



Hypoglycaemia

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

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

This guideline is for the purpose of the NETS WA transport team transporting patients between health centres.

The CAHS Neonatology [Hypoglycaemia](#) clinical guidelines should be referred to by health professionals within a hospital setting.

Aim

To facilitate early recognition and management of infants at risk of hypoglycaemia in the NETS WA transport setting including appropriate glucose monitoring during transport.

Risk

Severe hypoglycaemia can cause seizures and brain injury if not recognized and/or untreated appropriately.

Abbreviations

PIVC: Peripheral Intravenous Cannula

PGL: Plasma Glucose Level

GDR: Glucose Delivery Rate

Infants at risk of hypoglycaemia:

- Infants of mothers with diabetes (insulin-dependent, type 2 diabetes mellitus or gestational diabetes mellitus).
- Infants weighing < 2.5kg

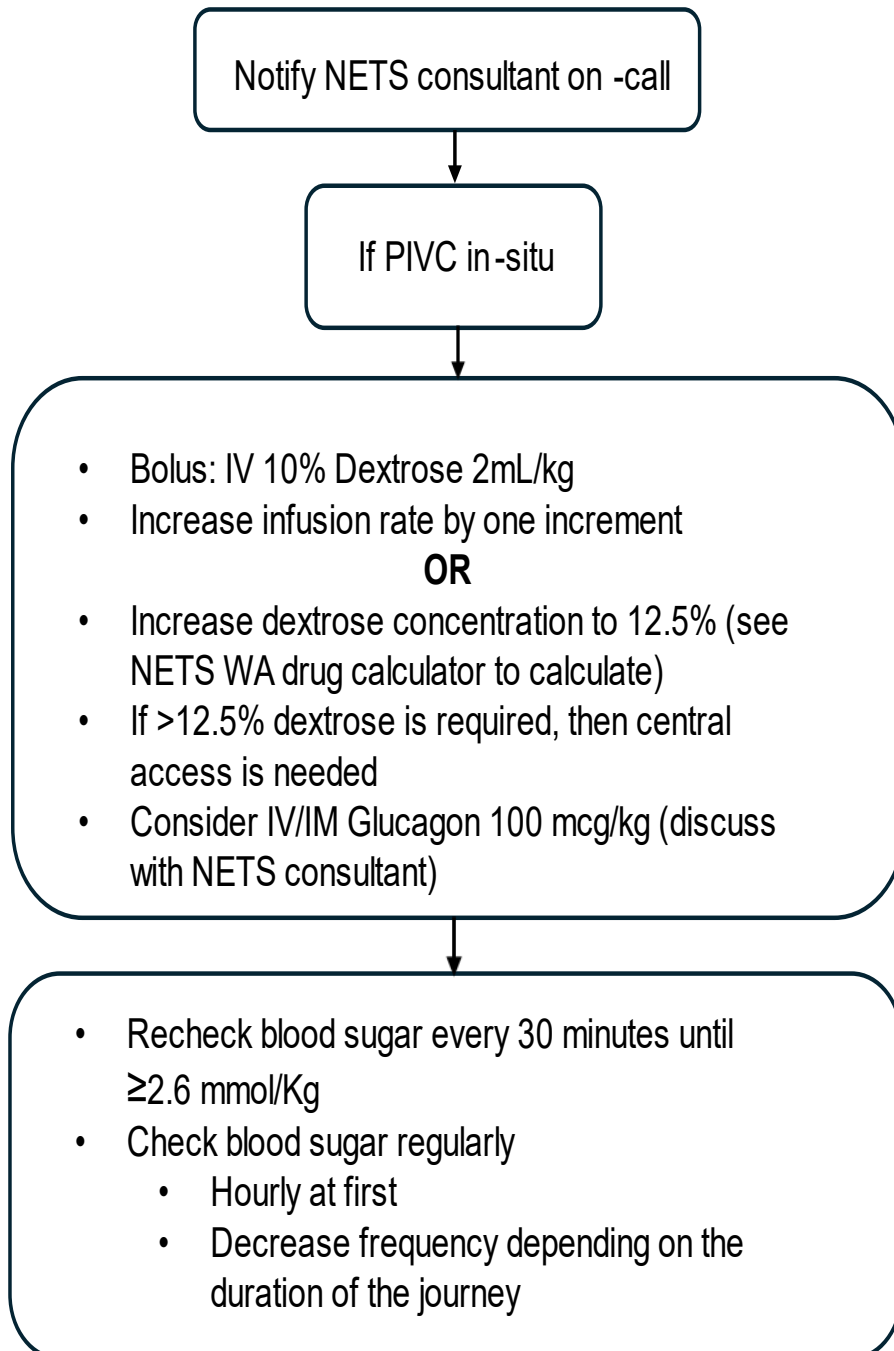
- Infants small for gestational age (< 10th percentile)
- Infants large for gestational age (>4.5kg or >97th centile)
- Preterm infants (<34 weeks' gestation)
- Infants of mothers who received antenatal corticosteroids >34 weeks' gestation
- Infants of mothers who received beta blockers in the 3rd trimester

