hypoglycemia protocol is initiated
 - i. Specify if insulin infusion or TPN was turned off
 - e. Document per policy on appropriate flow sheet and MAR
2. If patient has normal mental status and is able to take enteral glucose
 - a. For weight $<$ 23 kg (50 lbs)
 - i. Give one of the following
 1. 3-4 oz apple or orange juice
 2. 2-3 packets sugar dissolved in 20-30 mL water
 - ii. Recheck blood glucose in 15 minutes
 - iii. Repeat treatment every 15 minutes until blood glucose is $>$ 80 mg/dl
 - iv. Once $>$ 80 mg/dl if it is more than 1 hour until next meal or snack, give patient an additional snack of carbohydrate and protein (example - 4 oz milk)
 - b. For weight $>$ 23 kg (50 lbs)
 - i. Give one of the following
 1. 6-8 oz apple or orange juice
 2. 3-4 packets sugar dissolved in 20-30 mL water
 - ii. Recheck blood glucose in 15 minutes
 - iii. Repeat treatment every 15 minutes until blood glucose is $>$ 80 mg/dl
 - iv. Once $>$ 80 mg/dl and if it is more than 1 hour until next meal or snack, give patient an additional snack of carbohydrate and protein (example - $\frac{1}{2}$ cup milk and 2-3 graham cracker squares)
3. If patient is unable to take anything by mouth
 - a. If patient has access, give 2-4 mL/kg of D10
 - b. If patient does not have a patent IV
 - i. Administer glucagon and position patient to protect airway
 1. 1 mg for patients \geq 5 years of age
 - c. Recheck blood glucose in 15 minutes
 - d. If blood glucose is not $>$ 80, give additional 2-4 mL/kg of D10 or administer another dose of glucagon
 - e. If glucose given IV or glucagon administered, call pediatric endocrinology fellow on call