



NEONATAL

GLUCOSE GEL 40%




This document should be read in conjunction with this [DISCLAIMER](#)

Unrestricted: Any prescriber may initiate treatment as per guideline

Presentation	<p>Oral Gel: (Glucose15® Lemon Flavour) 15g of glucose/37.5g tube = 0.4g/mL</p> <p>Concentration = 200mg of Glucose 40% Gel in 0.5mL</p> <p>Contains: citric acid monohydrate, water, dextrose, glycerin, methylparaben, potassium sorbate, propylparaben, carboxymethylcellulose, sodium citrate.</p>
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	<ul style="list-style-type: none"> For Acute Management of Neonatal Hypoglycaemia <p>Inclusion criteria:</p> <ul style="list-style-type: none"> 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	<p><u>Buccal:</u> 0.5 mL/kg/dose (200 mg/kg/dose)</p> <p><u>Duration:</u></p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • 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 \leq 2.0 contact consultant
Dose Adjustment	Consult senior staff for ongoing management
Administration	<p><u>Buccal:</u> SINGLE Patient Use Only</p> <p>Give dose with breast feeds, EBM or formula. Persons authorised to administer gel and required level of competency are:</p> <ul style="list-style-type: none"> • Registered Nurse • Midwife • Obstetric nurse <p>Wearing a clean glove, gently dry the infant's buccal mucosa with gauze. Massage into infant's mucosa with a gloved hand.</p> <p>NB: <u>Do not</u> squirt the gel directly into the neonate's mouth or down a nasogastric tube; always rub into the buccal mucosa.</p>
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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	<p>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. <i>Lancet</i> 2013; 382:2077- 2083 (cited Aug 19).</p> <p>Harris DL, Alsweiler JM, Ansell JM, Gamble GD, Thompson B, Wouldes TA, Yu TY, Harding JE, with Hypoglycaemia C. Outcome at 2 years after dextrose gel treatment for neonatal hypoglycemia: follow-up of a randomized trial. <i>The Journal of pediatrics</i>. 2018 April 24;170:54-9 (cited Aug 19).</p> <p>Harris DL, Gamble GD, Weston PJ, Harding JE. What happens to blood glucose concentrations after oral treatment for neonatal hypoglycemia?. <i>The Journal of pediatrics</i>. 2017 Nov 1;190:136-41 (cited Aug 19).</p> <p>Ter M, Halibullah I, Leung L, Jacobs S. Implementation of dextrose gel in the management of neonatal hypoglycaemia. <i>Journal of paediatrics and child health</i>. 2017 Apr 1;53(4):408-11(cited Aug 19).</p> <p>Weston PJ, Harris DL, Battin M, Brown J, Hegarty JE, Harding JE. Oral dextrose gel for the treatment of hypoglycaemia in newborn infants. <i>The Cochrane Library</i>. 2016 May 4 (cited Aug 19).</p>

Document owner:	Head of Department - Neonatology		
Author / Reviewer:	KEMH & PCH Pharmacy / Neonatology Directorate		
Date first issued:	August 2001	Version:	3.0
Last reviewed:	October 2019	Next review date:	Oct 2022
Endorsed by:	Neonatal Directorate Management Group	Date:	Oct 2019
Standards Applicable:	NSQHS Standards: 1  Governance 3  Infection Control 4  Medication Safety;		
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