Hypoglycaemia management

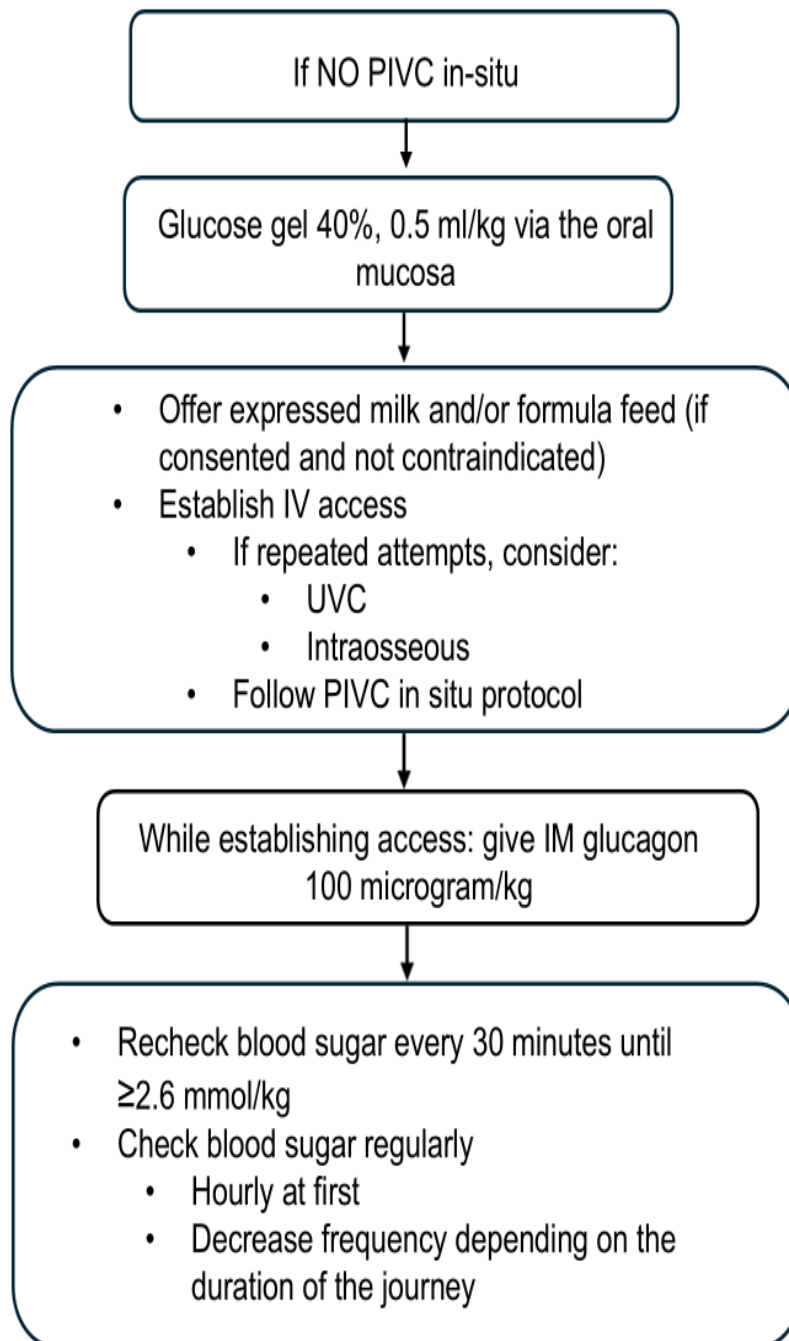
- Agree departure PGL with Consultant, aim for at least 2.6mmol/L. Infants on IV glucose infusions should have a blood sugar higher than this. Transporting infants in a hypoglycaemic state should be considered as a last resort and needs to be agreed upon by NETS Consultant
- Identify newborns at [risk of hypoglycaemia](#)
- Symptomatic newborns will require close PGL monitoring and treatment
 - I. Symptoms of hypoglycaemia include:
 - CNS excitation: irritability, jitteriness, seizures
 - CNS depression: Hypotonia, lethargy, poor feeding, apnoeas
 - Non-specific: temperature instability, sweating, tachycardia
 - II. Document plan as per [Neonatal Hypoglycaemia Monitoring and Management in Transport Plan](#) and should include:
 - I. Agree the treatment level
 - II. The frequency of monitoring
 - III. If PGL is below treatment level discuss with NETS Consultant what actions are to be taken and are feasible during transport
 - For >2 hours journey, consider checking the PGL at least once per hour during transit.
 - Set a reminder for next blood sugar check

