

CATHERINE BENNETT | ELYSE FAGAN  
EDWIN CHAHARBAKHSI | INA ZAMFIROVA | JAI FLICKER





# IMPLEMENTING A PROTOCOL Using Glucose Gel to Treat Neonatal Hypoglycemia

Neonatal hypoglycemia is a leading cause of infant admission to the NICU and is associated with maternal diabetes and preterm birth (Harris, Weston, Signal, Chase, & Harding, 2013). This motivated us to take a deeper look into alternative protocols for the treatment of neonatal hypoglycemia. A promising treatment protocol described by Harris et al. (2013) inspired us to develop an algorithm based on the oral administration of 40% glucose gel. This safe and effective intervention resulted in a 73% decrease in NICU admissions for the diagnosis of neonatal hypoglycemia over a 14-month period. In addition, this new protocol algorithm more fully supported exclusive breastfeeding and mother–newborn bonding. We hope that by sharing our results we can contribute to the establishment of a new standard of care for neonatal hypoglycemia.

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**Abstract:** Neonatal hypoglycemia is a leading cause of admission of neonates to the NICU. Typical treatment for neonatal hypoglycemia includes supplementation with formula or, in some cases, intravenous glucose administration. These treatments, though effective at treating hypoglycemia, interrupt exclusive breastfeeding and interfere with mother–infant bonding. Our institution developed a treatment algorithm for newborns at risk for neonatal hypoglycemia. The new algorithm called for the oral administration of 40% glucose gel. This intervention resulted in a 73% decrease in admission rates to the NICU for hypoglycemia, and it supported exclusive breastfeeding, skin-to-skin contact, and mother–infant bonding.  
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**Keywords:** exclusive breastfeeding | glucose gel | neonatal hypoglycemia | NICU | skin-to-skin

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