

Hypoglycaemia Admission Questions

	YES	NO
Risk of hypoglycaemia		
Maternal diabetes		
IUGR (2 nd centile and less, clinically wasted)		
Baby require resuscitation		
Maternal beta-blockers (labetalol) in third trimester/around time of delivery		
Fetal compromise (abnormal blood gas, within normal ranges)		
Hypothermia (clinical signs)		
Was baby born by LSCS?		
Did baby receive first feed within an hour of birth?		
Was first blood sugar measured <4 hours (pre-second feed)?		
Did baby meet criteria for dextrose gel on postnatal ward?		
Did baby receive dextrose gel on postnatal ward?		
What was the blood sugar level when decision to admit taken? (Was it <1 mmol/L or 1-1.9 mmol/L but not responded to dextrose gel?)		
What was blood sugar on admission?		
Was there focussed feeding intervention on PNW after initial low blood glucose?		
Did baby need or have attempts to warm up first?		
Intervention on NNU – bottle feeds		
Intervention on NNU – NGT		
Intervention on NNU – IV fluids		
Was updated local guideline followed?		
Was baby admitted as a default concern around infant well-being on the PNW		
Provisional diagnosis:		