Symptomatic OR Severe Hypoglycaemia (PGL < 1.5mmol/L)

If PGL <1.5mmol/L on arrival to referring hospital the below steps are to be followed:



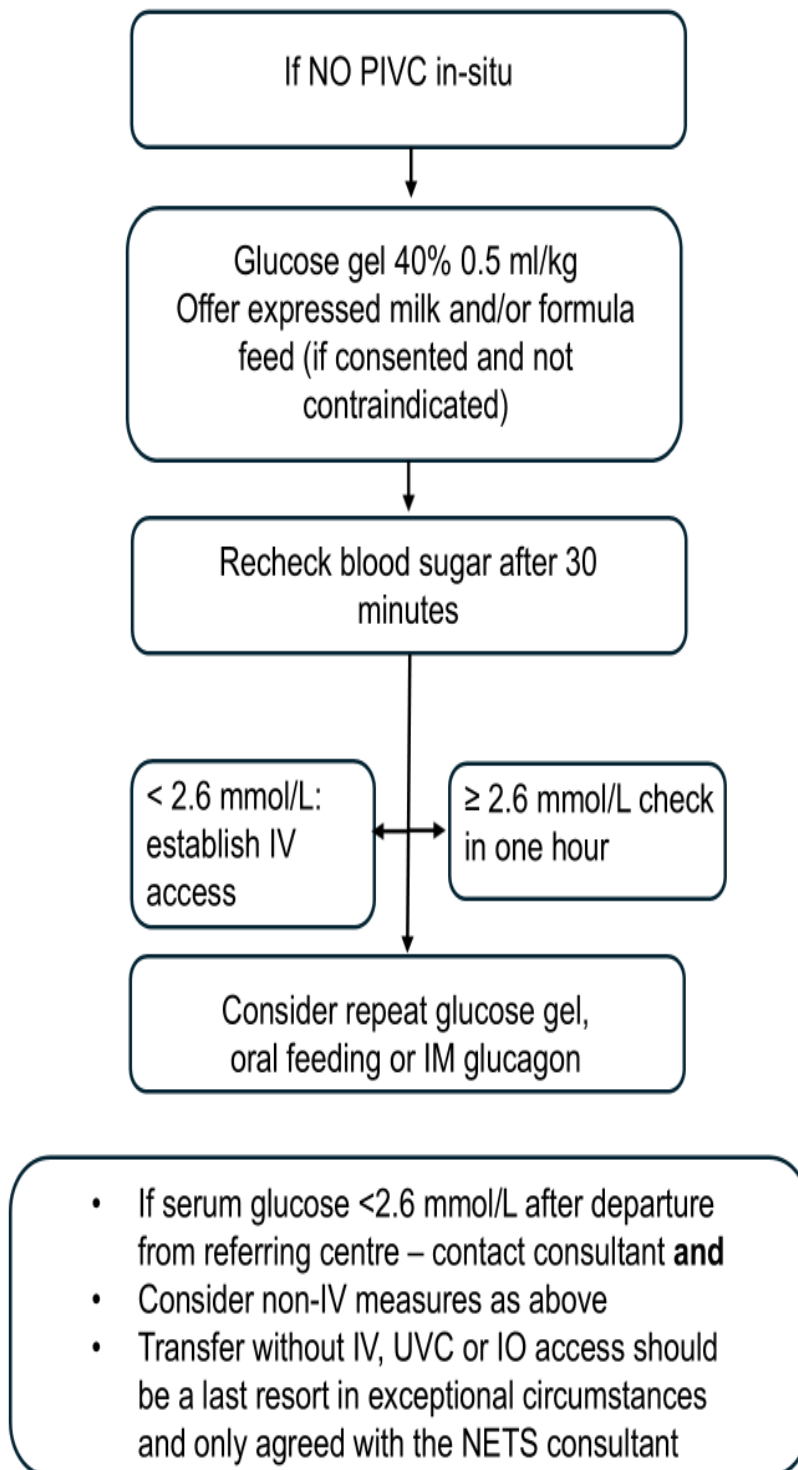
If on arrival to referring centre, PGL <1.5mmol and no PIVC in-situ the following steps are to be taken:



**Consider the total fluid volume administered during stabilisation along with the expected rate of fluids for that infant on that day, and the most recent sodium level via lab results or blood gas.*


Asymptomatic Hypoglycaemia: (<2.6mmol/L)

If the PGL is <2.6mmol/L on arrival to referring centre and no PIVC in-situ, follow the below steps:



Related CAHS internal policies, procedures and guidelines (if required)
[Hypoglycaemia \(CAHS Neonatology\)](#)
[Venous and Arterial Access & Fluid Management on NETS Retrievals \(CAHS NETS WA\)](#)

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	NETS WA		
Date First Issued:	August 2009	Last Reviewed:	October 2025
Amendment Dates:		Next Review Date:	October 2028
Approved by:	Neonatology Coordinating Group	Date:	28 th October 2025
Endorsed by:	Neonatology Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1,10		

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix 1: Neonatal Hypoglycaemia Monitoring and Management in Transport Proforma:

Patient Details

Name: _____ DOB: _____ Gestational Age: _____
 _____ weeks Birth Weight: _____ g Transport Date/Time: _____

Risk Factors for Hypoglycemia

- ☐ Infant of diabetic mother ☐ SGA (<10th percentile) ☐ LGA (>90th percentile)
☐ Prematurity (<37 weeks) ☐ Sepsis suspected ☐ Maternal beta-blocker use

Current Management Plan

- ☐ Oral feeding ☐ Dextrose gel (40%, 0.5 mL/kg buccal)
☐ 10% dextrose IV bolus (2 mL/kg) ☐ Discussed with NETS WA consultant

Clinical Signs

- ☐ Jitteriness ☐ Lethargy ☐ Poor feeding ☐ Hypothermia
☐ Seizures ☐ Respiratory distress ☐ Other: _____

Glucose Monitoring Frequency

- ☐ Check on arrival of NETS WA team ☐ Check every hour during the journey
☐ Check at time of departure if >60 minutes since last check

Documentation Notes

Next steps / Plan: _____

Clinician Signature: _____ Date/Time: _____

Serum Glucose Monitoring

Time	Glucose (mmol/L)	Method	Intervention	Time Next Check
		Glucometer <input type="checkbox"/> Blood Gas <input type="checkbox"/>		
		Glucometer <input type="checkbox"/> Blood Gas <input type="checkbox"/>		
		Glucometer <input type="checkbox"/> Blood Gas <input type="checkbox"/>		

Continuous IV infusion

Time	Dextrose (%)	Rate (mL/hr)	Central Intervention	GIR mg/kg/min
			Central <input type="checkbox"/> Peripheral <input type="checkbox"/>	
			Central <input type="checkbox"/> Peripheral <input type="checkbox"/>	
			Central <input type="checkbox"/> Peripheral <input type="checkbox"/>	